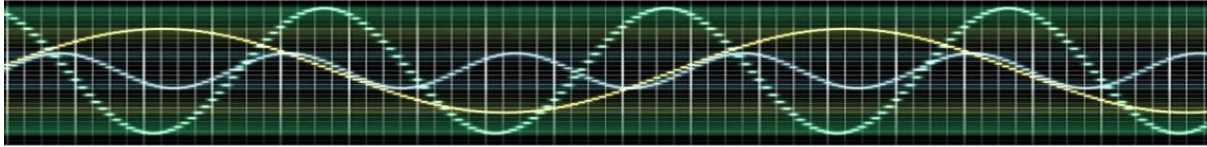




# Redland Reflexology

BODY OPTIMISER - SOUND WAVE TECHNOLOGY



Diminishing Function Risk			Optimal and Balanced			Increasing Inflammation Risk		
1	2	3	4	5	6	7	8	9
Critical	Severe	Moderate	Mild	Normal	Mild	Moderate	Severe	Critical

## JOIN THE DOTS WITH AI...

### NEUROPATHY

#### Some Associated References re GROK response (to check for imbalances)

To check for imbalances you can use the search function on each of the two spreadsheets of results to search for items mentioned within the GROK response.

Note: GROK warns that it's responses to queries may not be correct.

#### GROK Query: JAN 2026

If a woman is having neuropathy problems in the feet then which items in the following RR Body Organs Results list would be associated as an imbalance?

#### GROK Response: JAN 2026

Connective Tissue Hip The following items may be associated with neuropathy symptoms in the feet, often due to compression or irritation contributing to sciatic nerve involvement (e.g., piriformis syndrome or related imbalances):

- R Piriformis (implied in hip muscles, as piriformis syndrome can compress the sciatic nerve leading to foot symptoms)
- L Piriformis (same as above, bilateral relevance possible)

No other hip connective tissue items show direct associations. Muscles Hips

- R Piriformis
- L Piriformis

These are key, as piriformis tightness or spasm can compress the sciatic nerve, leading to radiating symptoms including foot neuropathy. Muscles Leg Left

- L Gastrocnemius Medial Head
- L Gastrocnemius Lateral Head
- L Soleus
- L Tibialis Posterior
- L Flexor Digitorum Longus
- L Flexor Hallucis Longus

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- L Peroneus Longus
- L Peroneus Brevis

These muscles are innervated by the tibial or peroneal nerves (branches of the sciatic), which can be affected in upstream sciatic issues causing foot neuropathy symptoms like weakness or tingling. Muscles Leg Right

- R Gastrocnemius Medial Head
- R Gastrocnemius Lateral Head
- R Soleus
- R Tibialis Posterior
- R Flexor Digitorum Longus
- R Flexor Hallucis Longus
- R Peroneus Longus
- R Peroneus Brevis

Similar to the left side, these are innervated by the tibial or peroneal nerves and may show weakness or imbalance in foot neuropathy. Nerves Leg Left

- L Sciatic Nerve
- L Tibial Nerve
- L Common Peroneal Nerve
- L Deep Peroneal Nerve
- L Superficial Peroneal Nerve
- L Sural Nerve (sensory branch often affected early in neuropathies)
- L Plantar Nerve

These nerves supply sensation and motor function to the feet; imbalances here directly relate to neuropathy symptoms. Nerves Leg Right

- R Sciatic Nerve
- R Tibial Nerve
- R Common Peroneal Nerve
- R Deep Peroneal Nerve
- R Superficial Peroneal Nerve
- R Sural Nerve
- R Plantar Nerve

Same as left side, with direct relevance to foot neuropathy. Nerves Lower Body Female

- R Sacral Plexus
- L Sacral Plexus
- R Pudendal Nerve (less direct, but sacral plexus involvement can contribute)
- L Pudendal Nerve

The sacral plexus forms the sciatic nerve, so imbalances here can lead to downstream foot symptoms. No other sections in the list show direct associations with foot neuropathy symptoms.

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### GROK Query: JAN 2026

If a woman is having neuropathy problems in the feet then which items in the following RR Body Chemistry Functionality Results list would be associated as an imbalance?

### GROK Response: JAN 2026

#### Nutritional Analysis 1

These items relate to amino acids and may be associated with neuropathy symptoms in the feet, as deficiencies (particularly in certain essential amino acids) can contribute to nerve health issues, though less commonly than B vitamins.

