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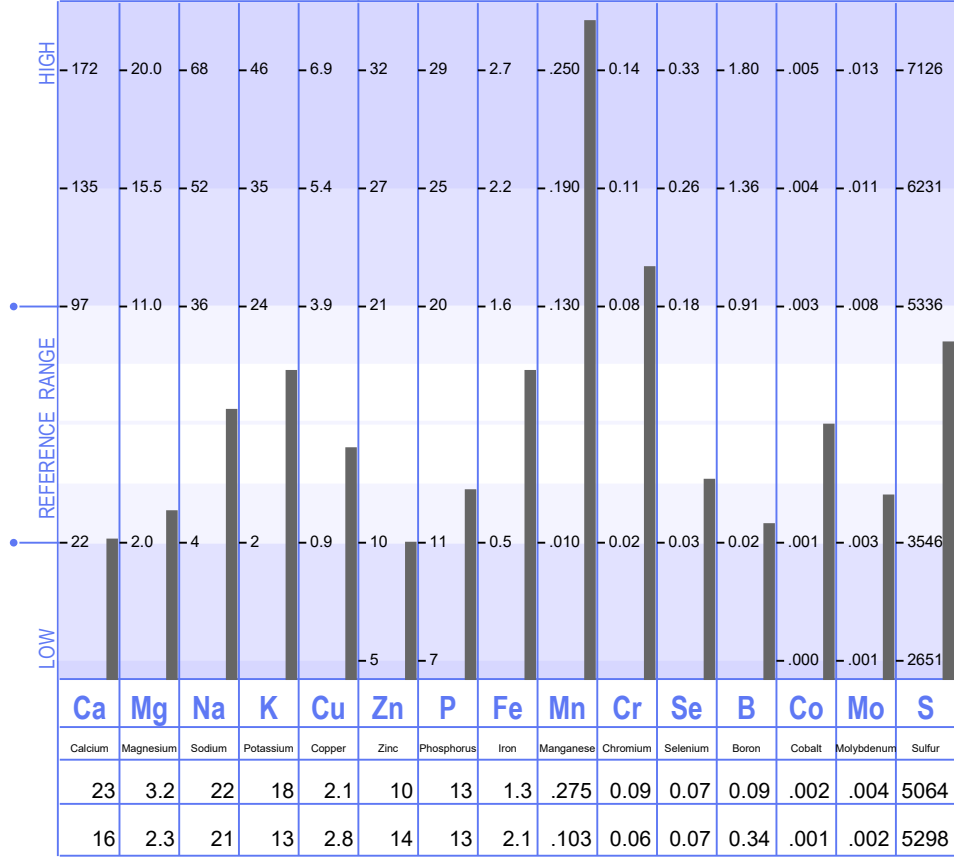
LABORATORY NO.: **999999**

PROFILE NO.: **3** SAMPLE TYPE: **SCALP**

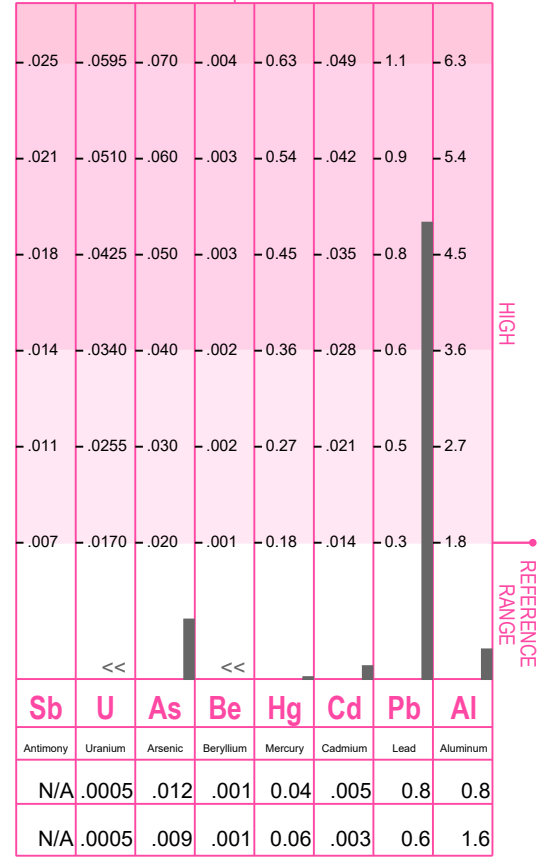
PATIENT: **XXXXXXXXXXXXXX** AGE: **64** SEX: **F** METABOLIC TYPE: **FAST 1**

