

**DYSAUTONOMIA
SYNDROME**

BY FREDERICK EARLSTEIN



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The Dizziness of Dysautonomia



Dysautonomia is a condition that affects many. People develop this syndrome for many different reasons. Often times, dysautonomia is developed after being sick from a virus after getting exposed to great stress or after giving birth. Research shows some people have this syndrome their entire lives while many of the cases were seen among teenagers during their rapid growth years and lots of them can anticipate being asymptomatic by their adulthood years.

Are You At Risk?

Most dysautonomia patients are somewhere between the ages of twenty to fifty year old. Also, research shows women are five times more likely to develop this syndrome than men. The onset of this syndrome is gradual, and the severity and quantity of symptoms may vary from day to day. There are more studies being conducted in an effort to better understand how dysautonomia develop and what other symptoms may be exhibited that has not been identified yet. Newer technologies are also being devised in the medical field and these are used to study more about postural tachycardia syndrome. Laboratory studies are conducted to better analyze peripheral blood flow and arterial resistance.

Degrees of Dysautonomia



There are several degrees for dysautonomia. Identifying these different degrees will enable you to address the problem and find ways to cope with the condition. It also enables you to monitor the extent of the problem so as not to cause serious risks to your health condition.

First Degree

Patients who suffer from a first degree dysautonomia exhibit the inability of the vascular veins to provide adequate resistance to the gravitational pull. This means that there is a higher degree of blood pooling to the lower extremities when standing up. Due to the fact that the blood is concentrated on the lower extremities such as the leg it compels the nervous system to compensate for it by increasing the contractions of the

heart. Even the initial increase in pumping of blood is for compensatory reason there will come a point wherein the pool of blood exceeds the compensatory requirement.

Second Degree

The second degree of POTS, which is less frequent than the first degree, is called hyperadrenergic form. Unlike the first one wherein the effect of the heart rate increase is almost instantaneous, this one is more gradual. Those who are suffering from this condition complain about presence of various symptoms like cold sweat feeling of anxiety and tremor. In addition, more than half of those diagnosed with first degree dysautonomia complain of migraine headaches too. Some studies have shown that this type of condition could have a family history factor into it.

In addition to the two major degrees above, health experts have also coined the term secondary degree. Those who are diagnosed with this condition exhibit a wide range of symptoms such as vascular unresponsiveness. But this could also come as an effect of undergoing chemotherapy or heavy metal poisoning and alcoholism. The worst condition relating to dysautonomia is pure autonomic failure.

Dysautonomia Health Tips



These are simple, non-drug, but effective measures that can significantly improve the quality of life of anyone suffering from dysautonomia. The evidence on the efficacy of these methods are proven to be effective and helpful by doctors themselves, which they often advise as part of a more comprehensive treatment plan for their patients.

Tip #1

The benefits of exercise for overall health and since exercise help promote better blood circulation and oxygen distribution throughout our body, doctors recommend exercise for dysautonomia patients. Initially though, most dysautonomia patients either can't imagine doing physical activities, due to excessive increase of heart rate. The key however, is to start slowly, and doesn't have to be rigorous and exhausting. Have a strong foundation of sound and healthy body by doing exercises regularly.

DYSAUTONOMIA SYNDROME - POTS

Did You Know?
POTS stands for Postural Orthostatic Tachycardia Syndrome

What is POTS?

It is a condition characterized by symptoms that occur when the patient stands up from a lying position. At rest, the person experiences dizziness or fainting and excessive heart rate. Scientists do not fully understand what causes POTS, and treatments vary in effectiveness.

Causes of POTS

While all of the POTS syndrome causes are not known, there are a few causes that people have recognized over the years. Some of these causes include: Adrenal disorders—in some cases, adrenal disorders, like Addison's disease, are capable of producing symptoms that are similar to POTS.

Symptoms

A person with POTS syndrome may feel dizzy, experience blurred vision or points of view, or discomfort when standing.

Who Develops POTS?

