

LABORATORY NO.:

1

PROFILE NO.:

2

SAMPLE TYPE:

SCALP

PATIENT: SAMPLE, SUSIE

AGE: 47

SEX: F

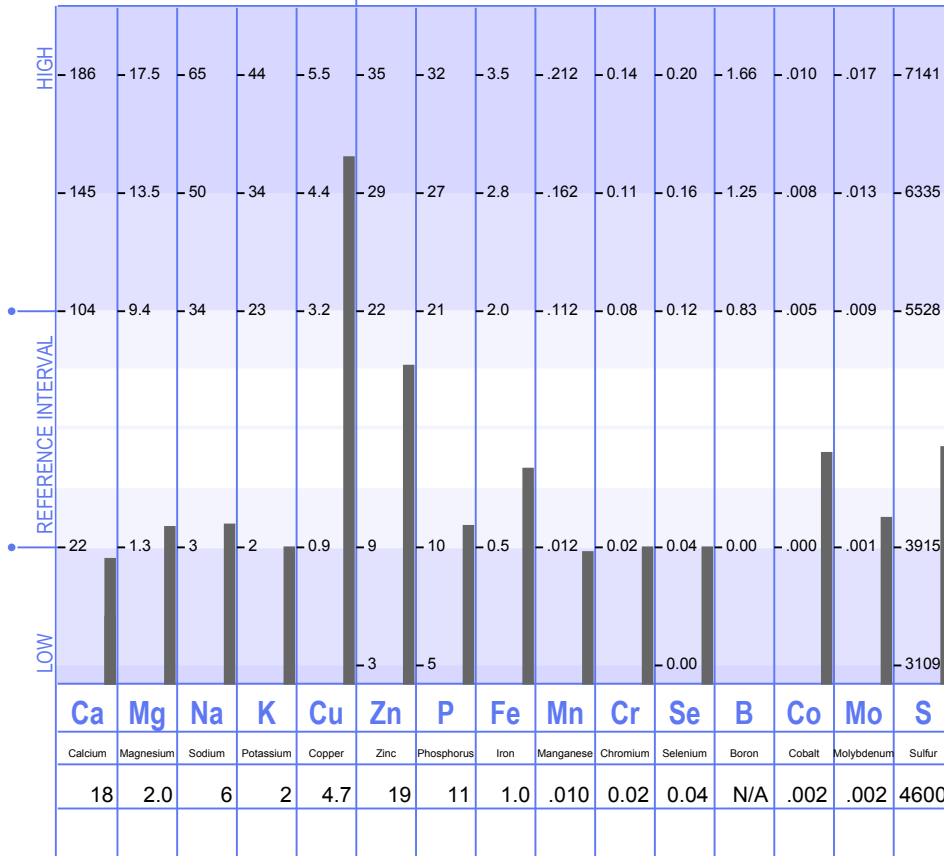
METABOLIC TYPE: FAST 4

REQUESTED BY: HOUSE

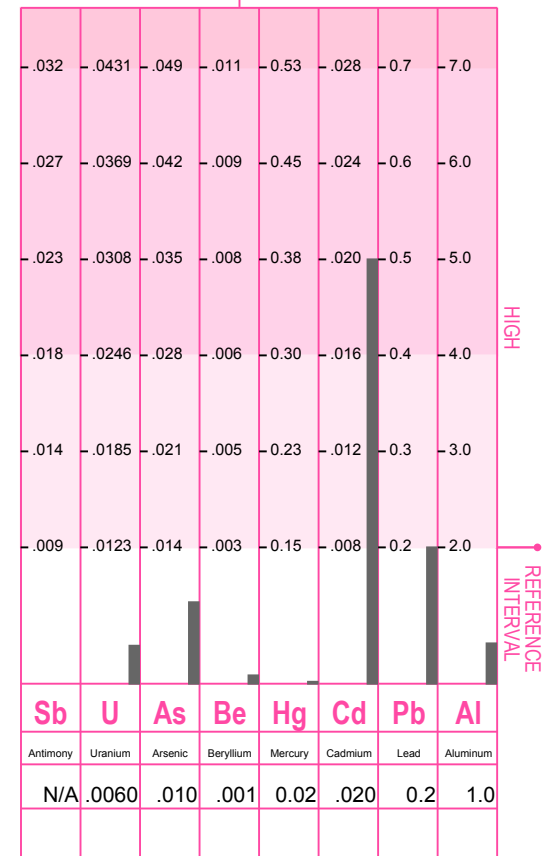
ACCOUNT NO.: 007

DATE: 1/5/2018

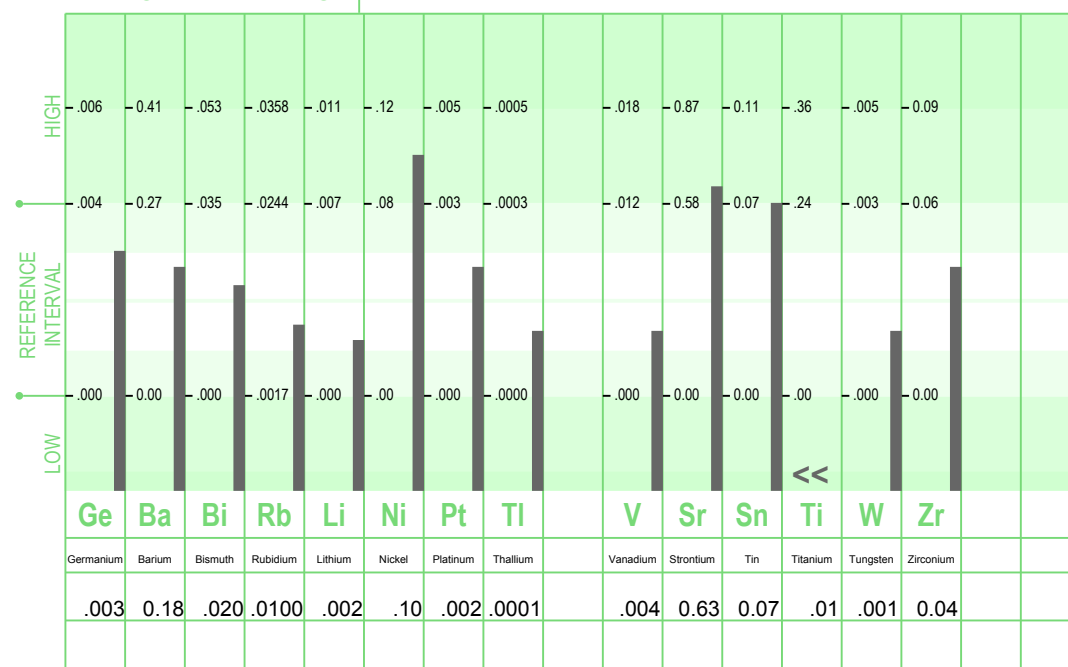
NUTRITIONAL ELEMENTS



TOXIC ELEMENTS



ADDITIONAL ELEMENTS



"<<": Below Calibration Limit; Value Given Is Calibration Limit

"QNS": Sample Size Was Inadequate For Analysis.

"N/A": Currently Not Available

Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

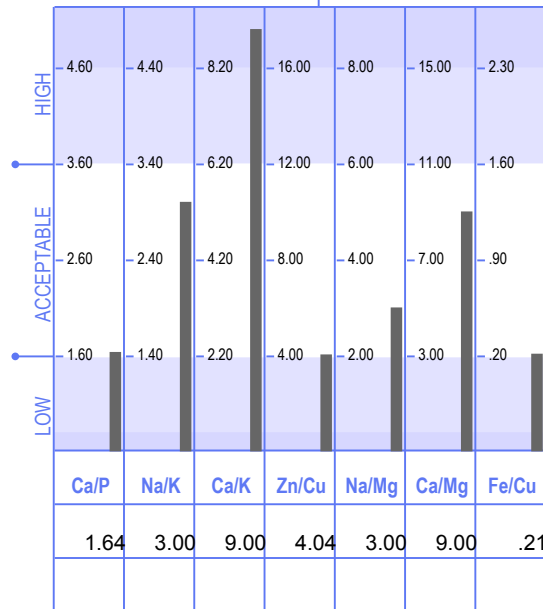
Laboratory Analysis Provided by Trace Elements, Inc.
an H. H. S. Licensed Clinical Laboratory.
No. 45 D0481787 Lab Dir: P. Mendershausen, Ph.D.

1/5/2018

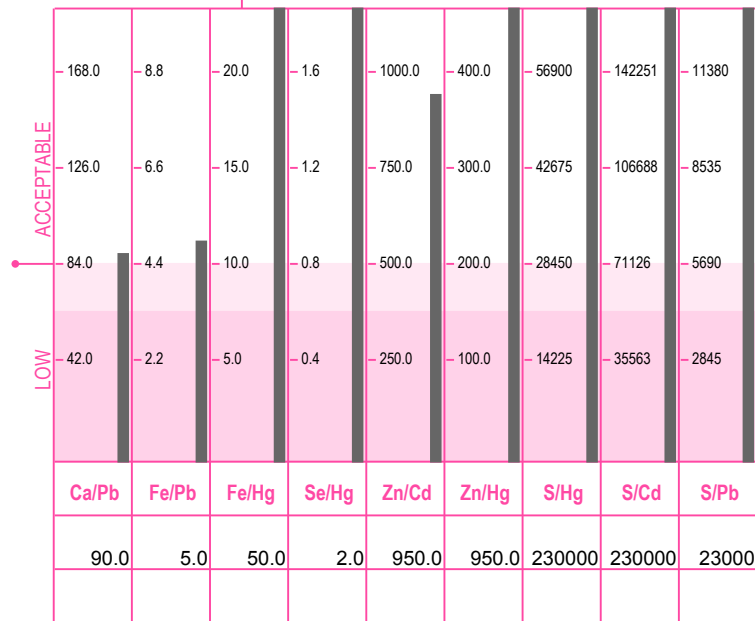
CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

SIGNIFICANT RATIOS



TOXIC RATIOS



ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	28.57		263/1
Cr/V	5.00		8/1
Cu/Mo	2350.00		356/1
Fe/Co	500.00		615/1
K/Co	1000.00		6350/1
K/Li	1000.00		6350/1
Mg/B	N/A		21/1
S/Cu	978.72		2668/1
Se/Tl	400.00		370/1
Se/Sn	.57		3.2/1
Zn/Sn	271.43		624/1

LEVELS

All mineral levels are reported in milligrams percent (milligrams per one-hundred grams of hair). One milligram percent (mg%) is equal to ten parts per million (ppm).

NUTRITIONAL ELEMENTS

Extensively studied, the nutrient elements have been well defined and are considered essential for many biological functions in the human body. They play key roles in such metabolic processes as muscular activity, endocrine function, reproduction, skeletal integrity and overall development.

TOXIC ELEMENTS

The toxic elements or "heavy metals" are well-known for their interference upon normal biochemical function. They are commonly found in the environment and therefore are present to some degree, in all biological systems. However, these metals clearly pose a concern for toxicity when accumulation occurs to excess.

ADDITIONAL ELEMENTS

These elements are considered as possibly essential by the human body. Additional studies are being conducted to better define their requirements and amounts needed.

RATIOS

A calculated comparison of two elements to each other is called a ratio. To calculate a ratio value, the first mineral level is divided by the second mineral level.

EXAMPLE: A sodium (Na) test level of 24 mg% divided by a potassium (K) level of 10 mg% equals a Na/K ratio of 2.4 to 1.

SIGNIFICANT RATIOS

If the synergistic relationship (or ratio) between certain minerals in the body is disturbed, studies show that normal biological functions and metabolic activity can be adversely affected. Even at extremely low concentrations, the synergistic and/or antagonistic relationships between minerals still exist, which can indirectly affect metabolism.

