

CHAPTER 8

SYMPATHETIC/PARASYMPATHETIC ANALYSIS

Analysis Instructions and Supplement Selection

- This Sympathetic/Parasympathetic Imbalance Analysis is one of three Analyses that constitute your NUTRI-SPEC Metabolic Imbalance Analysis. [The other two Analyses are your Electrolyte/Water Imbalance Analysis and your Unified Acid/Alkaline 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 Analysis.]
- You may perform this Analysis as a stand-alone procedure --- or --- integrate the findings as part of your Electrolyte/Water Analysis &/or your Unified Tissue Acid/Alkaline Analysis --- or --- do it as part of your comprehensive Metabolic Imbalance Testing.
- If you are doing the Sympathetic/Parasympathetic Imbalance Analysis as part of comprehensive Metabolic Imbalance Testing, record your results on your Comprehensive TEST RESULTS FORM. ----- If you are doing it as a stand-alone, or, in conjunction with your Electrolyte/Water Analysis &/or your Unified Acid/Alkaline Imbalance Analysis, you may find it simpler to record your results on your MULTI-PURPOSE TEST RESULTS FORM.
- The only tests required for the Sympathetic/Parasympathetic Imbalance Analysis Table are noted by a ▲ on the Test Results Form ...
 - Pa – P1
 - Respiratory Rate
 - Arm Dermographics
 - Leg Dermographics
 - Edema
- **SELECTING SUPPLEMENTS:** Plug these 5 tests into your Sympathetic/Parasympathetic Support System Analysis Table. You are looking for the first of the 17 Imbalances that matches exactly those 5 results. A menu of supplements is offered that you may want to integrate with your Unified Acid/Alkaline Analysis, or, as part of a comprehensive Metabolic Imbalance Analysis, combined with your Unified Acid/Alkaline Analysis and your Electrolyte/Water Analysis.

- Of course, all your patients are also on Activator and the most appropriate Immuno-Synbiotic.
- 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 Diphasic Nutrition Plan is the foundation of your LIVE STRONGER LONGER Metabolic Therapy. Give all your patients their individualized age- and health-appropriate DNP.
- How much of each supplement selected by your Sympathetic/ Parasympathetic Imbalance Analysis do you recommend? On your initial Testing, start small --- then consider increasing if the same supplements need shows up on a follow up testing.

--- Complex P and Complex S:

- If your menu of supplements to consider indicates a need for both Complex P and Complex S, then here are your considerations: If either Complex P or Complex S appeared on the menu for either of the other two Analyses then recommend that supplement and do not consider the other.
- Otherwise, the indication for both Complex P and Complex S indicates that your patient's Diphasic Cycle is losing amplitude, and the patient needs both Complex P and Complex S as a Diphasic Plan. If your patient is age 53+, then recommend Complex P 3 after breakfast, and Complex S 3 after the evening meal. If your patient is under age 53, then recommend Complex P 1 after breakfast and Complex S 1 after the evening meal.
- If your menu includes Complex S or Complex P but not the other --- then if that same supplement appears in the menu of one of your other two Analyses, then follow the recommendations from that Analysis Menu. If the supplement indicated in your Sympathetic/Parasympathetic Analysis does not appear among the selections from your other Analysis, then recommend either Complex P 3 after breakfast or Complex S 3 after the evening meal as a minimum. If your S/P Analysis indicates the need for more Complex P or Complex S, then use that as your recommendation.

--- All other supplements in your Sympathetic/Parasympathetic Analysis menu are listed with the recommended quantities. However, selections from this menu can be over-ridden by supplements indicated by the other two Analyses. ----- Think of Oxy A versus Oxy D and Oxy G versus Oxy K as opposing supplements. So, if one of your other two Analyses indicates a consideration for Oxy A, yet your Sympathetic/Parasympathetic Analysis indicates a need for Oxy D, then give neither (--- or, for patients are 33-53, recommend both Oxy A and Oxy D as per your Diphasic Nutrition Plan).