Research shows some people have this syndrome their entire lives while many of the cases were seen among teenagers during their rapid growth years and more than 75% of them can anticipate being asymptomatic by their adulthood years.

Treatment

Though doctors may prescribe prescription medications, experts say the most effective way to treat POTS is through long term lifestyle changes, such as balanced diet, exercise, and better fluid intake. Also, in some cases, these lifestyle driven treatment strategies can be supplemented with various medications.

Dysautonomia - POTS Syndrome by Frederick Earlstein is a medical education guide to provide an understanding of POTS including the associated disorders, medical definition, management, and more!

Want to know tips on how to manage POTS?
VISIT US AT WWW.DYSAUTONOMIA-POSTSYNDROME.COM

Tip #2

People suffering from dysautonomia will have pools of blood on their leg when standing, unable to circulate. To alleviate this symptom, you can tense your leg muscles to promote better blood circulation and orthostatic intolerance.

Tip #3

There are extensive in-patient physical treatment programs. In an in-patient physical therapy and rehabilitation programs, you might be exercising a couple hours a day, and also such programs often consist of job-related treatment and also self-care treatment. These programs show the patients secure flexible techniques to prepare food, wash, dress, obtain in and also out of cars and trucks, etc.

Everyone starts at a various beginning point. Where you start with your exercise therapy, actually relies on what your existing degree of physical fitness is. You will obviously start slower than somebody that functions a full-time task on their feet all day if you have actually been bedridden for years and also are not able to walk.

Tip #4

Rehab programs are the starting point for those individuals most badly handicapped by a free problem. This is your very first step if you are bedridden. Just take baby actions until you can make it to your objective. Some patients can only do one minute a day or a couple of times a day. And also they do this every day for a week, and afterwards they boost to a few minutes a day the following week.

Tip #5

If you are feeling dizzy, you can try slightly raising your head during sleep. The most effective way to do this is to raise the head of the bed. A wedge cushion is not really practical for this. Raising the entire body as well as having the feet be less than the hip location is needed to get the benefit. A wedge pillow just raises the shoulders as well as head, yet not does anything to transform the placement of the hips or the lower legs.

Preventing Dysautonomia



There are a number of non-pharmacological therapies and lifestyle adaptations that might help people deal and decrease with their symptoms. It is very important to keep in mind that treatment, pharmacological or non-pharmacological, must be individualized as patients might respond in different ways to treatments depending the degree as well as individual responses. Talk with your physician before making any kind of adjustments to your treatment plan but here are some ways on how you can prevent or lessen the effects of dysautonomia.

Prevention Tip #1

It is frequently advised to enhance both fluid as well as salt intake in order to raise blood quantity, which is commonly low in people diagnosed with dysautonomia. This

has proven to be especially practical in people with blood pooling, or hypotension. Besides the hyperadrenergic degrees of dysautonomia, a liquid consumption of around two liters and an intake of 3 to five grams of salt are usually recommended each day. Keep in mind that salt includes sodium and chloride. Five grams of salt consists of roughly a gram of sodium. This number can be beneficial when tracking salt in food with nourishment tags.

Prevention Tip #2

After consuming a big meal, much of our blood is rerouted to aid in the digestion procedure, which, for patients, can enhance signs and symptoms. It is suggested to consume a number of smaller meals throughout the day in lieu.

Prevention Tip #3

Person who discover a worsening of symptoms after consuming may intend to try consuming fewer basic carbs like improved flours and sugars as well as taking in healthy and balanced protein with each meal such as skinned poultry busts, salmon, skim milk or low fat yogurt.

Prevention Tip #4

People who have gastrointestinal signs might intend to talk to their medical professional concerning obtaining tested for celiac illness. A few of the blood tests for gastric disease call for the person to have been consuming gluten for numerous weeks prior to the examination, so do not switch to a gluten totally free diet until you have talked with your doctor regarding a feasible blood test. Also if you do not have the

disease, there seems a 2nd group of people that have non-celiac gluten level of sensitivity.

