

Appendix C

QUICK REFERENCE GUIDE

ANALYSIS OF 5 FUNDAMENTAL BALANCE SYSTEMS

1. [4-POINT QUICK-SCAN: (from the bottom up on TRF) a) (Highest P-P1)-(SBP2-SBP1)
 b) (Highest P-P1) + (SBP2-SBP1)
 c) (Highest P-P1) - (Highest P-P4)
 d) (Higher SBP1 or 2) + (Higher DBP1 or 2) [EI=X child]

	<u>ELECTROLYTE</u>	<u>STRESS</u>	<u>INSUFFICIENCY</u>
(Highest P-P1)-(SBP2-SBP1)		X	16+
(Highest P-P1)+(SBP2-SBP1)		22+	X
(Highest P-P1)-(Highest P-P4)		10+	10+
(Higher SBP1 or 2)+(Higher DBP1 or 2)		220+	180-

If all 3 in one column, or, one column 2 more than the other = YES.

(If 2 in one column, then continue.)

(SBP2-SBP1) – (DBP2-DBP1)	-8-, or, 2+	-8-
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If 3 in one column = YES.

2. [3-POINT QUICK-SCAN: a) ST b) OI c) A-UpH]

	<u>ANAEROBIC</u>	<u>DYSAEROBIC</u>
Surface Tension	69+	67-
Oxidation Index	-12-	12+
Adjusted UpH	6.3+	6.1-

If all 3 in one column = YES.

(If 2 out of 3, then continue.)

Adjusted SpH1A	6.6-	6.8+
Dermographics	2+	1-

If a third positive test = YES.

3. [4-POINT QUICK-SCAN: A) Resp Rate b) Breath Hold c) P4 d) RR - (BH/5)]

A-SpH1A	GLUCOGENIC			KETOGENIC		
	<u>RR</u>	<u>BH</u>	<u>P4</u>	<u>RR</u>	<u>BH</u>	<u>P4</u>
6.4-	17+	52-	68+	15-	67+	64-
6.5	17+	49-	72+	15-	64+	68-
6.6	17+	46-	76+	16-	61+	72-
6.7	17+	43-	80+	16-	58+	76-
6.8	16+	40-	84+	15-	55+	80-
6.9	16+	37-	88+	15-	52+	84-
7.0	16+	34-	92+	15-	49+	88-
7.1+	17+	31-	96+	15-	46+	92-
R – (BH/5)		8+			6-	

(If a column has at least 2 more than the other, then continue.)

DBP2 - P4	0-	5+
ST	69+	67+

If a column has at least 3 positive tests, and at least 2 more than the other = YES.

4. [3-POINT QUICK-SCAN: a) Pa - P1 b) (SBP2 - SBP1) + (DBP2 - DBP1)
c) (Highest P - P1) + (Highest P - P4)

	<u>SYMPATHETIC</u>	<u>PARASYMPATHETIC</u>
Pa - P1	-2-	0+
(SBP2 - SBP1) + (DBP2 - DBP1)	11+	6-
(Highest P - P1) + (Highest P - P4)	25+	22-
	(X asthma)	

If a column has at least 2 positive tests = YES.

[3+4] If patient tests both GLUCOGENIC and SYMPATHETIC, or, tests both KETOGENIC and PARASYMPATHETIC, then, eliminate one of those imbalances by the first of these criteria that applies (If neither applies, treat neither.):

- a) If (SBP2 - SBP1) + (DBP2 - DBP1) = 6-, treat P'SYMP if Vaso not C2+.
= 11+, treat SYMP if Vaso not W2+.
- b) If RR - (BH/5) = 8+, treat GLUCO
= 6-, treat KETO

DIABETIC = Over-ride of 3 & 4:

Insulin & Tests SYMP or KETO, or, Tests Neither G/K nor S/P = Treat SYMP

Insulin & Tests GLUCO or P'SYMP = Treat with SYMP supplements & G or P Diet

Non-Insulin & Tests KETO, or, Tests Neither G/K nor S/P = Treat KETO

Non-Insulin & Tests SYMP = Treat SYMP

Non-Insulin & Tests GLUCO = Treat with SYMP supplements & GLUCO Diet

Non-Insulin & Tests P'SYMP = Treat with KETO supplements & P'SYMP Diet

5. [3-POINT QUICK-SCAN: a) Resp Rate b) Breath Hold c) RR-(BH/5)]

	MET ACID	K EXC ACID	RESP ACID	MET ALK	K DEPL ALK	RESP ALK
Resp Rate	19+	19+	19+/13-	13-	13-	19+/13-
Breath Hold	40-	40-	40-	65+	65+	65+
RR-(BH/5)	10+	10+	10+	5-	5-	10+/5-

(For each column 2 out of 3, continue.)

