

SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM

Two themes are fundamental to NUTRI-SPEC philosophy. One is that all 5 Metabolic Balance Systems are reflections of deep-seated ImmunoNeuroEndocrine stress. Rather than give patients disease-specific remedies for the various symptoms they show in response to INE stress, you restore balance to the 5 Fundamental Control Systems in a patient-specific strategy to minimize INE stress.

Another primary NUTRI-SPEC theme is that there is ...

A QUIET FORCE BEHIND ALL METABOLIC ACTIVITY --- THE QUIET FORCE THAT IS CONTINUOUSLY ACTIVE --- THE QUIET FORCE THAT DETERMINES FROM YEAR TO YEAR, MONTH TO MONTH, WEEK TO WEEK, DAY TO DAY, AND MOMENT TO MOMENT HOW WELL A PERSON FEELS.

This mysterious force is none other than ...

THE AUTONOMIC NERVOUS SYSTEM.
--- SYMPATHETIC/PARASYMPATHETIC ADAPTATIVE CAPACITY.

As a NUTRI-SPEC practitioner, you must put emphasis on the neurological component of ImmunoNeuroEndocrine stress. Anything you do to influence the endocrine system or the immune system will meet with only partial success if you have not addressed the neurological component of INE stress. --- And --- the “N” in INE stress is all about Sympathetic/Parasympathetic responsiveness.

Your Sympathetic/Parasympathetic Support System is a way to directly intrude upon on ImmunoNeuroEndocrine stress, using just 6 tests, employed in a procedure that takes no more than 3 or 4 minutes at the most. Your staff can master this quickie test procedure in no time. [This autonomic nervous system analysis is particularly valuable in a chiropractic practice. Specific supplementation with Complex S &/or Complex P perfectly complements the autonomic ramifications of a proper chiropractic adjustment. Every adjustment you deliver has visceromotor effects, somatovisceral effects, and neurovascular effects. Supporting your adjustments with specific neuro-based supplementation elevates your clinical power to a whole new level.]

This Sympathetic/Parasympathetic Support System is just what you have been looking for. For over 30 years, recognizing the power of our supplements, we have searched for ever better ways to get their power into your hands --- ever simpler, faster ways to meet your patients' specific needs. We have had ...

HUNDREDS OF DOCTORS LIKE YOU ...

doctors who "get it", tell us, "NUTRI-SPEC is everything I want to give my patients in the way of Metabolic Therapy --- but--- I and my staff just can't consistently squeeze it into our patient flow. --- Is there any way we can offer the core of NUTRI-SPEC without such an extensive set of tests? I have so many patients I know will have the breakthrough they need if I can support them with NUTRI-SPEC."

Now you have it. --- Whether you are a doctor working exclusively with the Diphasic Nutrition Plan (which in itself is a powerful means to assure your patients live stronger longer) --- or --- have had to limit your NUTRI-SPEC Metabolic Balancing to just a few select patients --- or --- have put NUTRI-SPEC on hold entirely, this quickie test procedure gives you the power to specifically correct INE stress in a large volume of patients.

Here is your test procedure, followed by a Table giving you the analysis of your findings. (--- Record your test results on the Dual-Purpose Test Results Form --- which doubles as your Test Results Form for your Tissue Acid/Alkaline Balancing Procedure.)

