

## Appendix A: Red Flags in the Patient Narrative Suggestive of Secondary Dysautonomia Purpose

Bruce H. Knox\*

Independent Scholar, Auckland, New Zealand

\*Corresponding Author

Bruce H. Knox, Independent Scholar, Auckland, New Zealand.

Submitted: 2026, Mar 27; Accepted: 2026, Apr 20; Published: 2026, Apr 30

**Citation:** Knox, B. H. (2026). Appendix A: Red Flags in the Patient Narrative Suggestive of Secondary Dysautonomia Purpose. *Adv Neur Sci*, 9(2), 01-03.

### Abstract

This appendix outlines key **narrative-based red flags** that may indicate **secondary (non-neurodegenerative) dysautonomia**, particularly where autonomic dysfunction arises from **physiological insult, cumulative stressors, or multi-factorial causes**. These indicators are derived from clinical evidence and principles of autonomic medicine, where history-taking is recognised as a critical diagnostic tool [1].

The following lyrics capture the fear and uncertainty of what it means to live with autonomic dysfunctional multi system breakdown but it is an anthem to our bodies resilience.

<https://brucehknnox.aflip.in/a6a4d728de.html>

### A1. Temporal Red Flags

#### 1. Clear Precipitating Event

- Onset of symptoms following:
  - Viral or infectious illness
  - Surgical or procedural intervention
  - Cardiac event or intervention
  - Significant physiological stress

#### Clinical Implication:

Suggests triggered or injury-based dysfunction, rather than spontaneous neurodegeneration.

#### 2. Stepwise or Multi-Stage Deterioration

- Symptoms worsen in distinct phases, not smooth progression
- Different systems affected at different times

#### Clinical Implication:

Consistent with **multi-hit (cumulative injury) model**, rather than continuous neurodegenerative decline.

#### 3. Delayed Onset After Trigger

- Significant lag between event and full autonomic collapse

#### Clinical Implication:

Indicates **secondary physiological adaptation or decompensation**, not primary neuronal loss.

### A2. Symptom Pattern Red Flags

#### 4. Multi-System Involvement Emerging Over Time

- Cardiovascular → gastrointestinal → thermoregulatory → genitourinary

#### Clinical Implication:

May mimic neurodegeneration but can reflect progressive system destabilisation from cumulative insult.

#### 5. Fluctuating or Variable Symptoms

- Good days and bad days
- Periods of partial function

#### Clinical Implication:

Neurodegenerative disorders typically show **steady progression**, not fluctuation.

#### 6. Disproportionate Fatigue and Systemic Symptoms

- Severe fatigue not explained by cardiovascular findings alone
- Global sense of physiological exhaustion

#### Clinical Implication:

Suggests **system-wide dysregulation**, often seen in post-infectious or immune-mediated states.

---

### A3. Recovery and Reversibility Red Flags

#### 7. Evidence of Improvement Over Time

Stabilisation or recovery in:

- Blood pressure control
- Gastrointestinal function
- Exercise tolerance

#### Clinical Implication:

Strongly argues against neurodegeneration, which is typically progressive [2].

#### 8. Response to Supportive or Non-Specific Interventions

- Improvement with:
  - Hydration
  - Physical reconditioning
  - Nutritional support
  - Time

#### Clinical Implication:

Suggests **functional recovery**, not structural degeneration.

### A4. Multi-Factorial Red Flags

#### 9. Multiple Potential Contributing Events (“Multi-Hit Pattern”)

- Combination of:
  - Infection
  - Medical intervention
  - Chronic stress or deconditioning

#### Clinical Implication:

Supports **multi-factorial secondary dysautonomia**, where cumulative effects exceed individual insults [3].

#### 10. Absence of Progressive Neurological Features

- No development of:
  - Parkinsonism
  - Cognitive decline
  - Cerebellar signs

#### Clinical Implication:

Reduces likelihood of  $\alpha$ -synucleinopathy despite severe autonomic dysfunction.

### A5. Diagnostic Process Red Flags

#### 11. Diagnosis Based Primarily on Exclusion

- Label assigned after ruling out other causes
- Limited positive evidence for neurodegeneration

Clinical Implication:

May reflect **diagnostic default rather than confirmed pathology**.

#### 12. Incongruence Between Severity and Trajectory

- Severe dysfunction but:
  - Stable course
  - Partial recovery

#### Clinical Implication:

Inconsistent with typical neurodegenerative patterns.