A-UpH	5.9-	6.3+	5.9-	6.3+	X	6.3+
A-SpH1A	6.8+	6.8+	6.6-	6.6-	6.6-	6.8+

(If pHs match perfectly, then 1 more positive needed:)

P1	75+	X	75+	67-	X	X
P4-P1	10+	10+	10+	X	X	X
			(X asthma)		Pupil S1+	
					Dermo 1-	

< ES SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Formula ES	3, 2X, A	CVD = +2	
Taurine	2, 2X, B	Arrhythmia = +1	DYS = -1
Go Power	0, A brkfst	Cholesterol = +3	
Oxy Power	0, A eve	CVD = +3 Cholesterol = +3 Statin = +3 Brkfst	
Complex S	X GLUCO X SYMP or P'SYMP 0, 2X, A	(SBP2-1)+(DBP2-1)= 15+ = +1 = -6- = -1 (Highest P-P1)+(Highest P-P4) = 25+ = +1 = 22- = -1 BHT = 29- = +1 RR = 20+ = +1	Dermo = +3+ = -1 P1 = 66- = -1
K Citrate	*1/16 tsp, B meals	SG=22+=+1/16, + add 1 c. H2O to E Tonic	Hydration = 13+ = -1/32 UpH = 7.0+ = -1/32
Oxy A+	X ANA or DYS X P'SYMP *0 tsp, B meals	OI = -12- = + ³ / ₈ A-UpH = 6.5+ = + ³ / ₈	OI = 12+ = - ¹ / ₄ A-UpH = 5.7- = - ¹ / ₄
K Bicarb	X KETO X P'SYMP X ALK * 0 tsp, B meals	SG = 22+ = +1/16+, add 1 c. H2O to E Tonic BHT = 29- = + 1/16	Dermo = +3+ = -1/16 Hydration = 13+ = -1/32 UpH = 7.0+ = -1/32
Mg Chloride	X GLUCO * 0 tsp, B meals	SG= 10- = +1/16 RR-(BHT/5)=6- = +1/16 BHT = 50+ = + 1/16 Diuretic = + 1/16	SG = 22+ = - 1/16 RR-(BHT/5)=8+ = -1/16 Diarrhea = -1/16
Di-K Phos	X ANA X ACID *0 tsp, B meals	SG= 10- = + 1/16 RR-(BHT/5) = 6- = + 1/16	SG = 22+ = -1/16 RR-(BHT/5)=8+ = -1/16
Phos Drops	X GLUCO X SYMP X ACID *0 tsp, B meals	SG = 10- = + ¹ / ₄ RR-(BHT/5)=6- = + ³ / ₈ BHT = 50+ = + ¹ / ₂	SG = 22+ = - ¹ / ₈ RR-(BHT/5) = 8+ = - ¹ / ₈ BHT = 29- = - ³ / ₈

* ELECTROLYTE TONIC = Early a.m., mix in H2O (1 c. + 1 c. x (11-Hydration)) + # c indicated above). Drink half by breakfast and half before meal 2 &/or 3.

Avoid Salt if all 3 conditions are met: SG = 16-
Hydration = 10+
(SBP2-1) - (DBP2-1) = 2+

< EI SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator Formula EI Electro Tonic	2, 2X, A 2, 2X, A * 2T in 3 c. H2O		
NaCl	X SpH1A = 6.3- *1/8 tsp, B meals	(Higher SBP+DBP)= 165- = + 1/4 Highest P-P1)-(SBP2-1)= 24+ = + 1/8	ANA = -1/16
Na Citrate	X ANA X KETO * 0 tsp, B meals	SG = 21+ = + 1/8 SG = 30+ = + 1/8 A-UpH = 5.6- = + 1/8	SG = 9- = -1/8 A-UpH = 7.1+ = -1/8
Na Bicarb	X DYS X KETO X ALK *0 tsp, B meals	RR-(BHT/5) = 8+ & A-UpH = 5.6- = + 1/8	
Na Glyc-Phos	X ANA X KETO * 0 tsp, B meals	(Highest P-P1)-(SBP2-1)= 20+ = + 1/8 24+ = + 1/8	SG = 9- = - 1/8 OI = -12- = - 1/8
Oxy Tonic	X ANA or DYS X SG = 26+ * 0 tsp, B meals	SG = 9- = + ³ / ₈ OI = -12- = + ³ / ₈ A-UpH = 6.6+ = + ³ / ₈	Diarrhea = - ³ / ₈
Oxy D+	X ANA or DYS * 0 tsp, B meals	SG = 30+ = + ¹ / ₈ OI = 12+ = + ¹ / ₄	Constipation = - ¹ / ₈
Proton Plus	X ANA or DYS X GLUCO or KETO X SYMP or P'SYMP * 0, 2X, B meals	RR-(BHT/5) = 6- & A-UpH = 6.6+ = +2	
Complex P	X KETO X SYMP or P'SYMP 0, 2X, A	Pa-P1 = 1+ = +1 (Highest P-P1)-(Highest P-P4) = 9- = +1	

* ELECTROLYTE TONIC = Early a.m., mix in 3 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< ANAEROBIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Oxy A	2, 2X, A		ST=68-, -1 OI=0+, -1 A-UpH=5.9-, -1
Oxy A+ (or Oxy Tonic)*	¼ tsp, 2X, B	ST=72+, +1/8 OI= -15-, +1/8 A-UpH=6.8+, +1/8 Constipation, +1/8 Somnolence, +1/8 Pain, Allergies, Itching, Vertigo, +1/8	A-UpH=5.5-, -1/8 Diarrhea, -1/4 A-SpH1A=7.4+, -1/8
* After 1 bottle of Oxy A+, substitute Oxy Tonic if (Higher SBP)+(Higher DBP) = 180-			
Taurine	0, 2X, B	Arrhythmia, CVD, Cholesterol+, Seizures, Migraines, +2	
Go Power	0 daily	Cholesterol+, Allergies, +3 after breakfast	
Tyrosine	0, 2X, B	Allergies, Depression, +2	ST=68-, -1 Pupil=2+, -1

< DIET >

Best Foods: Vegetables, fish, olive oil

Worst Foods: Foods made with PUFA vegetable oils, ice cream, juices, foods made with sugar, coffee/tea/cola, excessive fruit, vinegar, yogurt, sauerkraut.

