

The middle ground: feeling calmer vs actually having more capacity

Making sense of steadier Welltory readings when energy is still limited

A short walk through the community data, a healthy reference, and the research - on the difference between a nervous system that has settled and a body that can genuinely do more.

Prepared 2026 - Energy Lab R&D analysis - descriptive, per-user normalized - not medical advice

Community question – group case

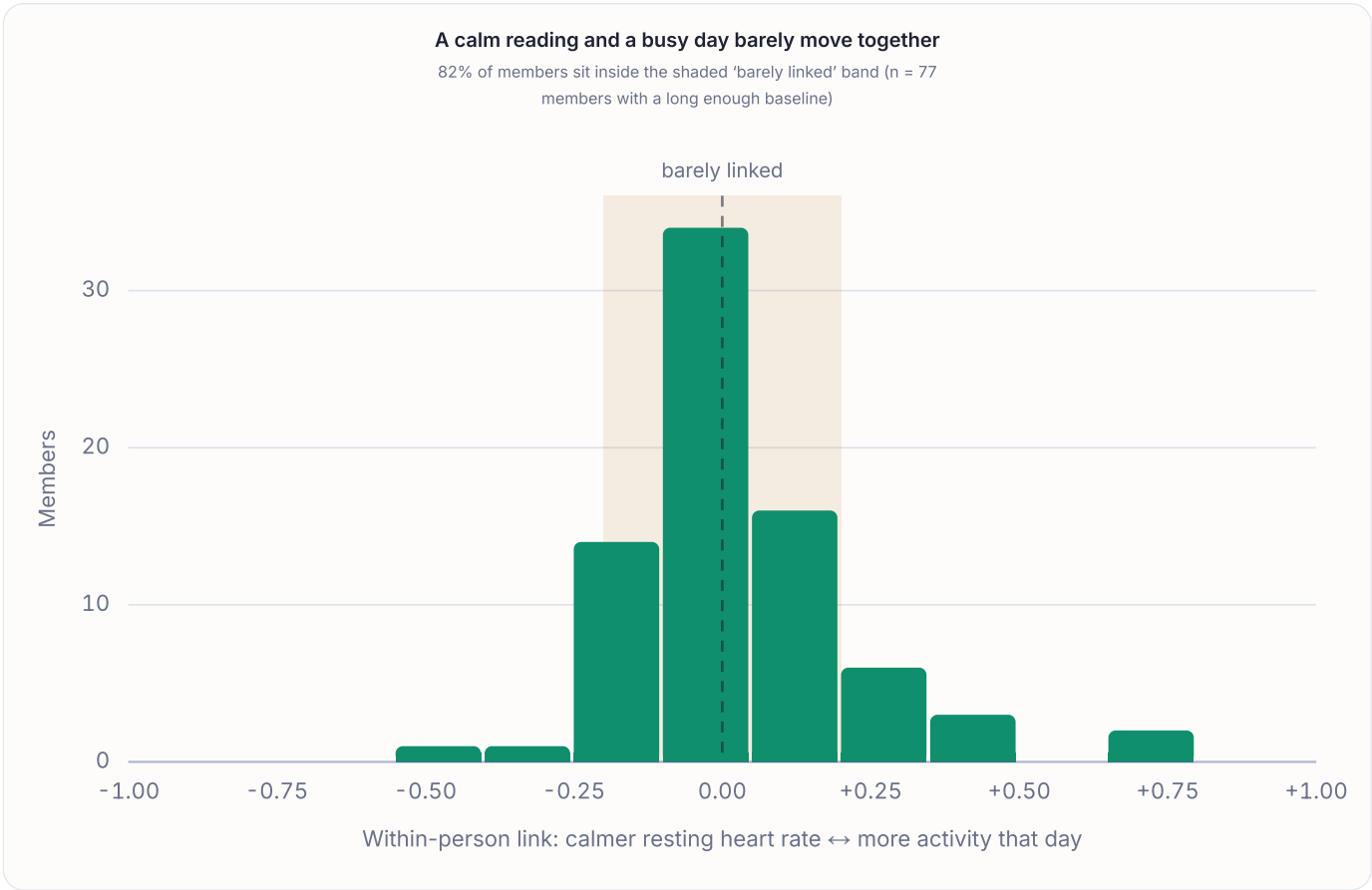
A question that comes up across the Energy Lab community: when readings steady after a change in treatment or dose - a calmer heart-rate balance, a lower resting heart rate, fewer pacing alerts, less brain fog - how to tell whether the body's underlying capacity has genuinely grown, or whether the nervous system has simply become calmer, and what signs point to it being reasonably safe to widen activity without inviting post-exertional symptoms.