- To implement the testing, have your staff say to your patient, “We’re going to spend a little extra time with you today. We’re going to do a special test procedure that will show us how we can make you stronger and feel better.” (--- - And if you are a Chiropractor, add, “These extra tests work in harmony with our chiropractic analysis.”)
- With the patient sitting relaxed on exam table, say, “Please, no talking while I test --- it throws off the results”. Count the Heart Rate for 15 seconds and multiply by 4. That is what we call Pulse a (Pa). Record Pa.
- (For the Dermographics & Edema Testing procedure, refer to the separate instructions.) Do the Dermographics on the Arm and Leg and watch for a few moments, looking for any extreme initial Red or White response.
- Do the Edema Test on the leg, and observe for 20 seconds.
- Check the 1-minute reading on the Arm and Leg Dermographics. If the reflex is complete, record the results.
- Do the final check of the Edema Test; record your result.
- Have the patient lie supine, and immediately after the patient is settled, count the Respiratory Rate for 30 seconds and multiply by 2.
- Immediately after completing the Respiratory Rate (i.e., 30 seconds after going supine), count the Heart Rate for 15 seconds and multiply by 4. This is what we call Pulse 1 (P1). Record the Respiratory Rate and P1. Subtract (Pa - P1).
- Have the patient sit up and do your final check of the Dermographics.
- Plug the 5 Test Results (in the order a-e) into the SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM ANALYSIS Table.
- When these Quickie Tests are completed, your staff should say, “Our tests show there are several Metabolic Therapy nutrition supplements that will help you better handle stress and keep your body running more efficiently. One is your Activator, and the others will make your Immune System stronger, and help you resist what we call “INFLAM-AGING.”

How long do you continue the supplements indicated by this quickie test procedure? ----- Let these simple objective tests be your guide. In most patients, the (Pa-P1), Dermographics, and Edema will move toward normal as you do occasional follow-up testing. In some patients, the abnormal tests will be resistant to change, telling you that your patient needs ongoing autonomic support to ...

LIVE STRONGER LONGER.

In keeping with this Live Stronger Longer theme --- you will achieve the most dramatic results with this Sympathetic/Parasympathetic analysis if you integrate it with each patient's Diphasic Nutrition Plan. Your most essential clinical tool here is to begin each patient by instituting the BALANCING PROCEDURE that achieves for all patients the ideal balance between the Metabolic Sparks Oxy Tonic, Electro Tonic, and Oxy D+. Then, use your Sympathetic/Parasympathetic Support System to expand and further individualize each patient's DNP. Over a period of a few months your Metabolic Therapy will have thoroughly addressed all that patient's Metabolic Imbalances, and you will streamline the Live Stronger Longer supplement regimen to that patient's life-long DNP.

[Dual Purpose Test Results Form](#)

**CRUISING THROUGH YOUR
SYMPATHETIC/PARASYMPATHETIC SUPPORT SYSTEM ANALYSIS**

Your S/PSS is extraordinarily broad in scope. It gives you a window through which to view not only your patients' acute phase ImmunoNeuroEndocrine responses via the Autonomic Nervous System, but offers as well a solid look at where each patient stands with regard to Electrolyte Imbalance, Anaerobic/Dysaerobic Imbalance, Glucogenic/Ketogenic Imbalance, Acid/Alkaline Imbalance, and Prostaglandin-Nitric Oxide Imbalance.

Here are your instructions for moving smoothly from your Dual Purpose Test Results Form into the S/PSS Analysis Table:

1. You will cruise through the Analysis Table considering each potential Imbalance Pattern A through Q in turn --- stopping only when you find a perfect match.
2. Have your brain grab ahold of the first 4 tests (Pa – P1, Respiratory Rate, Arm Dermo, and Leg Dermo) and carry them to the Analysis Table. So, your brain will latch onto 4 numbers such as these --- **5, 16, R2, W1**.
3. Moving from A – Q, scan your Analysis Table for a perfect match.
4. Points of Clarification:
 - (Pa-P1) = “5+” means subtracting P1 from Pa gives a difference of 5 or more = 5, 6, 7, 8, 9 →
 - (Pa-P1) “-4-” means subtracting P1 from Pa gives a difference that is a negative number of -4 or more = -4, -5, -6, -7, -8, -9 →
 - Think of the Arm & Leg Dermographics as a scale measured left to right, from most Red to most White = R4, R3, R2, R1, 0, W1, W2, W3, W4.
 - So --- “R2 → W3” means all findings within that range --- from as Red as R2 through as White as W3.