Increase Water if Hydration = 8.5-

Decrease Water if Hydration =12+

< DYSAEROBIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Oxy D	2, 2X, A		ST=68+, -1 OI=0-, -1 A-UpH=6.4+, -1
Oxy D+	1/8 tsp, 2X, B	ST=64-, +1/8 OI=15+, +1/8 A-UpH=5.6-, +1/8 Diarrhea, +1/8 Insomnia, +1/8 Migraines, +1/8 Pain, Allergies, Itching, Vertigo, +1/8	A-UpH=6.9+, -1/8 Constipation, -1/4 A-SpH1A=6.3-, -1/8
Glutamine	0, 2X, B	Colitis, Diarrhea, GI Ulcers, Gall Stones, Rheumatoid Arthritis, Depression, +2	Constipation, -1
Histidine	0, 2X, B	Rheumatoid Arthritis (<i>or any other auto immune disease</i>), Allergies, Upper GI Ulcers, Nausea of Pregnancy, Anemia, +2	GLUCO, -1
Glucosamine	0, 2X, B	Arthritis/Arthroses, +2	
Oxy Power	0 daily	Chol+, Allergies, Bilirubin, +3 after the evening meal	
Proton Plus	X GLUCO X ACID 0, 2X, B	BHT = 50+, +2 A-SpH1A = 7.2+, +1 A-SpH1A= 7.5+, +1 A-UpH = 6.6+, +1	BHT = 30-, -1 A-UpH = 5.8-, -1

< DIET >

Best Foods: Vegetables, eggs, cheese, butter/cream

Worst Foods: Foods made with PUFA vegetable oils (especially fried foods), canned & processed meats

Increase Water if Hydration = 8.5-
Decrease Water if Hydration = 12+

< GLUCOGENIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Oxy G	2, 2X, A		RR- (BH/5)=6-, -1 A-SpH1A=7.2+, -1
Oxy D+	X ANA or DYS X Seizures 0 tsp B eve meal	Ol=12+, +1/8. ST=67-, +1/8. Insomnia, +1/8 Cholesterol+, +1/8	Ol= -12-, -1/8 ST=72+, -1/8
NaGlyceroPhos	X ES or EI X ANA *0 tsp, B meals	Ol=12+, +1/4 Pa=66-, + 1/8 Fatigue, +1/4	Ol= -12-, -1/2
NaBicarb	*0 tsp, B meals	RR-(BH/5)=10+ & A-UpH=5.8-, +1/2	DYS, -1/2 Constipation, -1/2
Glutamine	X ANA X SYMP 0, 2X, B	Colitis, Diarrhea, GI Ulcers, Gall Stones, Rheumatoid Arthritis, Depression, +2	Constipation, -1
Tyrosine	X SYMP 0, 2X, B	Allergies, Depression, +2	DYS, -1
Phenylalanine	X SYMP 0, 2X, B	Fatigue, +2	DYS, -1
Oxy Power	0 daily	Allergies, Cholesterol+, +3 after evening meal	

*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, meat/fish/poultry (especially organ meats), cheese, butter/cream, coconut oil

Worst Foods: Foods made with sugar, juices, fruit, tomatoes, excess bread/cereal/pasta, excess potatoes/corn/starchy vegetables, foods with PUFA oils, vinegar

Increase Water if Hydration = 8.5-

Decrease Water if Hydration =12+

< KETOGENIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Oxy K	2, 2X, A		RR-(BH/5)=8+, -1 A-SpH1A=6.4-, -1
Proton Plus	X GLUCO X ACID 0, 2X, B meals	BHT = 50+, +2 A-SpH1A = 7.2+, +1 A-SpH1A = 7.5+, +1 A-UpH = 6.6+, +1 Ketones = +1	BHT = 30-, -1 A-UpH = 5.8-, -1
Mg Chloride	*0 tsp, B meals	OI= -12-, +1/8 Hydration = 10.0+, +1/8	OI=12+, -1/8 Diarrhea, -1/8 ANA, -1/8
Oxy A+	X ANA or DYS *0 tsp, B meals	OI= -12-, +1/8 A-UpH=6.8+, +1/8	
Tyrosine	X SYMP 0, 2X, B meals	Allergies, Depression, +2	DYS, -1
Phenylalanine	X SYMP X Higher SBP+ DBP = 220+ 0, 2X, B meals	Fatigue, +2	
Histidine	X ANA 0, 2X, B meals	Allergies Rheumatoid Arthritis, Upper GI Ulcers, Anemia, +2	
Oxy Power	0 daily	Allergies, Cholesterol+, 3 after evening meal	
Taurine	X DYS 0, 2X, B meals	Diabetes, Arrhythmia Cholesterol+, CVD, +2	

*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, eggs, olive oil, coconut oil

Worst Foods: Foods made with sugar, juices, processed meats & organ meats, excess meat & cheese, foods with PUFA oils

Increase Water if Hydration = 8.5-

Decrease Water if Hydration = 12+

< SYMPATHETIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Complex S	X Asthma 2, 2X, A	Vaso = C2 + = + 1 Pupil = S2+ = + 1 (SBP2-1)-(DBP2-1)=2+=+1 . . .	Cough Reflex = 2+=-1 Vaso = W2 + = - 1 Dermo = 3+ = - 1 (SBP2-1)-(DBP2-1)=-8=-1
Oxy A+	X EI X ANA or DYS 0 tsp, 2X, B	A - UpH = 6.8 + = + ¼ OI = -12- = +¼ Constipation = +¼ Gall Bladder = +¾	A - UpH = 5.7 - = -¼ OI = 12+ = -¼ Diarrhea = -¼
Oxy D+	X ANA or DYS X seizures 0 tsp, 2X, B	Migraines = +⅛ Cholesterol = +⅛ Rheum. Arth = +⅛	OI = -12- = -⅛ A - UpH = 6.8+ = -⅛
Taurine	X DYS 0, 2X, B	Arrhythmia, CVD, = +2 Cholesterol = +2 Seizures = +2 Migraines = +2 Diabetes = +2	
Oxy Power	0, 2X, A	Cholesterol = +2 Allergies = +2 Arthritis = +2 Diabetes = +2	