THE SHORT VERSION

If you only have energy for one page

Here is the whole picture in a few lines and a single chart, so the rest is optional.

Feeling calmer and being able to do more are two different dials. In the community data, a calmer resting heart rate and how much a person actually did barely move together - for 82% of members the two are only weakly linked. A steadier nervous system is real and worth having; it is not the same measurement as a bigger energy tank.



Within each person, day to day: a calmer resting heart rate and a busier day barely move together (n=77 members with a long enough baseline).

The body's real report card arrives 1-3 days late. The cost of doing too much in an energy-limiting condition tends to show up a day or two later, not in the moment - which is exactly why a calm reading today is a weak safety signal - the real test is what the body can still do a day or two after a slightly bigger effort.

Read whichever parts you have energy for, and skip the rest.

WHAT'S HAPPENING

Two different dials: a calmer nervous system, and a bigger tank

Low-dose naltrexone's best-understood action is on the nervous and immune system. The leading explanation - still drawn mostly from lab studies, has two parts. At low doses it briefly blocks opioid receptors, which nudges the body to make more of its own endorphins, and separately it calms the immune cells in the brain and spinal cord (microglia, acting through a receptor called TLR4) that keep pain and fatigue circuits switched on. In plainer terms, it turns down the volume on a nervous system stuck in alarm.

That is why the changes people notice first are calm-and-comfort changes: a lower resting heart rate (RHR), a balance tilted back toward the parasympathetic rest-and-digest side, less of the wired feeling, clearer thinking, and - for those using a pacing tool - fewer points spent, because the heart is charging less hard through the day. All of that is real relief, and it matters. But it's a sign that the nervous system has settled - a different thing from the body's capacity to do more.

THE READINGS

What each Welltory number is actually measuring

It helps to sort the readings into two piles. One pile describes the state the nervous system is resting in. The other tries to describe the ceiling - how much the body can produce.

- **State-of-the-nervous-system readings** - resting heart rate, the HRV / parasympathetic balance, the morning readiness scores. These move with how calm or how stressed the body is. They tend to improve when something soothes the system. Normalized to each person, they read best as a personal trend over time.
- **Ceiling readings** - steps, active minutes, and how much a body manages before it has to stop. These track output and stamina. Important note that Welltory's max-MET intensity figure is built from heart rate, so it partly rides the same signal as resting heart rate rather than being a clean, separate measure of capacity.

Visible Pace Points come from a separate app, not from Welltory, so they are not in this community dataset, and we cannot reliably assess how well the two line up.

THE CATCH

The report card arrives late, and the timing varies from person to person

In energy-limiting conditions, the cost of overexertion usually does not appear immediately. Its onset is delayed, typically by 24 to 72 hours. The clearest laboratory demonstration comes from Keller et al. (2024): when people with ME/CFS repeat the same exercise test the following day, many are unable to reproduce their previous output. Their performance ceiling drops on the second test, whereas people without the condition can generally repeat the test without difficulty.

Capacity is what the body can repeat, days later



Illustrative of the repeat-exercise finding (Keller et al. 2024): the reproducible ceiling drops on the second day.

This delay is why a calm reading today is such a weak safety signal - the real test is what the body can still do a day or two after a slightly bigger effort. It is also why this is so individual.

Looking across the whole community, activity level on its own can't reliably predict who'd crash and when. Part of it comes from the fact that members simply have different ceilings to begin with, another likely reason is the delay between overdoing it and the crash, which varies a lot from person to person. As for now, the clearest signal isn't a community-wide rule; it's each person's own pattern, tracked against their own baseline.