Prevention Tip #5

When it comes to gastrointestinal signs and symptoms, the only way to learn if it's part of your trigger is to eat a gluten totally free diet regimen on a daily



basis. Some individuals observe a benefit within a brief amount of time, while various other individuals take about a couple of months to see an advantage. Certainly, some individuals do not see a benefit or change in signs whatsoever when preventing gluten.

Prevention Tip #6

Similar to gluten, some people have lactose intolerance, while others can have a real hatred milk healthy protein. Some individuals with dysautonomia report feeling less symptomatic consuming less or no dairy products. Keep in mind, if you do have lactose intolerance, you can still take in some dairy items that have little or no lactose depending upon your level of sensitivity. There are also supplements available now that have the lactase enzyme required to digest lactose including dairy products. Be sure to consist of an additional healthy source of calcium in your diet plan if you remove dairy products from your diet.

Prevention Tip #7

Caffeine is useful to some dysautonomia patients and also aggravates symptoms in others. It is consequently valuable to figure out if it helps you or if you should avoid it. Alcohol can intensify signs and symptoms for patients. Alcohol is drying out as well as can bring about enhanced hypotension with extension of the veins thus ought to be prevented by many patients.

Conclusion



Dysautonomia may arise from different underlying medical conditions and various contributing factors, which is why treatments can be tricky. Also, since it's a case-to-case basis kind of condition, its symptoms differ from one patient to another, which means treatment strategies will differ as well.

Though there are no hard and fast rules in treating dysautonomia, there are of course, tested and proven ways to alleviate its discomfort and address other common symptoms that comes with it. Also, if dysautonomia comes with an underlying medical condition, such as diseases, treating the disease will usually treat the dysautonomia as well.

You can expect your doctors may prescribe prescription medications, but experts say the most effective way to treat dysautonomia is through long term lifestyle changes, such as balanced diet, exercise, and better fluid intake. Also, in some cases, these lifestyle driven treatment strategies can be supplemented with various medications.

References

What's to know about dysautonomia? – MedicalNewsToday.com

<https://www.medicalnewstoday.com/articles/76785>

Other Forms of Dysautonomia - Dysautonomiainternational.org

<http://www.dysautonomiainternational.org/page.php?ID=35>

POTS Syndrome – WebMD.com

<https://www.webmd.com/heart-disease/atrial-fibrillation/postural-orthostatic-tachycardia>

What is POTS – Healthline.com

<https://www.healthline.com/health/pots-syndrome>

www.canva.com (images)

www.usedtotech.com (ebook template)

About

Retired high school biology teacher Frederick Earlstein lives to research. When his only niece was diagnosed with postural orthostatic tachycardia syndrome (POTS) at age 14, Earlstein felt helpless. His answer was to start researching the condition and sharing everything he learned with his sister and her family. That project not only resulted in a book on the subject, but also to the successful management of the girl's condition.

Earlstein applied the same approach to his own minor problems with blood pressure, allergies, and degenerative disc disease. "It's all about critical mass," he says. "When the notes on my laptop and those piled up on my actual desktop reach a certain level, I start realizing there's a book in there somewhere."

Writing about medical issues in plain English has become Earlstein's second career. After retiring from his career as an educator, he began looking around for something to occupy his time. "You can only clean out the garage so many times," he said. "I was trained to be an academic and old habits die hard."

Now Earlstein works daily in his home office on whatever manuscript he has at hand. He describes the work as the perfect combination of intellectual challenge and self-employment. "I decide what to write about and when to write it," Earlstein says. "Typically I pick a subject because I know someone who is grappling with the problem and with understanding the information they're being given."

A firm believer in the power of informed consent, Earlstein is appalled by how difficult the medical community makes it for the average person to really understand a condition and make good treatment choices. "There's no reason why this material can't be presented in plain English," he says. "You just have to make an effort to really understand what you're talking about."

Although Earlstein makes no claims of being a doctor himself, he does feel he has a good role as an interpreter. "I don't write about any condition until I've studied the material and have a good handle on the mechanics of the problem or the illness," he said. "I'm not shy about calling up a doctor or surgeon and asking questions."