- Arginine
- Asparagine
- Aspartic Acid
- Cysteine
- Glutamic Acid
- Glutamine
- Glycine
- Histidine
- Isoleucine
- Lysine
- Methionine
- Phenylalanine
- Proline
- Serine
- Threonine
- Tryptophan
- Tyrosine
- Leucine
- Valine

#### Nutritional Analysis 2

These items relate to macrominerals and microminerals (trace elements). Deficiencies in several can contribute to or exacerbate peripheral neuropathy symptoms in the feet, including magnesium (nerve conduction and pain modulation), zinc (nerve repair), copper (myeloneuropathy), chromium (glucose metabolism linked to diabetic neuropathy), and iron (anemia-related nerve issues).

- Magnesium
- Zinc
- Copper
- Chromium
- Iron
- Manganese

#### Nutritional Analysis 3

These items relate to vitamins/coenzymes and genetic factors. Deficiencies in B vitamins (especially B1, B6, B9/folate, B12) are strongly linked to peripheral neuropathy, often causing sensory symptoms in the feet. MTHFR polymorphisms can impair folate metabolism, leading to elevated homocysteine and neuropathy risk.

- B1, Thiamine

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- B2, Riboflavin
- B3, Niacin
- B3, Nicotinamide
- B5, Pantothenic Acid
- B6, Pyridoxine
- B7, Biotin
- B9, Folate
- B12, Cobalamin
- Vitamin E
- MTHFR(C677T)
- MTHFR(A1298C)

#### **Blood-Lipids**

Imbalances in lipids may indirectly contribute via diabetic neuropathy (common cause of foot symptoms) or metabolic issues.

- HDL-C
- LDL-C Direct
- Triglycerides
- Total Cholesterol

#### **Blood-Other**

These may indicate systemic issues like anemia or inflammation contributing to neuropathy.

- Ferritin
- Total Iron Binding Capacity (TIBD)

#### **Bloods - Bloods relating to body chemistry interaction**

CBC markers can reflect anemia or inflammation linked to neuropathy causes.

- Hemoglobin
- Hematocrit
- RBC

#### **Fatty Acids, Omega-3**

Low levels of omega-3 fatty acids are associated with increased risk or worsening of neuropathy symptoms, including in diabetic cases.

- Alpha-Linoleic (ALA)
- Docosahexaenoic (DHA)
- Docosapentaenoic (DPA)
- Eicosapentaenoic (EPA)
- HS-Omega-3 Index (RBC EPA+DHA)
- Omega-3 Total

#### **Fatty Acids, Omega-6**

Imbalances (often excess relative to omega-3) may promote inflammation contributing to neuropathy.

- Arachidonic (AA)
- Gamma Linoleic Acid (GLA)
- Linoleic (LA)

#### **Gastrointestinal Functions 1**

Impaired absorption or inflammation can lead to nutrient deficiencies causing neuropathy.

- Small Intestine nutrient absorption

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### Gastrointestinal Functions 2

These relate to insulin resistance and glycemic control, strongly linked to diabetic neuropathy (a primary cause of foot symptoms).

- Insulin Resistance (all sub-items: Ferritin, Adiponectin, Alpha-Hydroxybutyrate, Free Fatty Acids, Ghrelin, HOMA-IR, Leptin, Leptin/BMI Ratio, IRi score, Linoleoyl-glycerophosphocholine, Oleic acid)
- Pancreas-Glycemic Control (all sub-items: Fructosamine, Insulin secretion, HbA1c, Blood glucose, Glycation Gap, Postprandial Glycemic Index)

### Inflammation/Oxidation

Elevated markers indicate inflammation or oxidative stress, which can contribute to or worsen neuropathy.

- Hs-CRP
- Homocysteine

### Pancreas-Beta Cell

Autoimmune markers like anti-GAD can indicate latent autoimmune diabetes in adults (LADA), which may present with neuropathy similar to type 1 diabetes.

- Anti-GAD (IU/mL)

### Thyroid Function

Hypothyroidism (abnormal TSH/T4) is a treatable cause of peripheral neuropathy, often affecting feet.

- TSH
- T4, free

### Toxicities 6

Heavy metal toxicities (especially lead, mercury, arsenic) are known causes of peripheral neuropathy.

- Arsenic
- Lead
- Mercury

No other sections in the list show direct associations with foot neuropathy symptoms.