5. When you locate a perfect match to those 4 tests, pause for a moment to consider the “Eliminators” column. These are signs or symptoms that eliminate this Pattern from further consideration. --- If there are no Eliminators, then go on and check the Edema column to see if you still have a perfect match. If you do not come up with a perfect match then continue on your scan through Pattern Q.

6. When you have your perfect match, then move to the right to choose the patient’s Supplements ...
 - The first thing you will see are some Supplements listed in bold face. These are the foundational Supplements indicated for that patient. ----- However --- you can be far more specific in individualizing your NUTRI-SPEC regimen for each patient. Continue through the Supplement section considering each underlined item ...

 - If an underlined item does not apply to that patient just skip right on to the next. When you find an underlined item that does apply to this patient, then Supplements will be listed that either add to or change the Supplements already tentatively chosen. Each time you come to an underlined item that applies to your patient, you will either add to, delete from, or modify the dosage of Supplements already chosen.

7. Write your final Supplement selections on that patient’s Test Results Form, as these constitute the recommendations you make today, and that the patient will follow until some future follow-up test date.

8. Explanation of Supplement Doses:
 - Each Supplement name is followed by two numbers in parentheses. The first number represents the quantity to take at breakfast, and the second number represents the quantity to take with the evening meal (or bedtime, for evenings when supplements couldn’t be conveniently taken with the evening meal).

 - For powdered electrolytes, the numbers in parentheses refer to scoops or fractions of a scoop.

 - For Oxy D+ and Phos Drops the numbers refer to the number of drops.

 - For Electro Tonic the numbers refer to teaspoons or fractions of a teaspoon.

9. Illustration: Suppose the numbers you pull off the Dual Purpose Test Results Form for (Pa – P1), Respiratory Rate, Arm Dermo, and Leg Dermo are --- 6, 16, R2, W1. As you carry those 4 numbers on your quick scan of your Analysis Table you hit a perfect match on letter C. None of the Eliminators apply to this patient, so you double check the Edema, and sure enough, you have an Edema of 1, which gives you a perfect match. Tentatively, you note the primary Supplements for this patient as Activator (2,2), IS Immune Power (2,2), and Complex P (2,2).

Cruise through the rest of the Supplement selection process and you find that the Respiratory Rate of 12- does not apply, the patient does not have Asthma, the Arm is not R3+, the Leg is not R2+, Edema is not 2+, the Edema 2+ and Leg W1+ does not apply, the patient's complaints do not include being Sneezzy or Itchy --- however, the patient does complain of somewhat frequent Diarrhea. So, to the tentative Supplements you will add Oxy D (-,2), Electro Tonic (-,½), Glutamine (2,2), and you will change the Immuno-Synbiotic from Immune Power to Immune X-Flam (2,2). Moving on, the patient does not complain of Constipation, and the Arm Dermographics does not persist more than 8 minutes --- so you are finished. Your patient will need Activator, IS Immune X-Flam, Complex P, Oxy D, Electro Tonic, and Glutamine.

- YOU HAVE THOROUGHLY ADDRESSED THE NEEDS OF A PATIENT WHO HAS A PARASYMPATHETIC-DYSAEROBIC INTERPLAY.

Sympathetic/Parasympathetic Support System Analysis

(Pa-P1)	Resp. Rate	Arm Dermo	Leg Dermo	Eliminators	Edema	SUPPLEMENTS
-4 -	18 +	R2 → W3	0→W4	A 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	B 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	C 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
-4 -	18 +	0 → W4	0→W4	D 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
-4-	18+	R1 → W4	0 → W4	E 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	F 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	G 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	H	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	I 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	J 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	K	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	L 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	M	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	N	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	O	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	P	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	Q	0 → 4	Actvtr (2,2), IS XF (2,2), Oxy G (2,2), NaGP (1,1), NaCit (½,½); <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