< DIET >

Best Foods: Vegetables, eggs, olive oil, coconut oil

Worst Foods: Foods made with sugar, foods made with PUFA
vegetable oils, canned & processed meats

Increase Water if Hydration = 8.5-
Decrease Water if Hydration = 12+

< PARASYMPATHETIC SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Complex P	X Diabetes 2, 2X, A	Cough = +2+ = +1 Dermo = +3+ = +1 (SBP2-1)-(DBP2-1)=-8- = +1 Allergies = +1	Vaso = C2+ = -1 Pupil = S2+ = -1 (SBP2-1)-(DBP2-1)= 2+ = -1
Formula EI	X EI or ES 0, 2X, A	Cough = 2+ = +1 Dermo = 3+ = +1 (SBP2-1)-(DBP2-1) = -8- = +1	Vaso = C2+ = -1 Pupil = S2+ = -1 (SBP2-1)-(DBP2-1)=2+ = -1
Electro Tonic	X EI or ES *0, B meals	(SBP2-1)-(DBP2-1)= -8- = 2 T. in 2 c. H2O	
Na GlyceroPhos	X EI or ES X ANA X KETO *0 tsp, B meals	Pa = 66 - = + 1/4 Fatigue = + 1/4	A - UpH = 5.7 - = - 1/4
Oxy D+	X ANA or DYS X Seizures *0 tsp, 2X, B	Migraines = +1/8 Cholesterol = +1/8 Colitis, Diarrhea, GI Ulcers = +1/8	OI = -12- = -1/8 A - UpH = 6.8+ = -1/8
Mg Chloride	X GLUCO *0 tsp, B meals	Asthma = + 1/4	Diarrhea = - 1/8
Phos Drops	X ACID *0 tsp, B meals	RR - (BHT/5) = 6- = +1/4 BHT = 50+ = +3/8	ANA = -1/4
Tyrosine	0, 2X, B	Allergies or Depression = +2	DYS = -1
Phenylalanine	0, 2X, B	Fatigue = +2	DYS = -1
Glutamine	0, 2X, B	Colitis, Diarrhea, GI Ulcers, Hypo- Glycemia, Depression = +2	ANA = -1 Constipation = -1

*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

Best Foods: Vegetables, meat/fish/poultry, eggs, butter/cream, olive oil, coconut oil

Worst Foods: Foods made with sugar, foods made with PUFA vegetable oils, juices, fruits, excess bread/cereal/pasta, excess potatoes/corn/yams & other starchy vegetables

Increase Water if Hydration = 8.5-
Decrease Water if Hydration = 12+

< ACIDOSIS SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
NaBicarb	X ES X DYS X KETO X RESP ACID *1/2 tsp, B meals		
K Bicarb	X EI X ANA X KETO X P'SYMP X K EXC ACID or RESP ACID *0 tsp, B meals	Cough = 0-, +1/8 Pupil = S2+, +1/8	
Na GlyceroPhos	X ES X ANA X KETO *1/8 tsp, B meals	OI=12+, +1/4	
Di-K Phos	X EI X ANA X P'SYMP X K EXC ACID *0 tsp, B meals	Pupil = S2+, +1/8	
Na Citrate	X ANA X KETO X P'SYMP *1/4 tsp, B meals		
K Citrate	X EI X ANA X P'SYMP X K EXC ACID	Cough = 0-, +1/8 Pupil = S2+, +1/8 OI = 12+, +1/8	
Mg Chloride	X ES X GLUCO *0 tsp, B meals	MET ACID, +1/4 RESP ACID & RR=13-, +1/4 KETO, +1/4	Diarrhea, -1/2
Glutamine		Diarrhea, Colitis, +2 DYS, +1	ANA, -1
Phenylalanine	0, 2X, B X DYS X SYMP 0, 2X, B	K EXC ACID & P1=64-, +2	
*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.			

< DIET >

METABOLIC or K EXCESS ACIDOSIS

Avoid juice, fruit, tomato, vinegar

Increase Water if Hydration = 8.5-
Decrease Water if Hydration =12+

< ALKALOSIS SUPPLEMENTS >

	Std Dose	Plus	Minus
Activator	2, 2X, A		
Phos Drops	X ES or EI X SYMP *¼ tsp, B meals	A-UpH=6.8+, +¼ P1=64-, +⅛	
Na GlyceroPhos	X ES or EI X ANA X KETO *¼ tsp, B meals	A-SpH1A=7.0+, +1/8 OI=12+, +1/4 DYS, +1/8	
Di-K Phos	X EI X ANA X P'SYMP *0 tsp, B meals	K DEPL ALK, +1/8	
Mg Chloride	X ES or EI X GLUCO X Diarrhea *0 tsp, B meals	K DEPL ALK, +1/4 KETO, +1/4	
Tyrosine	X DYS X SYMP 0, 2X, B meals	RESP ALK & RR=19+, +2	
Glutamine	X ANA 0, 2X, B meals	RESP ALK & RR=20+, & A-SpH1A=7.3+, +2	
Proton Plus	X ES or EI X ANA or DYS X GLUCO or KETO 0, 2X, B meals	A-UpH=6.8+, +2 A-UpH = 5.8-, -1 BHT = 50+, +2	

*ELECTROLYTE TONIC = Early a.m., mix in 2 cups H2O. Drink half by breakfast and half before meal 2 &/or 3.