REQUESTED BY: **XXXXXXXXXX** ACCOUNT NO.: **2216** DATE: **21/10/2019**

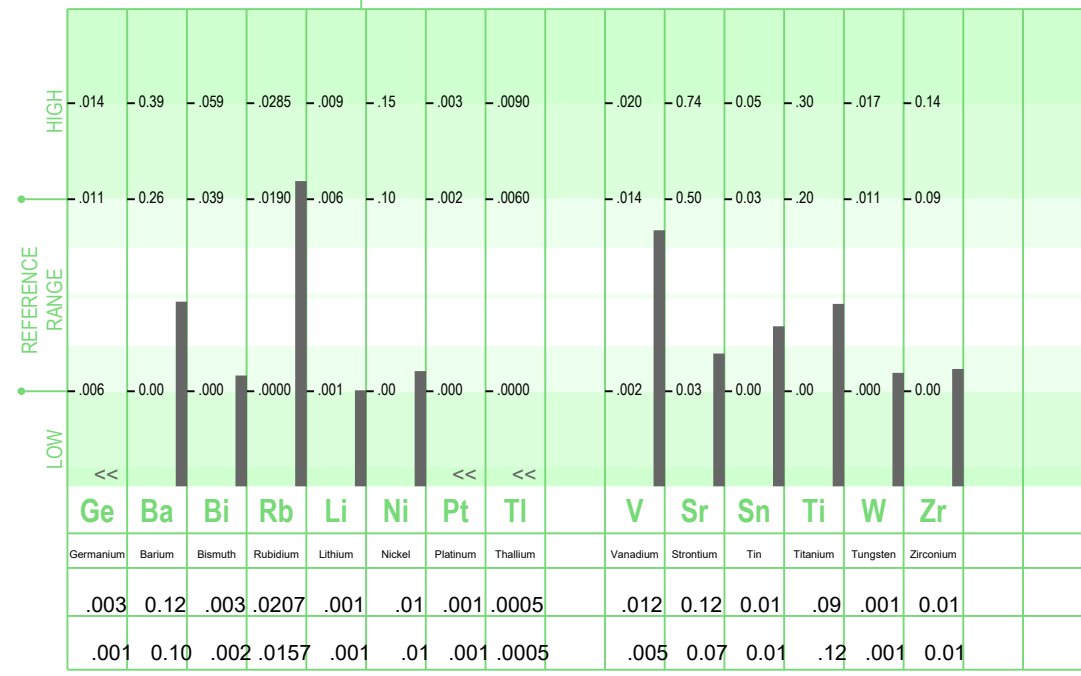
**NUTRITIONAL ELEMENTS**



**TOXIC ELEMENTS**



**ADDITIONAL ELEMENTS**



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

"QNS": Sample Size Was Inadequate For Analysis.