Sympathetic/Parasympathetic Support System Analysis Table

(Pa-P1)	Resp. Rate	Arm Dermo	Leg Dermo	IMBALANCE X = Eliminators	Edema	SUPPLEMENTS
0-	18 +	R2 → W3	0 → W4	Alpha 1- Adrenergic X Pa = 64- X Warm Hands X Small Pupil = (unless cataract)	0 → 1	Actvtr (2,2), IS XF (2,2), Comp S (-,3); Pa-P1 -6- = Comp S (2,3), K Cit (½, -); Resp Rate 20+ = Comp S (2,3), K Cit (½, -); Arm R2 = MgCl2 (1,-), Proton Plus (-,2); Edema 1+ or Leg W3+ = Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼), Oxy-Max (1,1); Pulse Pressure >50 = Comp S (2,3), K Cit (½,-); Pupil Large = Comp S (2,3); Diarrhea = Comp S (-,2), Glutamine (2,2); Body Temp Low = Comp S (-,2), Oxy A (2,-), E Tonic (-,½), NaGP (-,1), MgCl2 (1,-); Obesity = Comp S (-,2); Ventral Forearm Cooler than Dorsal = Comp S (2,3); Diabetes = Taurine (2,2), Adapto-Max (2,-), Oxy-Max (-,2); Sneezy/Itchy = Oxy D (-,2), Oxy D+ (-,10), Oxy-Max (1,2), MgCl2 (-,1); Mean BP >120 = K Cit (½, -); Insomnia = Oxy D (-,2), Oxy D+ (-,10), Oxy-Max (-,2), E Tonic (-,½), MgCl2 (-,1)
6 +	14 -	R4 → R1	R3 → W1	Alpha 1- Adrenergic Insufficiency X Pa > 77	1 +	Actvtr (2,2), IS PW (2,2), Comp P (2,2); Pa-P1 8+ = Comp P (3,2), NaGP (2,-); Resp Rate 12- = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); Arm R3+ = Comp P (3,2), Form EI (1,1); Leg R2+ = Comp P (3,2), Oxy A (2,-), Oxy Tonic (½,-); Edema 3+ = Comp P (3,2), Phenylalanine (3,-), Oxy D (-,2), E Tonic (-,½), Phos Drops (10,10); Edema 2+ & Leg W1+ = Oxy D+ (-,10); Diarrhea = Oxy D (-,2), E Tonic (-,½), Glutamine (2,2), IS XF (2,2); Constipation = Oxy Tonic (1,-), MgCl2 (-,1), NaGP (2,-), Ventral Forearm Warm = Comp P (3,2); Pulse Pressure <30 = Comp P (3,2), Form EI (2,2), E Tonic (½,½); Low Body Temp = E Tonic (½,½), NaGP (1,-), Phos Drops (-,10); Somnolence = Oxy A (2,-), Oxy Tonic (1,-), NaGP (1,-), Phenylalanine (3,-); Arm R1+ Persists 8+ Mins = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
5 +	18 -	R4 → R1	R2 → W2	Vagotonia X Pa > 77	1 +	Actvtr (2,2), IS PW (2,2), Comp P (2,2); Resp Rate 12- = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); Leg R2 = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); Asthma = Comp P (3,2), Adapto Max (3,-), Oxy-Max (-,3) Phenylalanine (3,-), MgCl2 (½,½); Pa-P1 7+ = Comp P (3,2); Arm R3+ = Comp P (3,2), Form EI (1,1); Edema 2+ = Comp P (3,2), Phenylalanine (3,-), Oxy D (-,2), E Tonic (-,½); Edema 2+ & Leg W1+ = Oxy D+ (-,10); Sneezy/Itchy = Comp P (3,2), Phenylalanine (3,-), Phos Drops (10,10); Diarrhea = Oxy D (-,2), E Tonic (-,½), Glutamine (2,2), IS XF (2,2); Constipation = Oxy Tonic (1,-), MgCl2 (-,1), NaGP (2,-); Arm R1+ Persists 8+ Mins = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