TOXIC RATIOS

It is important to note that individuals with elevated toxic levels may not always exhibit clinical symptoms associated with those particular toxic minerals. However, research has shown that toxic minerals can also produce an antagonistic effect on various essential minerals eventually leading to disturbances in their metabolic utilization.

ADDITIONAL RATIOS

These ratios are being reported solely for the purpose of gathering research data. This information will then be used to help the attending health-care professional in evaluating their impact upon health.

REFERENCE INTERVALS

Generally, reference intervals should be considered as guidelines for comparison with the reported test values. These reference intervals have been statistically established from studying an international population of "healthy" individuals.

Important Note: The reference intervals should not be considered as absolute limits for determining deficiency, toxicity or acceptance.

INTRODUCTION TO HAIR TISSUE MINERAL ANALYSIS (HTMA)

Hair is used for mineral testing because of its very nature. Hair is formed from clusters of specialized cells that make up the hair follicle. During the growth phase the hair is exposed to the internal environment such as blood, lymph and extra-cellular fluids. As the hair continues to grow and reaches the surface of the skin its outer layers harden, locking in the metabolic products accumulated during the period of formation. This biological process provides a blueprint and lasting record of mineral status and nutritional metabolic activity that has occurred during this time.

The precise analytical method of determining the levels of minerals in the hair is a highly sophisticated technique: when performed to exacting standards and interpreted correctly, it may be used as a screening aid for determining mineral deficiencies, excesses, and/or imbalances. HTMA provides you and your health care professional with an economical and sensitive indicator of the long-term effects of diet, stress, toxic metal exposure and their effects on your mineral balance that is difficult to obtain through other clinical tests.

It is important for the attending healthcare professional to determine your mineral status as minerals are absolutely critical for life and abundant health. They are involved in and are necessary for cellular metabolism, structural support, nerve conduction, muscular activity, immune functions, anti-oxidant and endocrine activity, enzyme functions, water and acid/alkaline balance and even DNA function.

Many factors can affect mineral nutrition, such as; food preparation, dietary habits, genetic and metabolic disorders, disease, medications, stress, environmental factors, as well as exposure to heavy metals. Rarely does a single nutrient deficiency exist in a person today. Multiple nutritional imbalances however are quite common, contributing to an increased incidence of adverse health conditions. In fact, it is estimated that mild and sub-clinical nutritional imbalances are up to ten times more common than nutritional deficiency alone.

The laboratory test results and the comprehensive report that follows should not be construed as diagnostic. This analysis is provided only as an additional source of information to the attending doctor.

Test results were obtained by a licensed clinical laboratory adhering to analytical procedures that comply with governmental protocol and standards established by Trace Elements, Inc. U.S.A. The interpretive data based upon these results is defined by research conducted by David L. Watts, Ph.D.

UNDERSTANDING THE GRAPHICS

NUTRITIONAL ELEMENTS

This section of the cover page graphically displays the test results for each of the reported nutritional elements and how they compare to the established population reference range. Values that are above or below the reference range indicate a deviation from "normal". The more significant the deviation, the greater the possibility a deficiency or excess may be present.

TOXIC ELEMENTS

The toxic elements section displays the results for each of the reported toxic elements. It is preferable that all levels be as low as possible and within the lower white section. Any test result that falls within the upper dark red areas should be considered as statistically significant, but not necessarily clinically significant. Further investigation may then be warranted to determine the possibility of actual clinical significance.

ADDITIONAL ELEMENTS

This section displays the results of additional elements for which there is limited documentation. These elements may be necessary for biochemical function and/or may adversely effect biochemical function. Further study will help to reveal their function, interrelationships and eventually their proper therapeutic application or treatment.

SIGNIFICANT RATIOS

The significant ratios section displays the important nutritional mineral relationships. This section consists of calculated values based on the respective elements. Mineral relationships (balance) is as important, if not more so, than the individual mineral levels. The ratios reflect the critical balance that must be constantly maintained between the minerals in the body.

TOXIC RATIOS

This section displays the relationships between the important nutritional elements and toxic metals. Each toxic metal ratio result should be in the white area of the graph, and the higher the better. Toxic ratios that fall within the darker red area may indicate an interference of that toxic metal upon the utilization of the nutritional element.

ADDITIONAL RATIOS

The additional ratios section provides calculated results on some additional mineral relationships. At this time, there is limited documentation regarding these ratios. For this reason, these ratios are only provided as an additional source of research information to the attending health-care professional.

METABOLIC TYPE

This section of the report will discuss the metabolic profile, which is based on research conducted by Dr. D. L. Watts. Each classification is established by evaluating the tissue mineral results and determining the degree to which the minerals may be associated with a stimulating and/or inhibiting effect upon the main "energy producing" endocrine glands. These glands regulate nutrient absorption, excretion, metabolic utilization, and incorporation into the tissues of the body: the skin, organs, bone, hair, and nails. How efficiently each nutrient is utilized depends largely upon proper functioning of the endocrine glands.

FAST METABOLISM (TYPE #4)

- ** Sympathetic Dominance
- ** Tendency Toward Decreased Thyroid Function (decreased secretion of hormones)
- ** Tendency Toward Decreased Adrenal Activity (decreased secretion of hormones)

The current tissue mineral pattern is indicative of a fast metabolic rate (Fast Metabolism, Type #4). Even though the metabolic rate is considered fast, this patient may be experiencing adrenal and thyroid insufficiency. This pattern is characteristic of a "stress burnout" syndrome. Stress burnout is often associated with chronic or prolonged stress. Apparently, the stress has been present for an extended period of time and eventually the thyroid and adrenal glands can no longer maintain sufficient energy production to keep up with stress demands. This pattern can result in periodic fatigue and depression.

It should be noted that stress is a normal part of life and serves a useful purpose when it is controlled. However, chronic uncontrolled stress will eventually contribute to various vitamin and mineral imbalances, and the ability to maintain adequate energy levels and optimum health will decrease.