< DIET >

METABOLIC ALKALOSIS Avoid juice, fruit
K DEPLETION ALKALOSIS Avoid salt

Increase Water if Hydration = 8.5-
Decrease Water if Hydration = 12+

Doctor's Instructions for NUTRI-SPEC DIPHASIC NUTRITION PLAN

Your Diphasic Nutrition Plan (DNP) will be administered to patients with recommendations that vary a little depending upon the patient's age. One variation is for patients age 22-32, one for those age 33-52, and one for those age 53+. These 3 age groups are approximations:

- You have patients younger than age 33 who are extremely sick/weak and will need to be considered as age 33-52.
- You have patients not yet age 53 who are sick/weak enough that you will need to add some of the Complex P and Complex S recommendations from the 53+ age group recommendations to their DNP.
- Finally, you have high-vitality patients age 53+ who do not yet need the diphasic boost from Complex P and Complex S, so can be treated as if age 33-52.

In addition to varying your DNP recommendations per the age of your patient, you will also individualize these recommendations for patients who have severe pathological conditions. These pathologies requiring individualized attention include:

- Cardiovascular Disease
- Asthma
- Mucous Colitis/Chronic Diarrhea
- Seizures
- Eosinophilic Fungal Rhinosinusitis
- Other yeast/fungal-related conditions
- Autoimmune Diseases such as Insulin-Dependent Diabetes, Lupus, Rheumatoid Arthritis, Crohn's, Ulcerative Colitis, etc.

You will also individualize your DNP recommendations based upon your patient's level of Vital Reserves. For Diphasic A.M. & P.M. you have a range of from 1 to 5 daily to play with. The standard recommendation is 3 of each daily. But many of your patients will need 5 (or more) daily (especially of Diphasic A.M.). On the other hand, you have patients with youthful Vital Reserves who can maintain health by starting with 3 daily but gradually reducing to only 1 daily.

Using the same criterion of Vital Reserve level, you can also individualize your recommendations for Oxygenic A & D (from 1 to 3 each daily) for your 23-33 and 33-52 age groups, and also for Immuno-Synbiotic for all your DNP patients. (See also the specific [Immuno-Synbiotic information and instruction sheet.](#))

All your DNP patients will follow the NUTRI-SPEC Fundamental Diet as described on Eat Well – Be Well, including particularly:

- 3 meals daily, each of which includes a serving of meat, fish, poultry, eggs or cheese.
- very limited intake of sugar, including fruit; strictly avoiding juice and other sweet drinks.
- avoiding polyunsaturated oils (salad dressings, mayonnaise, margarine, foods containing vegetable oils or cooked in vegetable oils).

All your DNP patients age 33-52 and 53+ will perform the Balancing Procedure to determine their need for OXY A+, (or OXY TONIC), and OXY D+, and ELECTRO TONIC. It is critical that each patient be given these 3 supplements in proper proportion. To achieve the ideal balance, initiate the Diphasic Nutrition Plan with the Balancing Procedure as described on the instruction sheet you give your patients. (Patients with very low blood pressure must be switched from OXY A+ to OXY TONIC when they have finished one small bottle of OXY A+.)

You must give special attention to your patients showing extreme Immuno-NeuroEndocrine stress. These are your patients with:

- Autoimmune Disease
- Chronic Fatigue Syndrome
- Fibromyalgia
- Major Depression
- Bipolar Disorder
- Multiple Chemical Sensitivities
- Post Traumatic Stress Disorder
- Mixed Mold Mycotoxicosis
- Vacillator/Oscillator response to NUTRI-SPEC Metabolic Balancing

For these victims of severe INE stress you must precede the DNP with 29 days of Doing FINE.

--- Doctor's Instructions for DNP patients approximately age 53+.

Morning Supplements

ELECTRO TONIC	first a.m. = amount determined by <u>Balancing Procedure</u> .
OXYGENIC A-PLUS*	first a.m. = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Metabolic Balancing [* Switch to OXY TONIC after 1 bottle if systolic + diastolic BP = 180-]
IMMUNO-SYMBIOTIC	0-3 first a.m. (Consume 1 bottle at least once each year)
DIPHASIC A.M.	1-5 after breakfast
COMPLEX P	2 after breakfast
ACTIVATOR	2 after breakfast

Evening Supplements

OXYGENIC D-PLUS	before evening meal = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Balancing
IMMUNO-SYMBIOTIC	1-3 before evening meal (1 or more bottles per year)
DIPHASIC P.M.	1-5 after evening meal
COMPLEX S	2 after evening meal
ACTIVATOR	2 after evening meal

Supplement Additions, Substitutions, and Deletions

- Insulin-Dependent Diabetes: Add 2 COMPLEX S in p.m. Add OXYGENIC A, 4 after breakfast. IMMUNO-SYMBIOTIC = 1 bottle @ 6 daily, then 4 daily.
- Asthma: Take 4 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 first a.m. and before evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal. Take 4 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal. Increase OXYGENIC D-PLUS to ¼ tsp. before the evening meal. Take OXYGENIC A, 4 after breakfast. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 first a.m. and before the evening meal. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal, and COMPLEX P, 3 in a.m. Take 3 OXYGENIC A in a.m. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Add 4 HISTIDINE, 2 first a.m. and before the evening meal. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Lupus: Add 4 HISTIDINE, 2 first a.m. and before the evening meal, and, COMPLEX S, 3 after evening meal. Take OXY D-PLUS, at least 1/8 tsp. before the evening meal. IMMUNO-SYMBIOTIC = 6 daily.
- Seizures: Take OXYGENIC A-PLUS, at least ¼ tsp. first a.m. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGIEY BUSTER 4 or more times daily, &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. IMMUNO-SYMBIOTIC = Maintain @ 6 daily.