				β1, β2, β3 Adrenergic		ATP → cAMP = cAMP → Vasodilation of Skin plus Edema? = Need NaHC03/Citrate; ↑ Th2 = IL-4, 5, 6, 10; ↓ Th1 = IFN, TNF, IL-2; LPS - induced IL-6
0-	18 +	0 → W4	0 → W4	β2 - Adrenergic X Pa = 64- X Asthma X Sneezy/Itchy	0 → 1	Actvtr (2,2), IS XF (2,2), Comp S (-,3), Taurine (2,2), Form ES (3,3); Pa-P1 -6 - = Comp S (2,3); Resp Rate 20+ = Comp S (2,3); Mean BP >120 = K Cit (½, -); Constipation or Food Sticks in Esoph = Comp S (1,3), MgCl2 (1,-); X Caffeine
0-	18 +	R1 → W4	0 → W4	β1 - Adrenergic X Pa = 64- X Constipation	0 → 1	Actvtr (2,2), IS XF (2,2), Comp S (-,3), Taurine (2,2), Form ES (3,3); Pa-P1 -6 - = Comp S (2,3); Resp Rate 20+ = Comp S (2,3); Arm R1/0 = IS PW; SpH2 75+ = Comp S (1,3); Na Cit (1,-); "Stomach Growls" or "Hunger Pains" = Comp S (2,2), Na Cit (½, ½); Mean BP >120 = K Cit (½, -), X Na Cit;
-3- → 3	16 +	R2 → W3	0 → W4	β3 - Adrenergic X Low Temp X Obese	0 → 3	Actvtr (2,2), IS XF (2,2), Comp S (-,3); Pa-P1 -6 - = Comp S (2,3); Resp Rate 20+ = Comp S (2,3), Na Cit (1,-); Arm R1+ = IS PW; Edema 2+ or Leg W3 = Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼); Pupil Large = Comp S (2,3); Insomnia = Oxy D (-,2), Oxy D+ (-,10), E Tonic (-,½), MgCl2 (-,1)
-3 → 3	16 +	R2 → W3	0 → W4	Alpha 2- Adrenergic (*opposes β1, β2, β3) X Diarrhea X Hypoglycem	1 → 4	Actvtr (2,2), IS XF (2,2), Comp S (-,2), Taurine (2,2), Form ES (2,2); Edema 3+ or Leg Dermo W3+ = MgCl2 (-,1), Oxy D+ (-,10), E Tonic (¼,¼); Edema 2+ & Leg W1+ = Oxy D+ (-,10); T1 Diabetes = Comp S (-,3), Oxy K (2,-); Constipation or Food Sticks in Esoph = Comp S (1,2), MgCl2 (1,-)
0 +	16 -	R4 → R2	R4 → W2	Histamine Excess &/or PGEI Insufficiency	2 +	Actvtr (2,2), IS PW (2,2), Comp P (3,1), Phos Drops (-,10); Resp Rate 12- = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10, 10); Leg R2+ = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); Low Body Temp = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10,-), Proton Plus (-,2), E Tonic (-,½); Sneezy/Itchy = Phos Drops (10,-), Proton Plus (-,2), Phenylalanine (2,-); Ms Cramps = Phos Drops (10,-), Proton Plus (-,2), Form EI (1,1), MgCl2 (½,½) Insomnia = Proton Plus (-,2), E Tonic (-,1); Caffeine = OK; X Aspirin ; Pa < 64 = Form EI (2,2), E Tonic (½,½); Arm R2+ Persists 8+ Mins = Oxy A (2,-), Oxy Tonic (1,-), Sunlight