## GROK Query: JAN 2026

Explain B12 deficiency neuropathy

## GROK Response: JAN 2026

Vitamin B12 deficiency neuropathy is a neurological condition caused by low levels of vitamin B12 (cobalamin), an essential nutrient for nerve health. It often manifests as peripheral neuropathy, involving damage to the peripheral nerves, particularly sensory nerves in the hands and feet. This can occur alongside or as part of subacute combined degeneration (SCD) of the spinal cord, where the dorsal (posterior) and lateral columns are affected due to demyelination.

### Causes

Vitamin B12 is vital for maintaining the myelin sheath (the protective covering of nerves) and for DNA synthesis in nerve cells. Deficiency disrupts these processes, leading to nerve damage through mechanisms like:

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- Hypomethylation (impaired methylation reactions)
- Abnormal phospholipid metabolism
- Accumulation of toxic substances like homocysteine and methylmalonic acid

#### Common causes include:

- Poor dietary intake (e.g., strict vegan/vegetarian diets without supplementation)
- Malabsorption (e.g., pernicious anemia, where the body lacks intrinsic factor; gastrointestinal disorders like Crohn's or celiac disease; gastric surgery)
- Medications (e.g., metformin, proton pump inhibitors)
- Other factors (e.g., nitrous oxide exposure, alcoholism, or aging-related reduced absorption)

#### Symptoms

Symptoms typically develop gradually and symmetrically, often starting in the feet and progressing upward. They include:

- Tingling, numbness, or "pins and needles" (paresthesia) in the feet and hands
- Burning pain or electric-shock sensations
- Loss of sensation (especially vibration and position sense)
- Weakness in legs or arms
- Gait instability or ataxia (unsteady walking)
- In severe cases (SCD): spasticity, hyperreflexia, or bladder/bowel issues

Peripheral neuropathy is the most common neurological presentation, often sensory-dominant but can involve motor nerves.

#### Diagnosis

Diagnosis involves:

- Blood tests: Low serum B12 (<200 pg/mL), elevated homocysteine and methylmalonic acid (more sensitive markers)
- Nerve conduction studies: Often show axonal or demyelinating changes
- MRI: May reveal hyperintense signals in the posterior columns of the spinal cord (classic "inverted V" sign in SCD)

#### Treatment

Treatment focuses on replenishing B12 levels promptly to halt progression and promote recovery:

- Injections (intramuscular hydroxocobalamin or cyanocobalamin) are preferred for severe cases or malabsorption — often daily/weekly initially, then monthly maintenance
- Oral supplements (high-dose, e.g., 1,000–2,000 mcg daily) work well for dietary deficiencies
- Both cyanocobalamin (synthetic, common, cost-effective) and methylcobalamin (natural, active form) are effective; studies show similar benefits for neuropathy symptoms
- Address underlying causes (e.g., treat pernicious anemia with lifelong therapy)

#### Prognosis

Early diagnosis and treatment lead to excellent improvement or full recovery in many cases. Symptoms often improve within weeks to months, with nerve conduction studies showing reversal. However, prolonged deficiency can cause irreversible damage (e.g., permanent numbness or gait issues). Prompt intervention is key to preventing permanent neurological deficits. If you suspect B12 deficiency (e.g., due to diet, symptoms, or risk factors), consult a healthcare provider for testing and personalized treatment.

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## **The same query to Microsoft CO-PILOT AI Generator**

If a woman is having neuropathy problems in the feet then which items in the following RR Body Chemistry Results list would be associated as an imbalance?

## **CO-PILOT AI Generator response**

### **1. Blood-Lipids**

#### **Imbalances:**

- High triglycerides, high LDL-C (including Non-HDL-C), low HDL-C, and high total cholesterol are all associated with increased risk of neuropathy, especially in diabetes and metabolic syndrome.

#### **Potential Causes:**

- Poor diet (high in saturated/trans fats, low in fiber)
- Obesity, sedentary lifestyle
- Insulin resistance/diabetes
- Genetic lipid disorders

#### **How to Address:**

- Adopt a heart-healthy diet (rich in vegetables, fruits, whole grains, healthy fats)
- Increase physical activity
- Weight management
- Medications (statins, fibrates, etc.) if prescribed by a healthcare provider

### **2. Blood-Other**

#### **Imbalances:**

- Low albumin, low total protein, abnormal ferritin.

#### **Potential Causes:**

- Malnutrition or poor protein intake
- Chronic inflammation or infection
- Liver or kidney disease
- Iron metabolism disorders

#### **How to Address:**

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- Ensure adequate protein intake
- Treat underlying inflammation or infection
- Address liver/kidney health
- Iron supplementation if deficient (under medical supervision)

### 3. CBC (Complete Blood Count)

#### Imbalances:

- Anemia (low hemoglobin, abnormal MCV/MCHC), abnormal WBC.