--- Doctor's Instructions for DNP patients approximately age 33-52.

Morning Supplements

ELECTRO TONIC	first a.m. = amount determined by <u>Balancing Procedure</u> .
OXYGENIC A-PLUS*	first a.m. = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Metabolic Balancing [* Switch to OXY TONIC after 1 bottle if systolic + diastolic BP = 180-]
IMMUNO-SYMBIOTIC	0-3 first a.m. (Consume 1 bottle at least once each year)
DIPHASIC A.M.	1-5 after breakfast
OXYGENIC A	1-3 after breakfast
ACTIVATOR	2 after breakfast

Evening Supplements

OXYGENIC D-PLUS	before evening meal = amount determined by <u>Balancing Procedure</u> , or, as needed as maintenance after NUTRI-SPEC Balancing
IMMUNO-SYMBIOTIC	1-3 before evening meal (1 or more bottles per year)
DIPHASIC P.M.	1-5 after evening meal
OXYGENIC D	1-3 after evening meal
ACTIVATOR	2 after evening meal

Supplement Additions, Substitutions, and Deletions

- Insulin-Dependent Diabetes: Add 4 COMPLEX S, 2 in a.m. & 2 in p.m. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC = 1 bottle @ 6 daily, then 4 daily.
- Asthma: Add 3 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 first a.m. and before evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal, and, 3 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal. Increase OXY D-PLUS to ¼ tsp., and OXY A to 4. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 first a.m. and before the evening meal, and, COMPLEX P, 3 in a.m. Take 3 OXYGENIC A in a.m. and OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Add 4 HISTIDINE, 2 first a.m. and before the evening meal. Take OXYGENIC D-PLUS, at least 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC, maintain @ 6 daily.
- Lupus: Add 4 HISTIDINE, 2 first a.m. and before the evening meal, and, COMPLEX S, 3 after the evening meal. Take OXY D-PLUS, at least 1/8 tsp. before the evening meal. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Seizures: Take OXYGENIC A-PLUS, at least ¼ tsp. first a.m. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGEY BUSTER 4 or more times daily, &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. IMMUNO-SYMBIOTIC = Maintain @ 6 daily.

--- Doctor's Instructions for DNP patients approximately age 22-32.

Morning Supplements

ELECTRO TONIC (OXYGENIC A-PLUS or OXY TONIC = Only if needed as maintenance after NUTRI-SPEC Metabolic Balancing)	1-2 tablespoons first a.m.
IMMUNO-SYMBIOTIC	0-3 first a.m. (Consume 1 bottle at least once each year)
DIPHASIC A.M.	1-5 after breakfast
OXYGENIC A	1-3 after breakfast
ACTIVATOR	2 after breakfast

Evening Supplements

(OXYGENIC D-PLUS	Only if needed as maintenance after NUTRI-SPEC Metabolic Balancing)
IMMUNO-SYMBIOTIC	1-3 before evening meal (1 or more bottles per year)
DIPHASIC P.M.	1-5 after evening meal
OXYGENIC D	1-3 after evening meal
ACTIVATOR	2 after evening meal

Supplement Additions, Substitutions, and Deletions

- Insulin-Dependent Diabetes: Add 4 COMPLEX S, 2 in a.m. & 2 in p.m. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC = 1 bottle @ 6 daily, then 4 daily.
- Asthma: Add 3 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Hypertension or Cardiovascular Disease: Add 6 FORMULA ES, 3 after breakfast and evening meal, and, 4 TAURINE, 2 first a.m. and before evening meal.
- Mucous Colitis/Chronic Diarrhea: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal, and, add 3 COMPLEX P in a.m. IMMUNO-SYMBIOTIC = 6 daily.
- Crohn's Disease: Add 4 GLUTAMINE, 2 first a.m. and before the evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Ulcerative Colitis: Add 6 GLUTAMINE, 3 first a.m. and before the evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal, and, COMPLEX P, 3 in a.m. Take 3 OXYGENIC A in a.m. IMMUNO-SYMBIOTIC = 2 to 6 daily to bowel tolerance.
- Rheumatoid Arthritis: Add 4 HISTIDINE, 2 first a.m. and before the evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal. Increase OXYGENIC A to 4 after breakfast. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Lupus: Add 4 HISTIDINE, 2 first a.m. and before the evening meal, and, OXYGENIC D-PLUS, 1/8 tsp. before the evening meal, and, COMPLEX S, 3 after the evening meal. IMMUNO-SYMBIOTIC = maintain @ 6 daily.
- Seizures: Add OXYGENIC A-PLUS, ¼ tsp. first a.m. Delete ELECTRO TONIC.
- Eosinophilic Fungal Rhinosinusitis and other Yeast/Fungal Conditions: Add BOOGIEY BUSTER 4 or more times daily &/or A GOOD THYME as a nasal irrigation, &/or orally, &/or topically. IMMUNO-SYMBIOTIC = Maintain @ 6 daily.