(Pa-P1)	Resp. Rate	Arm Dermo	Leg Dermo	Eliminators	Edema	SUPPLEMENTS
0 → 4	14 → 18	R4 → R2	R4 → W2	PGD2 X Pa > 77 X Insomnia X High BP X Constipation	0 → 2	Actvtr (2,2), IS PW (2,2), Comp P (3,-), Oxy A (2,-); <u>Leg R2+</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Pa < 64</u> = Form EI (2,2), E Tonic (½,½); <u>Somnolence</u> = Comp P (3,1), Oxy A (2,-), Oxy Tonic (1,-), Form EI (1,1), Phenylalanine (3,-); <u>Asthma</u> = Comp P (3,1), MgCl2 (½,½); <u>Low Body Temp</u> = Comp P (2,2), MgCl2 (½,½), E Tonic (¼,¼); <u>Diarrhea</u> = Comp P (2,2), Glutamine (2,2), E Tonic (½,½); <u>Obese</u> = Oxy A (2,2), Oxy Tonic (1,-), Phenylalanine (3,-); <u>T2 Diabetes</u> = IS RE
0 → 4	14 → 18	R1 → W2	R2 → W3	PGE2 X GI Ulcers X IBD X Low Temp X Sneezy/Itchy	2 +	Actvtr (2,2), IS RE (2,2), Comp P (2,-), Comp S (-,2), Adapto-Max (1,-), Oxy-Max (-,1), Taurine (1,1); <u>Leg R2</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Insomnia</u> = Oxy D (-,2), E Tonic (-,½); <u>Fibromyalgia/“Ache all over”</u> = Adapto-Max (3,-), Oxy-Max (-,3), Taurine (2,2); <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
0 +	X	R4 → 0	R2 → W4	LTB4	2 +	Actvtr (2,2), IS PW (2,2), Comp P (3,-), Adapto-Max (1,-), Oxy-Max (-,1), MgCl2 (½,½); <u>Leg W2+ & Edema</u> = Oxy D (-,2), Oxy D+ (-,10), Proton Plus (-,2); <u>Asthma</u> = Comp P (3,2), Adapto-Max (3,-), Oxy-Max (-,3), Taurine (1,1), Phos Drops (10,10); <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight; <u>Pa < 64</u> = Form EI (2,2), E Tonic (½,½)
0 → 4	14 → 18	R4 → 0	R2 → W2	Adenosine (opposes NorEp) X High BP X Sneezy/Itchy X Arrhythmia	0 → 2	Actvtr (2,2), IS RE (2,2), Comp P (2,-), Comp S (-,2), Oxy A (2,-); <u>Edema 2 & Leg W1+</u> = Oxy D+ (-,10); <u>Somnolence/Yawning</u> = Comp P (3,-), Comp S (-,1), Phenylalanine (3,-), Oxy Tonic (1,-); <u>Asthma/Bronchitis</u> = Comp P(3,-), Comp S (-,1), Adapto-Max (1,-), Oxy-Max (-,1), MgCl2 (½,½); <u>Nausea</u> = Phos Drops (10,10), E Tonic (¼,¼); <u>Caffeine</u> = OK; <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight, IS PW
-3 → +	18 -	R4 → 0	R4 → W2	CRH Stress	2 +	Actvtr (2,2), IS PW (2,2), Comp P (3,1), Phos Drops (-,10); <u>Resp Rate 12-</u> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10, 10); <u>Leg R2+</u> = Oxy A (2,-), Oxy Tonic (1,-), Taurine (1,1); <u>Low Body Temp</u> = Comp P (2,2), Phenylalanine (3,-), Phos Drops (10,-), Proton Plus (-,2), E Tonic (-,½); <u>Sneezy/Itchy</u> = Phos Drops (10,-), Proton Plus (-,2), Phenylalanine (2,-); <u>Ms Cramps</u> = Phos Drops (10,-), Proton Plus (-,2), Form EI (1,1), MgCl2 (½,½); <u>Insomnia</u> = Proton Plus (-,2), E Tonic (-,1); <u>Caffeine</u> = OK; <u>X Aspirin</u> ; <u>Arm R1+ Persists 8+ Mins</u> = Oxy A (2,-), Oxy Tonic (1,-), Sunlight
0 +	12 - 17	R1 → W4	R1 → W4	PGI2 Deficiency/ cAMP Deficiency	1 +	Actvtr (2,2), IS RE (2,2), Comp P (3,-), Adapto-Max (2,-), Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼); <u>Check Thyroid</u> ; <u>Caffeine</u> = OK
5 +	17 -	R4 → R1	R2 → W1	Parasymp + Anaerobic	0	Actvtr (2,2), IS PW (2,2), Comp P (2,-), Oxy A (2,-), Oxy Tonic (½,-), Phos Drop (-,10); <u>Resp Rate 12-</u> = Phos Drops (10,10), MgCl2 (½,½), Oxy K (-,2); <u>Somnolence</u> = Oxy Tonic (1,-), Phenylalanine (3,-), <u>Constipation</u> = Oxy Tonic (1,-), MgCl2 (-,1)
5 +	16 -	R2 → W1	W1 → W4	Parasymp + Dysaerobic	1 +	Actvtr (2,2), IS XF (2,2), Comp P (2,-), Oxy D (-,2), Oxy D+ (-,10), E Tonic (¼,¼); <u>Resp Rate 12-</u> = Phos Drops (10,-), Proton Plus (-,2); <u>Diarrhea</u> = Oxy D+ (10,20), E Tonic (½,½), Glutamine (2,2); <u>Constipation</u> = NaGP (1,-), MgCl2 (-,1); <u>Fatigue</u> = NaGP (1,-), Phenylalanine (3,-), Glutamine (-,2);
0 -	16 +	R1 → W4	0 → W4	Glucogenic	0 → 4	Actvtr (2,2), IS XF (2,2), Oxy G (2,2), NaGP (1,1), NaCit (½,¼); <u>Pulse Pressure > 50</u> = KCit (½,-), X NaCit; <u>Mean BP > 120</u> = KCit (½,-), X NaCit, Form ES (2,2); <u>Body Temp Low</u> = E Tonic (½,½), X NaCit; <u>Insomnia</u> = Oxy D (-,2), E Tonic (½,1), Oxy D+ (-,10)
√	√	√	√		√	Actvtr (2,2), IS Per Selection Criteria, [Oxy Tonic, E Tonic, Oxy D+ per BALANCING PROCEDURE], <u>Individualized DNP</u> --- OR --- <u>Age 33+</u> = DP AM (1,-), Taurine (1,-), DP PM (-,1), Oxy A (1,-), Oxy D (-,1); <u>Age 53+</u> = DP AM (2,-), Taurine (1,1), DP PM (-,2), Comp P (1,-), Comp S (-,1)

