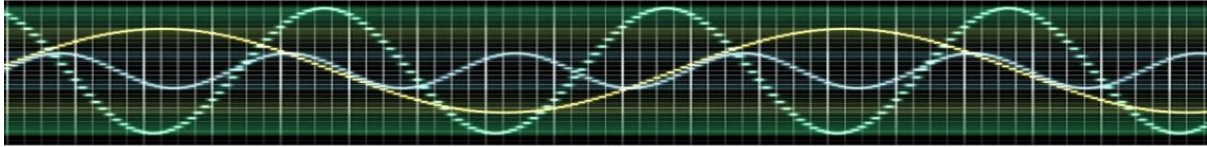




Redland Reflexology

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

INFECTIONS - Neutrophils and Lymphocytes Association

GROK QUERY: Jan 2026

With bloods if Neutrophils are down and Lymphocytes up what does that mean? And also if Neutrophils are up and Lymphocytes down then what does that mean? Please provide two separate answers. Thank you

For your reference check your System Bloods Results

GROK RESPONSE:

Here are two separate explanations based on common patterns seen in blood tests (complete blood count with differential). These are general interpretations — **blood results must always be evaluated by a doctor** in the context of your full clinical history, symptoms, absolute counts (not just percentages), other lab results, and repeat testing, as patterns can be temporary or significant.

1. Low Neutrophils (Neutropenia) and High Lymphocytes (Lymphocytosis or relative increase)

This pattern often shows low neutrophils (the main cells fighting bacterial infections) combined with high lymphocytes (cells more involved in viral infections, chronic immune responses, or certain immune disorders).

- Common meanings include:
 - Viral infections — This is one of the most frequent causes, especially in acute or resolving viral illnesses (e.g., flu, COVID-19, EBV/mononucleosis, or other viruses). The body ramps up lymphocytes while neutrophils may drop temporarily.
- Chronic conditions like certain lymphoproliferative disorders (e.g., chronic lymphocytic leukemia (CLL) or other B-cell disorders), where lymphocytes are persistently elevated and can crowd out neutrophil production.
- Autoimmune or immune-mediated issues — Such as some cases of T-cell large granular lymphocytic (LGL) leukemia or related syndromes, which

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classically cause chronic neutropenia with lymphocytosis (often involving abnormal T-cells that suppress neutrophils).

Less commonly, recovery from bacterial infection, certain immunodeficiencies, or medications. This pattern increases infection risk (especially bacterial) if neutrophils are truly low. If persistent, further tests (e.g., flow cytometry, bone marrow evaluation) may be needed to rule out serious causes.

2. High Neutrophils (Neutrophilia) and Low Lymphocytes (Lymphopenia or relative decrease)

This is the opposite pattern — high neutrophils (suggesting active inflammation or bacterial response) with low lymphocytes (reduced adaptive immunity cells).

Common meanings include:

- Acute stress response (the classic "stress leukogram") — From physical/emotional stress, surgery, trauma, or high cortisol (endogenous or from steroid medications). It causes neutrophils to rise while lymphocytes drop (often with monocytosis and eosinopenia too).
- Bacterial infections or acute inflammation — Neutrophils rise to fight bacteria; lymphocytes may fall due to the body's shift toward innate immunity.
- Severe or systemic conditions — Such as sepsis, major inflammatory diseases (e.g., inflammatory bowel disease), or even some chronic issues. This pattern is very common in COVID-19 (especially severe cases), where neutrophilia + lymphopenia signals worse outcomes and higher inflammation.

Other causes include glucocorticoid therapy, smoking, or certain cancers/chronic diseases.

This often reflects the body being in a high-stress, pro-inflammatory state. The neutrophil-to-lymphocyte ratio (NLR) is typically elevated here and is used as a marker of severity in many conditions (e.g., infections, heart disease, cancer prognosis).

The scan results are not diagnoses — they're common associations. Mild or transient changes can be normal/benign, while marked or persistent ones may need medical follow-up. Always discuss your specific results of concern with your healthcare provider for accurate interpretation and any next steps. Thank you!

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