#### Potential Causes:

- Vitamin B12, folate, or iron deficiency
- Chronic disease or inflammation
- Bone marrow disorders

#### How to Address:

- Supplement deficiencies (B12, folate, iron) as needed
- Treat underlying chronic diseases
- Monitor and manage infections or immune disorders

### 4. Fatty Acids, Omega-3 & Omega-6

#### Imbalances:

- Low omega-3 (ALA, DHA, EPA), imbalanced omega-6 (LA, AA).

#### Potential Causes:

- Low intake of fatty fish, nuts, seeds
- High intake of processed foods and unhealthy fats

#### How to Address:

- Increase intake of omega-3-rich foods (fatty fish, flaxseed, walnuts)
- Consider omega-3 supplements if dietary intake is insufficient
- Reduce processed and unhealthy fats

### 5. Inflammation/Oxidation

#### Imbalances:

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- Elevated markers: cytokine activity, fibrinogen, hs-CRP, homocysteine, histamine, Lp-PLA2, myeloperoxidase, nf-Kappa b, cortisol dysfunction, sedimentation rate.

**Potential Causes:**

- Chronic inflammation (autoimmune, metabolic syndrome, infections)
- Oxidative stress from poor lifestyle, environmental toxins

**How to Address:**

- Anti-inflammatory diet (rich in antioxidants, low in processed foods)
- Manage stress
- Treat underlying infections or autoimmune conditions

## 6. Insulin Resistance & Pancreas-Glycemic Control

**Imbalances:**

- High HOMA-IR, HbA1c, blood glucose, fructosamine, abnormal leptin/adiponectin.

**Potential Causes:**

- Poor diet, obesity, sedentary lifestyle
- Genetic predisposition
- Polycystic ovary syndrome (PCOS), menopause

**How to Address:**

- Weight loss if overweight
- Low-glycemic, high-fiber diet
- Regular exercise
- Medications for diabetes/insulin resistance as prescribed

## 7. Nutritional Analysis 2 & 3

**Imbalances:**

- Deficiencies in B vitamins (especially B12), vitamin D, vitamin E, magnesium, calcium, zinc, copper, CoQ10.

**Potential Causes:**

- Poor diet, malabsorption (e.g., celiac disease, GI surgery)
- Certain medications (e.g., metformin, PPIs)

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- Aging

**How to Address:**

- Supplementation as needed (especially B12 for vegetarians/vegans or those with absorption issues)
- Balanced, nutrient-rich diet
- Address malabsorption issues

## 8. Physical Functionality 2 (Nervous System)

**Imbalances:**

- Dysfunction in parasympathetic/sympathetic nervous system, collagen index.

**Potential Causes:**

- Chronic disease (diabetes, autoimmune)
- Nutritional deficiencies
- Toxin exposure

**How to Address:**

- Manage underlying diseases
- Optimize nutrition
- Physical therapy and nerve support strategies

## 9. Kidney Function

**Imbalances:**

- High creatinine, BUN, uric acid.

**Potential Causes:**

- Chronic kidney disease
- Dehydration
- High protein intake, certain medications

**How to Address:**

- Manage blood pressure and blood sugar
- Stay hydrated
- Adjust medications as needed

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## 10. Toxicities 6 (Heavy Metals)

### Imbalances:

- Elevated lead, mercury, arsenic, cadmium.

### Potential Causes:

- Environmental or occupational exposure
- Contaminated food/water

### How to Address:

- Identify and remove source of exposure
- Chelation therapy in severe cases (under medical supervision)

## 11. Thyroid Function

### Imbalances:

- Abnormal TSH, T3, T4.

### Potential Causes:

- Hypothyroidism or hyperthyroidism
- Autoimmune thyroid disease

### How to Address:

- Thyroid hormone replacement or other medications as needed
- Regular monitoring

## 12. Body Reproductive Function: Female

### Imbalances:

- Menopause.

### Potential Causes:

- Natural hormonal changes with age

### How to Address:

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- Manage symptoms (hormone therapy if appropriate, lifestyle changes)
- Monitor for metabolic syndrome risk

## General Principles for Addressing Imbalances

- **Comprehensive evaluation:** Work with a healthcare provider to identify and address root causes.
- **Lifestyle modification:** Diet, exercise, stress management, and sleep are foundational.
- **Targeted supplementation/medication:** Only as needed and under professional guidance.
- **Regular monitoring:** Track lab values and symptoms to assess progress.

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