NUTRI-SPEC



Diphasic Nutrition Plan

Balancing Procedure:

Your BALANCING PROCEDURE will assure that you take Oxygenic D+ and Oxygenic A+ (or Oxy Tonic) in proper proportion. Oxygenic A+ is a potent protector against pathological hyperplasia, and it (as well as Oxy Tonic) is a powerful metabolic spark. Oxygenic D+ is a strong protector against pathological dis-integration, as well as a powerful anti-oxidant. Some people have a metabolism that requires a high amount of one and very little of the other. Your Balancing Procedure will determine the ideal quantities of each supplement for your individual needs. Your Balancing Procedure also determines your need for Electro Tonic to help maintain electrolyte balance.

IMPORTANT: The directions for the Balancing Procedure are different for patients who often experience diarrhea. If you are one of those people, then follow only the instructions for Steps 1, 2, and 3, on the next page, and skip to STEP 1 on the next page now.

STEP 1: Take no Oxy D+. For 3 days, take ½ tsp of Oxy A+ in water first thing in the morning. On the 4th day, increase the Oxy A+ supplementation from ½ to 5/8 tsp. On the 7th day, increase the Oxy A+ to ¾ tsp. Increase the amount of Oxy A+ by 1/8 tsp every 3 days. [There are 12 drops of Oxy A+ in 1/8 tsp.]

STEP 2: When you experience a stool that is a bit more loose than normal, or a stool that has a definite sulfur odor, then you can assume that you have achieved saturation with negative valence sulfur --- the crucial anti-oxidant of your Oxygenic A+. (You may actually have an episode of diarrhea, and that is no problem at all. That is just one sure way to know that you have achieved systemic saturation with negative valence sulfur.)

When saturation is reached, or, when you have reached a level of 1¼ tsp of Oxy A+ supplementation for 3 days with no bowel reaction, go to the Table below. The Table tells you the amount of Oxy A+ you will take first thing every morning, and the amount of Oxy D+ you will take daily before your evening meal, and the amount of Electro Tonic you will take with your morning Oxy A+. (Your doctor may substitute Oxy Tonic for Oxy A+ if you tend to have very low blood pressure.)

Point of Oxy A+ saturation	Take Oxygenic A+ first thing every a.m.	Take Oxygenic D+ before every eve meal	Take Electro Tonic 1 st a.m.
1/2 tsp	1/8 tsp (12 drops)	22 drops (1/8 tsp)	0
5/8 tsp	1/8 tsp + 3 drops (15 drops)	16 drops	0
3/4 tsp	1/8 tsp + 6 drops (18 drops)	11 drops	0
7/8 tsp	1/8 tsp + 9 drops (21 drops)	5 drops	0
1 tsp	1/4 tsp	0	1 T
1 1/8 tsp	1/4 tsp + 3 drops (27 drops)	0	1 T
1¼ tsp for 3 days w/no bowel reaction	1/4 tsp (24 drops)	0	1 T

STEP 1: [Ignore the Table above.] If you are a person who frequently experiences diarrhea, for the first 3 days of your Balancing Procedure take 15 drops of Oxy A+ first thing in the morning, and 35 drops of Oxy D+ before your evening meal. On the 4th day, increase your Oxy D+ from 35 to 40 drops, and decrease your Oxy A+ from 15 drops to 10 drops. Every 3 days increase your Oxy D+ by 5 drops and decrease your Oxy A+ by 5 drops. [To simplify your Oxy D+ measuring after the 4th day: There are 45 drops of Oxy D+ in ¼ tsp.]

STEP 2: Stop the clinical trial when 3 days have gone by with no loose stool. The amounts of Oxy D+ and Oxy A+ you have taken that 3-day span will now become a permanent part of your Diphasic Nutrition Plan --- taking the Oxy A+ first thing in the morning, and the Oxy D+ before your evening meal.

STEP 3: If during this Balancing Procedure you do not go through 3 consecutive days without a loose stool after you have taken 100 drops (½ tsp + 10 drops) of Oxy D+ for 3 days, then stop. The amount of Oxy D+ that will be permanently part of your Diphasic Nutrition Plan is ¼ tsp, to be taken before your evening meal. Your need for Oxy A+ will be zero. You will take 1 tablespoon of Electro Tonic first thing every morning.

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APPENDIX E

METABOLIC EFFECTS OF COMMON MEDICATIONS

- Acetaminophen, ibuprofen and **most** NSAID make a patient more dysaerobic and less anaerobic.
- Exceptions to the above: Aspirin, Voltaren, Cataflam and codeine make a patient more anaerobic and less dysaerobic.
- Cortisone makes a patient more anaerobic and less dysaerobic, but, it causes such a defensive reaction that some tests may actually show more dysaerobic.
- Beta-blockers and calcium channel blockers and ACE inhibitors and angiotensin blockers make a patient more parasympathetic and less sympathetic; and cause a false positive dysaerobic test pattern.
- Digitalis makes a patient more dysaerobic and less anaerobic.
- Diuretics decrease the urine specific gravity and often raise the urine pH. An exception is Lasix (Furosemide), which makes the urine strongly false positive dysaerobic (low pH, low surface tension, and high specific gravity).
- Birth control pills and other “female hormone” medications containing estrogen and/or progestin (**not** natural progesterone) makes a patient more anaerobic and less dysaerobic; and often more parasympathetic and less sympathetic; and can exacerbate both glucogenic and ketogenic imbalances.
- Xanthines (coffee, tea, chocolate, and cola) make a patient more anaerobic and less dysaerobic; and more sympathetic and less parasympathetic.
- Asthma epinephrine analogs medications make a patient more sympathetic and less parasympathetic; and can exacerbate both anaerobic and dysaerobic imbalances. Most asthma medications will exacerbate a diabetic condition.