NUTRIENT MINERAL LEVELS AND OTHER ELEMENTS

This section of the report may discuss those nutritional mineral levels that reveal moderate or significant deviations from normal. The light blue and light green area's of each graph section represent the reference interval for each element based upon statistical analysis of apparently healthy individuals. The following section, however, is based upon clinical data, therefore an element that is moderately outside the reference interval may not be commented on unless determined to be clinically significant.

NOTE:

For those elements whose levels are within the normal range, it should be noted that nutritional status is also

dependent upon their critical balance with other essential nutrients. If applicable, discussion regarding their involvement in metabolism may be found in the ratio section(s) of this report.

CALCIUM (Ca)

The tissue calcium level is below the normal level. This is not uncommon for this age and fast metabolism (Type #4). However, if this profile worsens or continues for an extended period of time, a tendency toward experiencing one or more of the following symptoms will increase:

Mood Swings	Insomnia
Depression	Dental Problems
Osteoporosis	

SOME FACTORS THAT MAY CONTRIBUTE TO A LOW TISSUE CALCIUM LEVEL

- * Hypoparathyroid Activity
- * High Phosphorus Intake and Retention
- * Copper Deficiency
- * Toxic Metal Accumulation
- * Vitamin D Deficiency
- * Magnesium Deficiency
- * Inadequate Calcium Intake
- * Poor Absorption
- * Stress

COPPER (Cu)

Your copper profile is indicative of excess copper in the tissues. This element will have an antagonistic effect upon the functions of other essential elements. In particular, copper has a direct antagonistic effect on zinc activity within the body. Excess accumulation of copper may produce signs of zinc deficiency, even though zinc intake may be adequate or even if the tissue zinc level is within the normal range.

MANGANESE (Mn) AND BLOOD SUGAR REGULATION

Manganese is an essential element that in combination with certain vitamins and minerals is required for many biochemical reactions, including carbohydrate metabolism and energy production. Manganese deficiency is frequently related to such manifestations as, low blood sugar levels, ligamentous problems and reproductive dysfunction.

NICKEL (Ni)

High nickel found in the hair is not uncommon. Its sources are high in our environment and include:

Ceramics	Plastics
Hydrogenated Oils	Fungicides
Rubber Products	Fuel Additives
Electroplating	Tobacco
Metal Prosthesis	Paint and Wallpaper pigments
Dyes	Insecticides
Dental Alloys	

FOOD SOURCES OF NICKEL

Tea	Whole Grains
Legumes	Oysters
Cocoa	Margarine
Hydrogenated Fats	

Other sources of nickel include herbal preparations, particularly peppermint and chickweed. These herbs should be discontinued or reduced significantly if currently being taken.

Note: Nickel contributes to more instances of dermatitis than any other metal, and in excess has also been reported to be related to renal disturbance.

NUTRIENT MINERAL RATIOS

This section of the report will discuss those nutritional mineral ratios that reveal moderate or significant deviation from normal.

Continuing research indicates that metabolic dysfunction occur not necessarily as a result of a deficiency or excess of a particular mineral level, but more frequently from an abnormal balance (ratio) between the minerals. Due to this complex interrelationship between the minerals, it is extremely important that imbalances be determined. Once these imbalances are identified, corrective therapy may then be used to help re-establish a more normal biochemical balance.

NOTE: The "Nutritional Graphic" developed by researchers at Trace Elements, and presented on the cover of this report shows the antagonistic relationships between the significant nutrients, including the elements (arrows indicate antagonistic effect upon absorption and retention).

HIGH CALCIUM/POTASSIUM (Ca/K) RATIO

High calcium relative to potassium will frequently indicate a trend toward hypothyroidism (underactive thyroid). The mineral calcium antagonizes the retention of potassium within the cell. Since potassium is necessary in sufficient quantity to sensitize the tissues to the effects of thyroid hormones, a high Ca/K ratio would suggest reduced thyroid function and/or cellular response to thyroxine. If this imbalance has been present for an extended period of time, the following symptoms associated with low thyroid function may occur.

Fatigue
Dry Skin
Constipation

Depression
Over-weight Tendencies
Cold Sensitivity

TOXIC METAL LEVELS

Hair is used as one of the tissue's of choice by the Environmental Protection Agency in determining toxic metal exposure. A 1980 report from the E.P.A. stated that human hair can be effectively used for biological monitoring of the highest priority toxic metals. This report confirmed the findings of other studies which concluded that human hair may be a more appropriate tissue than blood or urine for studying community exposure to some trace metals.

A heavy metal may be elevated in this HTMA and yet no known environmental exposure can be ascertained at this time. This is not unusual, as exposure may have originated years earlier. Additionally, research has found that heavy metals can be inherited by the fetus during pregnancy. Heavy metals can be found in the body for years following the original exposure and will remain in body tissues until removal is initiated. For example, the half-life of cadmium in some tissues will range from ten to thirty years.

CADMIUM (Cd)

Your cadmium level is elevated when compared to the population in general, which is indicative of an acute exposure or chronic exposure to this toxic element, and which would represent an unnecessary risk. Cadmium is a toxic metal that interferes with the absorption and function of several minerals such as; zinc, iron, copper and manganese. Cadmium has an affinity to accumulate mainly in the kidneys, but will also deposit in the liver and bones if excessive. Some sources of cadmium are:

Tobacco
Burning Plastics

Zinc Smelters
Galvanized Water Pipes

Superphosphate Fertilizers
Electronics Industry

Auto Exhaust

METABOLIC DYSFUNCTIONS AND CADMIUM

Chronic or long term exposure to cadmium has been related to kidney disturbance, abnormal bone changes, emphysema, pneumonitis, liver disturbance, anemia and discoloration or yellowing of the dental enamel. These abnormalities may occur only after several years of exposure to cadmium.

IMPORTANT NOTE:

ELIMINATION OF CADMIUM FROM THE BODY CAN OFTEN PRODUCE SYMPTOMS THAT ARE SIMILAR TO FLU SYMPTOMS.