### A6. Patient Narrative Integration Indicators

#### 13. Coherent Story Linking Events to Decline

- Patient can describe:
  - “This happened → then this changed → then everything deteriorated”

#### Clinical Implication:

Narrative coherence may reveal **causal relationships not captured by testing**.

#### 14. Longitudinal Consistency in Lived Experience

- Patient reports align over time
- Symptom evolution follows a logical pattern

#### Clinical Implication:

Supports validity of **multi-factorial, time-dependent dysfunction**.

#### Summary Statement

The presence of multiple red flags within a patient narrative should prompt consideration of:

**Secondary, multi-factorial dysautonomia as a primary diagnostic hypothesis, rather than a diagnosis of exclusion.**

These features highlight the importance of:

- Longitudinal listening
- Integrative reasoning
- Recognition of cumulative physiological insult

Here are your **lyrics only**, fully cleaned of all musical guidance, structure labels, and staging from your file :

**TIME IS STILL WITH US [In anthem capturing the end point from fear and anxiety and uncertainty because of factual deficit]**

<https://brucehknox.afip.in/a6a4d728de.html>

We walked through days we could not read,  
Where loss felt close and hope receded.  
The night grew loud, the answers thin,  
And silence dressed itself as truth.  
We thought the dark meant we were falling,  
We thought the strain meant something lost—  
But time was working, unseen, unspoken,  
Repairing what the storm had crossed.  
Not every ache is a closing door,  
Not every fall a final sound.  
Some wounds speak loud after the blow,  
When danger's passed and nerves unbound.  
What looked like drift toward vanishing ground  
Was not decay, not slow retreat—  
But systems shaken, learning again  
How heart and pressure find their beat.  
What bends is not broken,  
What pauses still lives.  
The body remembers  
What patience can give.  
Not disappearance—

---

But delayed repair,  
Not loss of the future—  
But time at its care.  
A virus whispered weakness in,  
The balance faltered, tides undone.  
The heart was pressed, the rhythm bent,  
The reflex dimmed—but not erased.  
Three moments crossed one fragile frame,  
And aftermath wore fear's disguise—  
Yet this was not a forward fall,  
But healing moving through disguise.  
This is not ending—  
This is repair!  
This is the body  
Rebuilding its care!  
What rose too high has learned to steady,  
What faltered finds its course once more.  
We name this truth with lifted voices:  
Recovery lives within our core.  
The heart remembers how to rise,  
The pressure finds its firm reply.  
The breath grows brave, the muscles trust,  
The mind returns to open sky.  
We move again—each step a vow,  
Each stroke, each reach, a quiet claim:  
This strength is earned, this joy is real,  
And effort sings its rightful name.  
We celebrate the living proof,  
The work of time, the healing truth.  
Not perfect, no—but whole enough  
To carry laughter, song, and love.  
No cliff awaits, no sudden night,  
But ground that holds, a stable light.  
Within our limits—life expands,  
With steady hearts and open hands.  
Time is not counting us down,  
Time is still with us.  
Time is a buffer, a builder of strength,  
A keeper of hidden reserve.

We turn from bracing for loss  
To investing in life,  
From guarding the edge  
To walking the path.  
We are still here—  
And that is joy!  
We are still moving—  
And that is song!  
What once was feared has found its name,  
What once felt lost has come to light.  
We sing not survival, but presence restored,  
Not waiting for end—but living forward.  
Time is our ally.  
The body remains.  
What heals does so slowly—  
And love is its name.  
Time is our ally.  
The body remains.  
What heals does so slowly—  
And love is its name.  
Time is our ally.  
The body remains.  
What heals does so slowly—  
And love is its name.  
And love is its name.  
What heals does so slowly—  
And love is its name.

### References

1. Gilden, J. L. (2017). The most accurate autonomic function test: the medical history. *Clinical Autonomic Research*, 27(4), 209-210.
2. Millar Vernetti, P., Norcliffe-Kaufmann, L., Palma, J. A., Biaggioni, I., Shibao, C. A., Peltier, A., ... & Kaufmann, H. (2024). Phenoconversion in pure autonomic failure: a multicentre prospective longitudinal cohort study. *Brain*, 147(7), 2440-2448.
3. Sánchez-Manso JC, Gujarathi R (2023). Autonomic dysfunction. StatPearls.

*Copyright: ©2026 Bruce H. Knox. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.*