Dermographics and Edema Analysis:

The patient is sitting, lower legs vertical.

A) **Dermographics Reflex**. “I am going to check your dermographics reflex. I am going to stroke your arm with a tongue depressor with enough pressure to be a little uncomfortable. If it starts to hurt a little, tell me and I’ll lighten my pressure.”

Your left hand supports the patient’s right forearm, palm up. With the tongue depressor held at about a 45 degree angle, firmly and slowly stroke a line from 2” above the wrist to 2” below the elbow. Shift the grasp of your left hand to behind the upper arm as you stroke the bicep area from 1” above the elbow, up the arm 3-4”. Then, stroke a horizontal line 2-3” long bisecting that vertical line. Finally, go back down to the forearm vertical line and stroke a 3” horizontal line at its midpoint.

While you are waiting 60 seconds for the arm test to complete its short-term reaction, do the test on the leg, stroking upward, beginning just a couple inches above the internal malleolus and posterior to the tibia in the area of the medial gastrocnemius. Stroke upward about 6 inches, then horizontally 2 inches at the midpoint of your upward stroke. While you are waiting for the arm and the leg to complete their short-term Dermographics reaction, do the Edema Test.

B) **Edema Test**.

Press firmly with your thumb just inferior to the starting point of your leg vertical Dermographics line for 5 seconds. Remove your thumb, and note if an indentation persists for more than 5 seconds.

Edema Check

- 0 = indented area completely disappears immediately
- +1 = indentation persists for 1 to 5 seconds
- +2 = indentation persists longer than 5 seconds but less than 20 seconds
- +3 = indentation persists longer than 20 seconds but less than 60 seconds
- +4 = indentation persists longer than 60 seconds

C) **Begin Test Interpretation.**

- Check the 1-minute reading on both the arm and leg Dermographics, and either make a mental note what you see, or, if the reflex is completed, record the results.
- Record Edema Test result.
- You may need to wait as much as 2 to 4 minutes for your final determination of the Arm/Leg Dermographics.

D) **Arm & Leg Dermographics Reflex Check** --- Make your final reading and enter on your TRF as Arm/Leg. For example: R2/W1.

Arm Dermographics Check

- R4 = wide neurogenic flare, perhaps itching (or even welts) within 1 minute
 R3 = flare initially wider than tongue depressor contact width, or, red lines nearly that wide that last several minutes
 R2 = red lines on upper arm and forearm last several minutes
 R1 = red lines on upper arm last several minutes as forearm lines disappear
 0 = red persists 1 minute, but no red is apparent after several minutes, and there may be a white border around the red
 W1 = no red is apparent after 1 minute, and either there is initially red with white border, or there is a purely white line that persists no more than 1 minute
 W2-W4 = degrees of white width or duration

Leg Dermographics Check

- 0 = no red nor white reaction that lasts more than a few seconds
 W4 = wide white line that lasts several minutes
 W3 = white line that lasts several minutes
 W2 = white line that lasts longer than a minute
 W1 = white line that lasts up to a minute (even if surrounded by red)
 R4 = wide red line that lasts several minutes
 R3 = red line that lasts several minutes
 R2 = red line that lasts longer than a minute
 R1 = red line that lasts from 10 seconds to a minute