TOXIC METAL RETENTION AND NUTRITIONAL STATUS:

Every individual is constantly being exposed to sources of heavy metals. However, the main factor contributing to the absorption and retention of these metals in the body, is influenced by one's own nutritional status. For instance, a lack of nutrients that will combat the accumulation of lead, will then allow tissue lead level's to rise. This accumulation can occur even if lead exposure is minimal. Improving your nutritional status can help in reducing toxic metal burden as well as reducing the adverse effects that toxic metal accumulation can produce in the body.

IMPORTANT NOTE ON TOXIC METAL ELIMINATION:

As toxic metals are mobilized from storage tissues for removal from the body, the patient may experience an exacerbation of his/her present symptoms or new symptoms associated with a particular mineral. If this occurs, or if the symptoms become too uncomfortable have the patient discontinue supplementation for three days, during which symptoms should be relieved. Have the patient then resume the program at one-third the recommended dosage, usually the PM portion, then gradually build up to twice per day and back to the full program. This may be done over a one to two-week period. If symptoms again arise, have the patient continue on only the PM portion for one week before increasing.

NOTE:

At this time, further confirmation of toxic metal exposure using a blood test may or may not reveal an elevated level. This is due to the protective response of the body, in which following a toxic metal exposure, the element is sequestered from the blood and stored in various other tissues. Therefore, if the exposure is not ongoing or chronic, elevated blood levels may not be present.

TOXIC METAL RATIOS

ALL CURRENT TOXIC METAL RATIOS ARE WITHIN THE ACCEPTABLE RANGE

DIETARY SUGGESTIONS

The following dietary suggestions are defined by several factors: the individual's mineral levels, ratios and metabolic type, as well as the nutrient value of each food including protein, carbohydrate, fat, and vitamin and mineral content. Based upon these determinations, it may be suggested that foods be avoided or increased temporarily in the diet to aid in the improvement of your biochemistry.

GENERAL DIETARY GUIDELINES FOR THE FAST METABOLIZER

* INCREASE INTAKE OF HIGH PURINE PROTEIN FOODS...high purine protein sources include liver, kidney and heart. Other good sources include sardines, tuna, clams, crab, lobster and oysters. Unless notified otherwise, high purine and moderate purine protein intake should constitute approximately 33% of total daily caloric intake.

* INCREASE INTAKE OF MILK AND MILK PRODUCTS...such as cheese, yogurt, cream, butter (unsalted). Increase intake of nuts and seeds such as almonds, walnuts, peanuts, peanut butter and sunflower seeds. Foods high in fat unless notified otherwise should constitute approximately 33% of total daily caloric intake.

* REDUCE CARBOHYDRATE INTAKE...including unrefined carbohydrates. Sources such as cereals, whole grains and whole grain products are contraindicated for frequent consumption until the next evaluation. Carbohydrate intake in the form of unrefined carbohydrates should be approximately 33% of total daily caloric intake.

* AVOID ALL SUGARS AND REFINED CARBOHYDRATES...this includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

FOOD ALLERGIES

In some individuals, certain foods can produce a maladaptive or "allergic-like" reaction commonly called "food allergies". Consumption of foods that one is sensitive to can bring about reactions ranging from drowsiness to hyperactivity in children, itching and rashes, headaches, high-blood pressure and arthritic pain.

Sensitivity to foods can develop due to biochemical (nutritional) imbalances, and which stress, pollution, and medications can aggravate. Nutritional imbalance can further be contributed to by restricting food variety, such as eating only a small group of foods on a daily basis. Often a person will develop a craving for the food they are most sensitive to and may eat the same food or food group more than once a day.

The following section may contain foods that are recommended to avoid. These foods should be considered as potential "allergy foods", or as foods that may impede a rapid and effective response. Consumption of these foods should be avoided completely for four days. After which, they should not be eaten more frequently than once every three days during course of therapy.

FOOD ALLERGIES RELATED TO COPPER

Individuals with excessive tissue copper accumulation will often crave foods that are high in copper. The following foods, which are high in copper relative to zinc, should be avoided until the next evaluation:

Chocolate	Liver
Haddock	Walnuts
Bran Flakes	Pecans
Peanut Butter	Avocado
Shrimp	Grapes
Trout	Bakers Yeast

REACTIONS ASSOCIATED WITH COPPER FOOD ALLERGIES

Excess intake of high copper foods has been associated with several reactions, both physical and emotional. Physical reactions may include; frontal headaches, skin rashes, joint stiffness, constipation, insomnia causing morning fatigue, bloating, water retention, and cold sensitivity. Emotional reactions may include depression, crying spells, fearfulness, anxiety, irritability, anger, aggressive behavior and withdrawal.

FOODS THAT STIMULATE HISTAMINES

Consumption of the following foods can stimulate histamine release in certain metabolic types and may contribute to respiratory-type allergy reactions. These foods are to be avoided until the next evaluation or until notified otherwise by attending doctor.

Beet Greens	Rhubarb
Apples	Chocolate
Spinach	Black Tea

Eggplant
Sweet Potatoes
Blueberries
Pecans
Wheat Germ
Cocoa
Parsley
Beets

Strawberries
Peanuts
Green Beans
Chard
Concord Grapes
Collards
Blackberries

THE FOLLOWING FOODS MAY BE INCREASED IN THE DIET UNTIL THE NEXT EVALUATION

Mozzarella Cheese
Milk
Kale
Monterey Cheese
Almonds
Swiss Cheese

Turnip Greens
Mustard Greens
Yogurt
Cream
Buttermilk

AMINO ACIDS THAT IMPROVE CALCIUM ABSORPTION

Calcium absorption is greatly enhanced when the diet is high in the amino acids, lysine, arginine and histadine. These proteins also help to reduce acidity of the tissues. Both effects are favorable for the fast metabolizer, therefore addition of any of the following foods to the diet is recommended at this time:

Ham
Lamb
Cottage Cheese
Spare Ribs
Lentils

Rumproast
Vegetable Stew
Canadian bacon
Peanuts
Chuck Roast

SPECIAL NOTE:

This report contains only a limited number of foods to avoid or to increase in the diet. FOR THOSE FOODS NOT SPECIFICALLY INCLUDED IN THIS SECTION, CONTINUED CONSUMPTION ON A MODERATE BASIS IS ACCEPTABLE UNLESS RECOMMENDED OTHERWISE BY YOUR DOCTOR. Under some circumstances, dietary recommendations may list the same food item in the "TO EAT" and the "TO AVOID" categories at the same time. In these rare cases, always follow the avoid recommendation.