Asthma steroid drugs make a patient anaerobic, but elicit an anti-anaerobic defense, perhaps making the patient more dysaerobic. They also push ketogenic, and exacerbate diabetes.
- Insulin makes a patient more anaerobic and less dysaerobic; exacerbates both glucogenic and ketogenic imbalances; and more parasympathetic and less sympathetic.
- Oral diabetic medications make a patient more glucogenic and less ketogenic.
- Antibiotics make a patient more dysaerobic and less anaerobic.
- Anti-histamines and other cold and cough medicines generally make a patient more sympathetic and less parasympathetic; and more dysaerobic and less anaerobic.
- Radiation therapy and chemotherapy make a patient more dysaerobic and less anaerobic.
- Most seizure medications make a patient more dysaerobic and less anaerobic. (Phenobarbital has the opposite effect.)

- Cholesterol lowering medications make a patient more dysaerobic and less anaerobic.
- Elavil and other tricyclic anti-depressants make a patient more sympathetic and less parasympathetic, but, can also lower as well as increase blood pressure, and, can both raise and lower blood sugar.
- Prozac and other serotonin uptake inhibitors make a patient more ketogenic and less glucogenic; and more sympathetic and less parasympathetic; and may exacerbate a dysaerobic test pattern.
- Barbiturates and most other tranquilizers make a patient more anaerobic and less dysaerobic.
- Amphetamines and other stimulants make a patient more sympathetic and less parasympathetic; and more anaerobic and less dysaerobic.

Drugs are the number 1 thorn in the side of all NUTRI-SPEC practitioners. Sadly, many of your patients take medication daily; tragically, in many cases the harm done by the drugs far exceeds the symptomatic benefit. But the reason why drugs are such a nuisance to your NUTRI-SPEC practice is that they alter your patients' test results, making difficult or impossible to identify metabolic imbalances.

To illustrate how to see through the effects of drugs on your QRG analysis, let us look at 2 families of drugs that create/exacerbate a dysaerobic test pattern. First, consider the common pain relievers Tylenol (acetaminophen) and Advil (ibuprofen). Both these drugs, in addition to inhibiting prostaglandins, push body chemistry in a dysaerobic direction. They increase alkalinity at the tissue level, and acidity at the systemic level, which is why they relieve acid pain more effectively than alkaline pain. If your patient tests dysaerobic, you have no way of knowing if the dysaerobic test pattern is characteristic of the patient, or merely caused by the drug. A patient testing anaerobic, despite the dysaerobic drugs, is actually far more severely anaerobic than his tests indicate. If the patient tests neither anaerobic nor dysaerobic, you must consider that the patient may (but may not) be anaerobic without the drug.

The second family of drugs causing/exacerbating a dysaerobic test pattern are the common blood pressure medications, beta blockers, calcium channel blockers, ACE inhibitors, and angiotensin blockers. Unlike acetaminophen and ibuprofen, these drugs do not push the chemistry in a dysaerobic direction. Yet they will raise the saliva pH (a dysaerobic indicator), and, the presence of their metabolites in the urine decreases the surface tension, increases the specific gravity, and lowers the pH – a perfect dysaerobic test pattern. Again – a dysaerobic test pattern may or may not be a false positive, an anaerobic test pattern means the patient is extremely anaerobic, and a patient testing neither anaerobic nor dysaerobic may have an anaerobic imbalance hidden by the drug.

SPHYGMOMANOMETRIC ANALYSIS

SYSTOLIC PRESSURES			
92-110	112-140	140-190	192-280

PULSE

		50-70 (D) (E) (K) 72-86 (E) 88-120 (A) (Z)	50-70 (D) (E) (K) 72-86 (E) 88-120 (A) (Z)	170-110	DIASTOLIC PRESSURES
	72-86 (A) (E) 88-120 (A) (T)	50-70 (D) (E) 72-86 (E) 88-120 (A) (Z)	50-70 (D) (E) (K) 72-86 (S) (V) 88-120 (A) (Z)	110-90	
50-70 (P) 72-86 (Y) 88-120 (G) (X)	60-85 NORMAL	50-70 (K) (V) 72-86 (S) (V) 88-120 (S)	50-70 (V) 72-86 (S) (V) 88-120 (S)	90-74	
50-70 (D) (P) 72-86 (G) (I) (W) 88-120 (G) (I) (W)	50-70 (Q)	72-86 (R)		74-50	
50-70 (D) (U) 90-120 (W)				50-10	

- A- Anaerobic Imbalance
- D- Dysaerobic Imbalance
- E- Electrolyte Stress; Cardiovascular Stress; incipient cardio-renal disease.
- G- Glucogenic Imbalance
- I- Electrolyte Insufficiency
- K- Ketogenic Imbalance
- P- Parasympathetic Stress
- Q- May be an overworked heart; incipient hypertrophy.
- R- Persistent, it points to a failing heart.
- S- Sympathetic Stress
- T- Suggests a poor myocardium; incipient dilation.
- U- State of shock; suggests the patient is extremely toxic; precedes cardiac failure.
- V- A reading often in neuritis, menopause, mental overwork, worry, anxiety, etc.
- W- Suggests abnormal relations of components of the blood as seen in anemias, cardiac weaknesses, etc.
- X- Cardiac insufficiency; may be associated with infections.
- Y- A reading often seen in neurasthenia, neurosis, etc.
- Z- Electrolyte Stress; suggests a failing myocardium; often seen after stroke.