THE BIGGER PICTURE

Calmer and still limited is the ordinary shape

In the community data, a calmer resting heart rate and how much a person actually did barely move together - for 82% of members the two are only weakly linked. A steadier nervous system is real and worth having; it is not the same measurement as a bigger energy tank. So feeling noticeably calmer and clearer while still only managing 10-15 minutes at a time is not a contradiction, and it is not a sign of doing something wrong. Some treatments can ease how the body feels - less alarm, less fog - without yet lifting the ceiling on how much it can do. The two don't have to move in step.

WHAT TO WATCH

The signs researchers and this community lean on

To the best of our knowledge there, many of the ELC conditions don't have one single validated diagnostic biomarker for conditions themselves (e.g., Maksoud et al. 2023 for ME/CFS), let alone to track improvements. What clinicians and experienced members tend to lean on instead is a small set of slower, sturdier signs - read together, over weeks rather than days: What clinicians and experienced members tend to rely on instead is a small set of slower, reliable signs—interpreted together over weeks rather than days:

- **Time, not a fortnight.** A change that holds steady for several weeks carries more weight than a two-week shift, which can still be the early settling of the nervous system

- **How the body answers a load, not how it rests.** The informative moment is what happens after a slightly larger effort, repeated more than once - whether the calm readings hold the next morning and the day after, and keep holding across several such tests over weeks - rather than how good they look on a single day.
- **No delayed flare.** A small, deliberate step up that does not lead to a worse day within the following 1–3 days is a promising sign - but one is not enough. The same step-up holding safe several times over a few weeks, not just once, is the kind of evidence that a limit may have genuinely moved.
- **The ceiling drifting up on its own.** Steps, active minutes, and tolerated activity slowly rising without being pushed - capacity leading and effort following - rather than output forced up by willpower.
- **Heart rate as a fence, not a whip.** Many people find that pacing by a personal heart-rate threshold - keeping most activity below the point where the body tips into overdrive - is a steadier guide day to day than judging effort by feel; Some members also notice that threshold creeping upward over time. That is not on its own proof the envelope has widened - it needs to show up alongside the other slow signs above, not instead of them - but it is worth tracking rather than dismissing.

What this points to

The improvements are real, and a calmer nervous system is genuinely worth having. It is also a different thing from a larger energy supply - the community data shows the two are only weakly related, and the body's true limit reveals itself in the delayed, next-day response to effort, repeated over time, not in how calm a single resting reading looks.

That is why the sturdiest signs are slow, repeated ones: a change that holds over time, small step-ups that bring no delayed flare across several attempts, and a heart-rate ceiling that drifts upward on its own and keeps drifting. Staying inside the envelope while watching those signs over time - not any single reading - is how many people avoid both: staying "smaller" than necessary, and paying for a push days later.

FURTHER READING

A few starting points; most have a free abstract.

1. Keller et al. 2024, Journal of Translational Medicine - two-day exercise test shows impaired next-day recovery in ME/CFS - doi.org/10.1186/s12967-024-05410-5
2. McKenzie et al. 2026, Journal of Personalized Medicine - low-dose naltrexone: opioid blockade, microglia and TLR4 - doi.org/10.3390/jpm16030151
3. Kim & Fishman 2020, Current Pain and Headache Reports - low-dose naltrexone and neuroinflammation - doi.org/10.1007/s11916-020-00898-0
4. Partridge et al. 2023, Heliyon - low-dose naltrexone in fibromyalgia, systematic review (low-certainty evidence) - doi.org/10.1016/j.heliyon.2023.e15638
5. Penfold et al. 2025, Pathophysiology - lower heart-rate variability is linked with more fatigue across conditions - doi.org/10.3390/pathophysiology32030046
6. Clague-Baker et al. 2023, Work - heart-rate pacing below the anaerobic threshold in ME/CFS - doi.org/10.3233/WOR-220512
7. Maksoud et al. 2023, BMC Medicine - biomarkers for ME/CFS: a systematic review finds no single validated marker - doi.org/10.1186/s12916-023-02893-9
8. Younger et al. 2013, Arthritis & Rheumatism - low-dose naltrexone crossover trial in fibromyalgia used an 8-week treatment window to assess response - doi.org/10.1002/art.37734