CONCLUSION

This report can provide a unique insight into nutritional biochemistry. The recommendations contained within are specifically designed according to metabolic type, mineral status, age, and sex. Additional recommendations may be based upon other supporting clinical data as determined by the attending health-care professional.

OBJECTIVE OF THE PROGRAM:

The purpose of this program is to re-establish a normal balance of body chemistry through individually designed dietary and supplement suggestions. Properly followed, this may then enhance the ability of the body to more efficiently utilize the nutrients that are consumed, resulting in improved energy production and health.

REMOVAL OF HEAVY METALS:

Re-establishing a homeostatic balance or equilibrium of body chemistry will enhance the body's ability to remove heavy metals naturally. The elimination of a heavy metal involves an intricate process of attachment of the metal to proteins, removal from storage areas, and transport to the eliminative organs for excretion. Improvement in ones nutritional balance will improve the capability of the body to perform these tasks and

eliminate toxins more easily.

However, the mobilization and elimination of metals may cause temporary discomfort. As an example, if an excess accumulation of iron or lead is contributing to arthritic symptoms, a temporary flare-up of the condition may occur from time to time. This discomfort can be expected until removal of the excess metal is complete.

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
SYM-PACK (Metabolic Support)	1	0	1
ADRENAL COMPLEX (Glandular Support)	1	1	1
PYRIDOX PLUS (Vitamin B6)	1	0	1
ZMC PLUS (Zinc + Manganese + Vitamin C)	1	0	1
HCL V-PLUS (Digestive Support)	1	1	1

THESE RECOMMENDATIONS MAY NOT INCLUDE MINERALS WHICH APPEAR BELOW NORMAL OR IN TURN MAY RECOMMEND MINERALS WHICH APPEAR ABOVE NORMAL ON THE HTMA GRAPH. THIS IS NOT AN OVERSIGHT. SPECIFIC MINERALS WILL INTERACT WITH OTHER MINERALS TO RAISE OR LOWER TISSUE MINERAL LEVELS, AND THIS PROGRAM IS DESIGNED TO BALANCE THE PATIENT'S MINERAL LEVELS THROUGH THESE INTERACTIONS.

THESE RECOMMENDATIONS SHOULD NOT BE TAKEN OVER A PROLONGED PERIOD OF TIME WITHOUT OBTAINING A RE-EVALUATION. THIS IS NECESSARY IN ORDER TO MONITOR PROGRESS AND MAKE THE NECESSARY CHANGES IN THE NUTRITIONAL RECOMMENDATIONS AS REQUIRED.

SPECIAL NOTE: NUTRITIONAL SUPPLEMENTS DO NOT TAKE THE PLACE OF A GOOD DIET. THEY ARE BUT AN ADDITIONAL SOURCE OF NUTRIENTS, AND THEREFORE, MUST NOT BE SUBSTITUTED FOR A BALANCED DIET. ADDITIONALLY, NUTRITIONAL SUPPLEMENTS SHOULD NEVER BE TAKEN AT THE SAME TIME AS MEDICATIONS. MEDICATIONS SHOULD BE TAKEN 2 HOURS PRIOR TO, OR 2 HOURS AFTER NUTRITIONAL SUPPLEMENT INTAKE.

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
SYM-PACK (Metabolic Support)	1	0	1
ADRENAL COMPLEX (Glandular Support)	1	1	1
PYRIDOX PLUS (Vitamin B6)	1	0	1
ZMC PLUS (Zinc + Manganese + Vitamin C)	1	0	1
HCL V-PLUS (Digestive Support)	1	1	1
	0	0	0

THESE RECOMMENDATIONS MAY NOT INCLUDE MINERALS WHICH APPEAR BELOW NORMAL OR IN TURN MAY RECOMMEND MINERALS WHICH APPEAR ABOVE NORMAL ON THE HTMA GRAPH. THIS IS NOT AN OVERSIGHT. SPECIFIC MINERALS WILL INTERACT WITH OTHER MINERALS TO RAISE OR LOWER TISSUE MINERAL LEVELS, AND THIS PROGRAM IS DESIGNED TO BALANCE THE PATIENT'S MINERAL LEVELS THROUGH THESE INTERACTIONS.

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INTRODUCTION

THE FOLLOWING REPORT SHOULD NOT BE CONSIDERED AS DIAGNOSTIC, BUT RATHER AS A SCREENING TOOL THAT PROVIDES AN ADDITIONAL SOURCE OF INFORMATION. THIS REPORT SHOULD ONLY BE USED IN CONJUNCTION WITH OTHER LABORATORY TESTS, HISTORY, PHYSICAL EXAMINATION AND THE CLINICAL EXPERTISE OF THE ATTENDING HEALTHCARE PROFESSIONAL.

TEST RESULTS WERE OBTAINED BY A LICENSED* CLINICAL LABORATORY ADHERING TO TESTING PROCEDURES THAT COMPLY WITH GOVERNMENTAL PROTOCOL AND STANDARDS ESTABLISHED BY TRACE ELEMENTS, INC., U.S.A. THE FOLLOWING INTERPRETATION IS BASED UPON INTERNATIONAL DATA AND DEFINED BY EXTENSIVE CLINICAL RESEARCH CONDUCTED BY DAVID L. WATTS, PH.D.