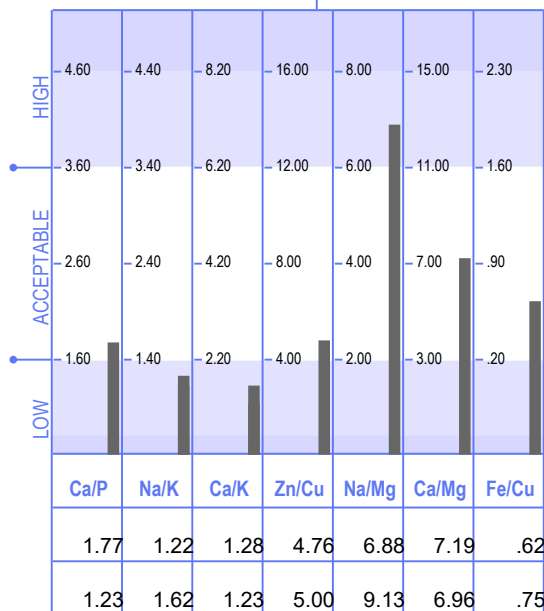
"N/A": Currently Not Available

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

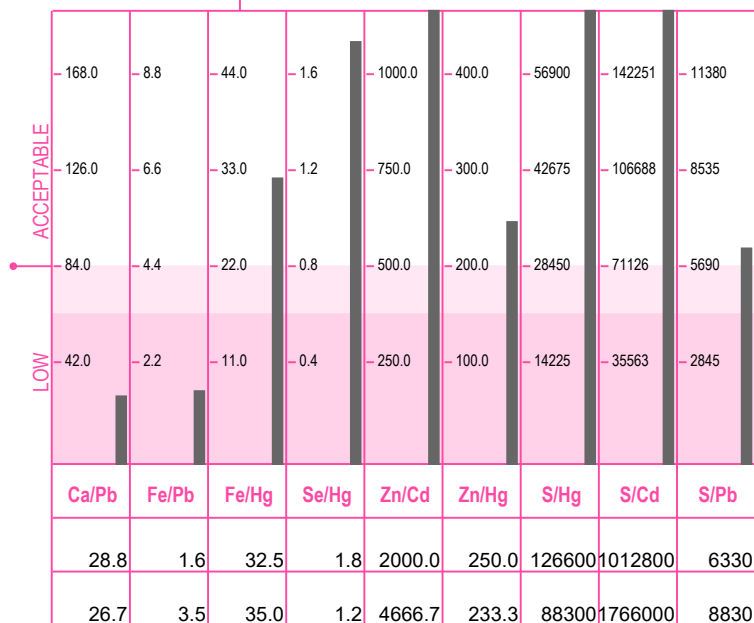
Laboratory Analysis Provided by Trace Elements, Inc. Dallas, Texas USA an H.H.S. Licensed Clinical Laboratory. No. 45 D0481787

21/10/2019  
 CURRENT TEST RESULTS  
21/12/2018  
 PREVIOUS TEST RESULTS

### SIGNIFICANT RATIOS



### TOXIC RATIOS



### ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	191.67	228.57	131/1
Cr/V	7.50	12.00	13/1
Cu/Mo	525.00	1400.00	625/1
Fe/Co	650.00	2100.00	440/1
K/Co	9000.00	13000.00	2000/1
K/Li	18000.00	13000.00	2500/1
Mg/B	35.56	6.76	40/1
S/Cu	2411.43	1892.14	1138/1
Se/Tl	140.00	140.00	37/1
Se/Sn	7.00	7.00	0.67/1
Zn/Sn	1000.00	1400.00	167/1

### 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 RANGES

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

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

## HAIR TISSUE MINERAL ANALYSIS (HTMA) RE-EVALUATION

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The retest analysis is a follow-up evaluation of progress that has taken place since the previous laboratory test. This interpretation will discuss any significant changes that may have occurred in nutritional mineral status during this time. In doing so, the analysis will help to determine if modifications should be recommended. These modifications may be based upon changes in mineral status, presenting symptoms, and other clinical data supplied by the attending health-care professional.

*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 health-care professional.*

## METABOLIC TYPE

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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 #1)

- \*\* Sympathetic Dominance
- \*\* Increased Thyroid Function (increased secretion of hormones)
- \*\* Increased Adrenal Activity (increased secretion of hormones)

The current mineral pattern is indicative of a fast metabolic rate (Fast Metabolism, Type #1). The Fast Metabolizer has increased activity of the energy producing endocrine glands, particularly the adrenal and the thyroid. Fast Metabolizers convert nutrients into energy at a rapid rate, resulting in energy and mood swings unless the energy level remains constant. Fast Metabolizers are usually under stress and function best under stress due to the body's response of increasing energy production when confronted by a stressor, whether physical or emotional. Stress seeking, starting several projects at once, and waiting to the last minute to meet deadlines are common descriptions of the Fast Metabolizer (Type #1).

Often, Fast Metabolizers will eat frequently in order to maintain their energy level. This may result in weight gain in the abdominal region. Fast Metabolism may result in warm body temperature, moist skin and a tendency to perspire easily.