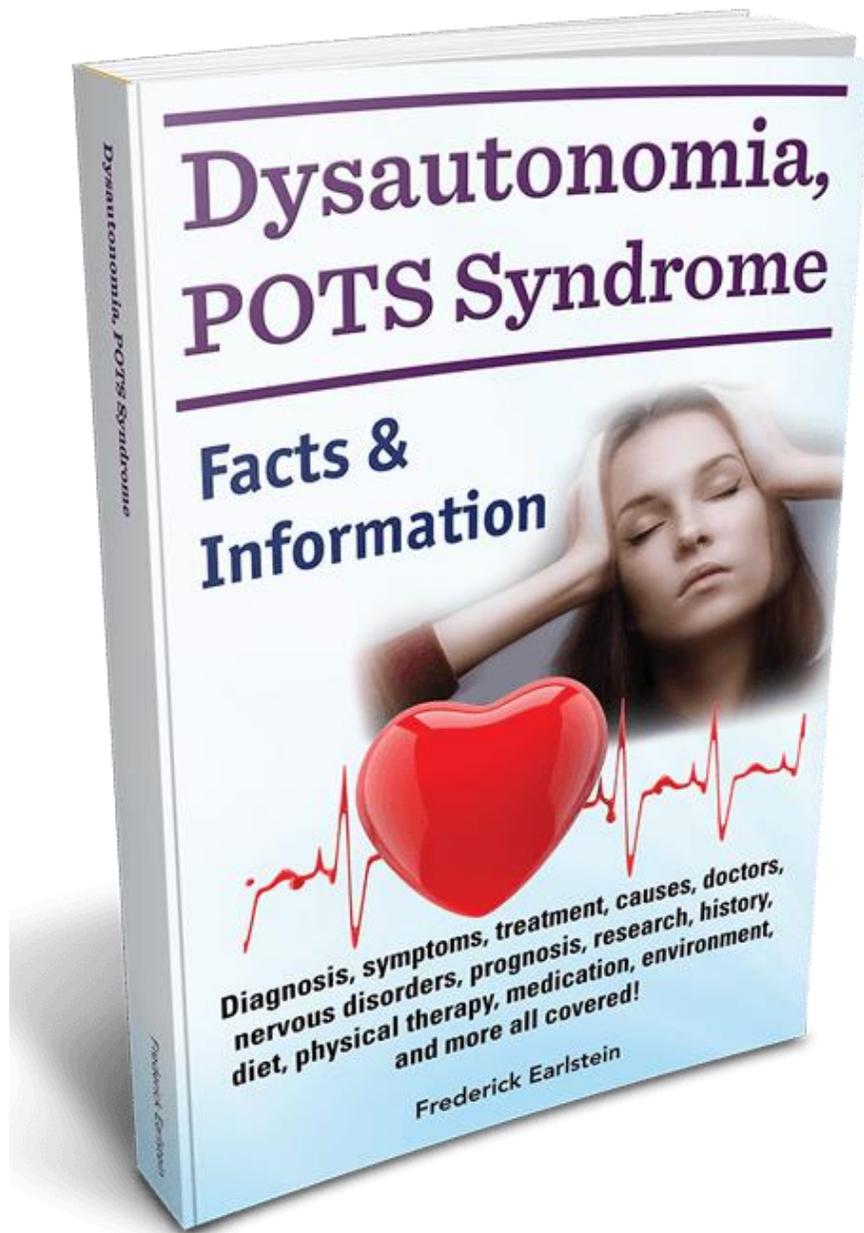
Recently, when his eye doctor told him he was suffering from eye strain, Earlstein immediately began to research the condition. "I knew I had been staring at the computer a lot," Earlstein said. "I didn't know that just getting lightly tinted lenses in my glasses could help. I'm still gathering information and yes, there's a book in the works."

When asked if he prefers writing over teaching, Earlstein makes it very clear that in his mind, he's still a teacher. "I'm just using a different method," he says. "One where I don't have to listen to the snores if I put anyone to sleep!"



Frederick Earlstein

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