This analysis including levels, ratios, ranges and recommendations are based upon the sample and sampling technique meeting the following requirements:

- ** Sample obtained from the mid-parietal to the occipital region of scalp.
- ** Sample is proximal portion of hair length (first 1" to 2" of hair closest to scalp).
- ** Sufficient sample weight (minimum of 150 mg.)
- ** High grade stainless steel sampling scissors.
- ** Untreated virgin hair (no recent perms, bleaching, or coloring agents).

* Clinical Laboratory License
U.S. Department of Health and Human Services, State of Texas Department of Health,
Clinical Laboratories Improvement Act, 1988 No. 45-D0481787

METABOLIC TYPE

FAST METABOLIZER, TYPE #4

The patient is classified as a FAST METABOLIZER TYPE #4. This metabolic type has a dominance of phosphorus relative to calcium (sympathetic dominance), with an existing adrenal and thyroid insufficiency. This pattern is characteristic of "stress burnout," which can be a result of prolonged, chronic stress. This pattern may result in extreme fatigue and depression.

Endocrine replacement therapy, such as; thyroid, insulin, adrenal steroids (anti-inflammatory drugs), etc., as well as endocrine antagonists and in extreme cases of surgical removal of a gland, can affect the tissue mineral pattern. In these cases, the above reported indications of endocrine status should not be considered as representative of endocrine activity. Additional clinical tests and patient history should be taken into consideration.

There are several sub-classifications of each metabolic type, ranging from Type #1 to Type #4. This is taken into consideration on their supplement and dietary recommendations. The extent to which the patient is manifesting these metabolic characteristics depends upon the degree and chronicity of the mineral patterns.

RE-EVALUATION

A re-evaluation is suggested at two months from the beginning of implementation of the supplement program. The metabolic subtypes, such as the Type #4 may result from an acute condition, and therefore, may show a metabolic response more quickly than the Type #1.

TRENDS

The following trends may or may not be manifesting in the patient at this time. Each trend that is listed is a result of research including statistical and clinical observations. This trend analysis is advanced merely for the consideration of the health professional, and should not be considered an assessment of a medical condition. Further investigation may be indicated based upon your own clinical evaluation.

*** SPECIAL NOTE ***

It must be emphasized that the following are only trends of potential health conditions. Realistically, the probability for each trend's occurrence is based upon the degree and duration of the specific mineral imbalance. Since this analysis is not capable of determining either the previous degree of imbalance and/or previous duration, the trend analysis should only be used as an indicator to the health-care professional of potential manifestation's, particularly if the biochemical imbalance continues.

TENDENCY	1	2	3	4	5	6	7	8
ALLERGIES								
ANXIETY								
HYPOTHYROID								

COMMENTS

ALLERGIES AND COPPER:

The mineral copper is a constituent of the enzyme histaminase and the protein ceruloplasmin, both of which have the ability to destroy histamine. Zinc is required for the storage of histamine. Since the patient's zinc level is low to copper, or the tissue copper level is elevated, a low serum histamine may be present. This may result in histamine depletion if chronic. Low histamine levels have been found in the serum of patients who suffer from allergies to foods and inhalants.

ANXIETY:

Low tissue calcium is associated with increased central nervous system sensitivity and increased serum lactic acid levels, both of which may contribute to increased anxiety states. Anxiety may be contributed to by any factor that interferes with normal calcium metabolism such as stress or accumulation of toxic metals such as lead and mercury.

HYPOTHYROID:

High calcium relative to potassium indicates a tendency toward a low thyroid function. It has been found that an elevated TSH, even when circulating T-3 and T-4 are normal, is an early indication of hypothyroidism.

TOXIC METALS

CADMIUM (Cd):

Cadmium is a toxic metal that interferes with the absorption and function of several minerals such as; zinc, iron, copper and manganese. Cadmium has an affinity to accumulate mainly in the kidneys, but will also deposit in the liver and bones if excessive. Some sources of cadmium are:

Tobacco
Burning Plastics

Zinc Smelters
Galvanized Water Pipes

Superphosphate Fertilizers
Electronics Industry

Auto Exhaust

METABOLIC DYSFUNCTIONS AND CADMIUM:

Chronic or long term exposure to cadmium has been related to kidney disturbance, abnormal bone changes, emphysema, pneumonitis, liver disturbance, anemia and discoloration or yellowing of the dental enamel. These abnormalities may occur only after several years of exposure to cadmium.

ADDITIONAL TEST(S):

- * Pubic Hair Cadmium... to confirm endogenous accumulation and/or exogenous contamination.
- * 24 Hour Urine Cadmium

IMPORTANT NOTE:

ELIMINATION OF CADMIUM FROM THE BODY CAN OFTEN PRODUCE SYMPTOMS THAT ARE SIMILAR TO FLU SYMPTOMS.

TOXIC METAL RETENTION AND NUTRITIONAL STATUS:

Every individual is constantly being exposed to sources of heavy metals. However, the main factor contributing to the absorption and retention of these metals in the body, is influenced by one's own nutritional status. For instance, a lack of nutrients that will combat the accumulation of lead, will then allow tissue lead levels to rise. This accumulation can occur even if lead exposure is minimal. Improving your nutritional status can help in reducing toxic metal burden as well as reducing the adverse effects that toxic metal accumulation can produce in the body.

IMPORTANT NOTE ON TOXIC METAL ELIMINATION:

As toxic metals are mobilized from storage tissues for removal from the body, the patient may experience an exacerbation of his/her present symptoms or new symptoms associated with a particular mineral. If this occurs, or if the symptoms become too uncomfortable have the patient discontinue supplementation for three days, during which symptoms should be relieved. Have the patient then resume the program at one-third the recommended dosage, usually the PM portion, then gradually build up to twice per day and back to the full program. This may be done over a one to two-week period. If symptoms again arise, have the patient continue on only the PM portion for one week before increasing.

NOTE:

At this time, further confirmation of toxic metal exposure using a blood test may or may not reveal an elevated level. This is due to the protective response of the body, in which following a toxic metal exposure, the element is sequestered from the blood and stored in various other tissues. Therefore, if the exposure is not ongoing or chronic, elevated blood levels may not be present.

DIETARY SUGGESTIONS

The following dietary suggestions are defined by several factors: the individual's mineral levels, ratios and metabolic type, as well as the nutrient value of each food including protein, carbohydrate, fat, and vitamin and mineral content. Based upon these determinations, it may be suggested that foods be avoided or increased temporarily in the diet to aid in the improvement of the patient's chemistry.

GENERAL DIETARY GUIDELINES FOR THE FAST METABOLIZER

* INCREASE INTAKE OF HIGH PURINE PROTEIN FOODS...high purine protein sources include liver, kidney and heart. Other good sources include sardines, tuna, clams, crab, lobster and oysters. Unless notified otherwise, high purine and moderate purine protein intake should constitute approximately 33% of total daily caloric intake.

* INCREASE INTAKE OF MILK AND MILK PRODUCTS...such as cheese, yogurt, cream, butter (unsalted). Increase intake of

nuts and seeds such as almonds, walnuts, peanuts, peanut butter and sunflower seeds. Foods high in fat unless notified otherwise should constitute approximately 33% of total daily caloric intake.

* REDUCE CARBOHYDRATE INTAKE...including unrefined carbohydrates. Sources such as cereals, whole grains and whole grain products are contraindicated for frequent consumption until the next evaluation. Carbohydrate intake in the form of unrefined carbohydrates should be approximately 33% of total daily caloric intake.

* AVOID ALL SUGARS AND REFINED CARBOHYDRATES...this includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

FOOD ALLERGIES:

In some individuals, certain foods can produce a maladaptive or "allergic-like" reaction commonly called "food allergies". Consumption of foods that one is sensitive to can bring about reactions ranging from drowsiness to hyperactivity in children, itching and rashes, headaches, high-blood pressure and arthritic pain.

Sensitivity to foods can develop due to biochemical (nutritional) imbalances, and which stress, pollution, and medications can aggravate. Nutritional imbalance can further be contributed to by restricting food variety, such as eating only a small group of foods on a daily basis. Often a person will develop a craving for the food they are most sensitive to and may eat the same food or food group more than once a day.

The following section may contain foods that are recommended to avoid. These foods should be considered as potential "allergy foods", or as foods that may impede a rapid and effective response. Consumption of these foods should be avoided completely for four days. After which, they should not be eaten more frequently than once every three days during course of therapy.

FOOD ALLERGIES RELATED TO COPPER:

Individuals with excessive tissue copper accumulation will often crave foods that are high in copper. The following foods, which are high in copper relative to zinc, should be avoided until the next evaluation:

Chocolate	Liver
Haddock	Walnuts
Bran Flakes	Pecans
Peanut Butter	Avocado
Shrimp	Grapes
Trout	Bakers Yeast

REACTIONS ASSOCIATED WITH COPPER FOOD ALLERGIES

Excess intake of high copper foods has been associated with several reactions, both physical and emotional. Physical reactions may include; frontal headaches, skin rashes, joint stiffness, constipation, insomnia causing morning fatigue, bloating, water retention, and cold sensitivity. Emotional reactions may include depression, crying spells, fearfulness, anxiety, irritability, anger, aggressive behavior and withdrawal.

FOODS THAT STIMULATE HISTAMINES:

Consumption of the following foods can stimulate histamine release in certain metabolic types and may contribute to respiratory-type allergy reactions. These foods are to be avoided until the next evaluation or until notified otherwise by attending doctor.

Beet Greens	Rhubarb
Apples	Chocolate
Spinach	Black Tea
Eggplant	Strawberries
Sweet Potatoes	Peanuts
Blueberries	Green Beans

Pecans
Wheat Germ
Cocoa
Parsley
Beets

Chard
Concord Grapes
Collards
Blackberries

THE FOLLOWING FOODS MAY BE INCREASED IN THE DIET UNTIL THE NEXT EVALUATION:

Mozzarella Cheese
Milk
Kale
Monterey Cheese
Almonds
Swiss Cheese

Turnip Greens
Mustard Greens
Yogurt
Cream
Buttermilk

AMINO ACIDS THAT IMPROVE CALCIUM ABSORPTION:

Calcium absorption is greatly enhanced when the diet is high in the amino acids, lysine, arginine and histadine. These proteins also help to reduce acidity of the tissues. Both effects are favorable for the fast metabolizer, therefore addition of any of the following foods to the diet is recommended at this time:

Ham
Lamb
Cottage Cheese
Spare Ribs
Lentils

Rumproast
Vegetable Stew
Canadian bacon
Peanuts
Chuck Roast

SPECIAL NOTE:

This analysis will list only a limited number of dietary foods to avoid or to increase in the diet. For those foods not specifically mentioned in this section, continued consumption on a moderate basis may be considered appropriate unless recommended otherwise.

CONCLUSION

This report can provide a unique insight into nutritional biochemistry. The recommendations contained within are specifically designed according to metabolic type, mineral status, age, and sex. Additional recommendations may be based upon other supporting clinical data as determined by the attending health-care professional.

OBJECTIVE OF THE PROGRAM:

The purpose of this program is to re-establish a normal balance of body chemistry through individually designed dietary and supplement suggestions. Properly followed, this may then enhance the ability of the body to more efficiently utilize the nutrients that are consumed, resulting in improved energy production and health.

WHAT TO EXPECT DURING THE PROGRAM:

Re-establishing a homeostatic balance or equilibrium of body chemistry will enhance the body's ability to remove heavy metals naturally. The elimination of a heavy metal involves an intricate process of attachment of the metal to proteins, removal from storage areas, and transport to the eliminative organs for excretion. Improvement in ones nutritional balance will improve the capability of the body to perform these tasks and eliminate toxins more easily.

However, the mobilization and elimination of metals may cause temporary discomfort. As an example, if an excess accumulation of iron or lead is contributing to arthritic symptoms, a temporary flare-up of the condition may occur from time to

time. This discomfort can be expected until removal of the excess metal is complete.