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

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This section of the report will discuss those nutritionally significant elements that reveal moderate or substantial deviations from normal and that may also possibly reflect a clinically significant change since the previous evaluation.

**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)**

An increase in the calcium level is associated with an improvement in calcium retention as well as improved absorption and utilization. This would also reflect a reduction in an excessive metabolic rate, stress, and its adverse effects. In addition, tendencies toward any of the following conditions may be reduced; anxiety, insomnia, some allergies, dental problems, osteoporosis and arthritis.

**POTASSIUM (K)**

Like sodium, potassium is regulated by the adrenal cortex. An increase in potassium frequently indicates increased adrenal cortical activity. An increase in adrenal function can often occur as a result of increased exposure to stress or an elimination of a toxic metal.

**MANGANESE (Mn)**

Manganese has increased significantly since the previous analysis. This can often result from removal of excess manganese from soft tissue storage or from manganese being eliminated along with any excess tissue iron. This mobilization and elimination of manganese from the tissues may temporarily produce symptoms, such as;

Headaches	Dizziness
Hyperactivity	Nervousness

**GERMANIUM (Ge)**

Your germanium level of 0.003 mg% remains below the established reference range for this element. Currently, little is known concerning the biological functions of germanium, therefore, clinical significance cannot be placed on a low HTMA level at this time.

## NUTRIENT MINERAL RATIOS

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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 recognized, corrective therapy may then be employed to help re-establish a normal biochemical balance.

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

**CALCIUM/PHOSPHORUS (Ca/P) RATIO**

The tissue calcium level has increased in relation to phosphorus (calcium level increased and/or phosphorus level decreased). This would indicate that the loss of calcium from the tissues has diminished. This increase may also reflect an improvement in an excessive metabolic rate, as well as a diminishment of tendencies toward the following calcium-deficiency conditions:

Dental Problems	Anxiety
Osteoporosis	

**SODIUM/MAGNESIUM (Na/Mg) RATIO**

Sodium has decreased relative to magnesium which frequently indicates a reduction in hyperadrenalcorticism (excessive adrenal activity), and an improvement in tissue magnesium retention. This is usually associated with a reduction in stress and stress-related conditions.

**TOXIC METALS**

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Upon exposure, and eventual distribution of heavy metals by the body into different soft tissue storage sites, some heavy metals can accumulate in nerve tissues, including the brain. As central nervous system toxins, they can adversely affect nerve conduction, neuro-transmitters, and neurological tissue, by interfering with normal enzymes and cellular metabolic functions, as well as contributing to free radical production.

Toxic metals will often increase and/or decrease from a previous test. A significant increase or decrease in the level of a specific heavy metal usually indicates a removal of that metal from the body via the eliminative organs. The detoxification program is a fluctuating process in which the body mobilizes the metal from the soft tissue (brain, kidneys, liver, skin, etc...), and then eliminates that metal in graduated steps. Depending upon the levels of accumulation, the elements involved, and the overall biochemical pattern, the process can be a gradual release or it can be relatively quick. However, usually the slower the release, the less discomfort there will be, as the body's excretory organs are then not overloaded.

AN ELIMINATION OF ANY OF THE TOXIC HEAVY METALS MAY PRECIPITATE A TEMPORARY FLARE-UP OF SYMPTOMS THAT ARE ASSOCIATED WITH THE HEAVY METAL THAT IS BEING ELIMINATED. THE DISCOMFORT, IF ANY, WILL ONLY BE TEMPORARY AND WILL DIMINISH AS THE MOBILIZATION AND ELIMINATION PROCESS DECREASES.

**LEAD (Pb)**

Although the World Health Organization and governments around the world recognize the dangers of lead and are beginning to enact safety regulations regarding lead exposure, it is still one of the most common environmental pollutants. It is antagonistic to nearly every nutrient mineral, and contributes directly or indirectly, to many mineral excesses or deficiencies. The following are some sources of lead:

Leaded Paint	Cosmetics (some)
Lead Crystal	Printing Industry
Hair Coloring (some)	Wines (some)
Leaded Gasoline	Lead Water Mains and Joints

**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**

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Every person is exposed to toxic metals to some degree. The retention of these toxic metals, however, is dependent upon the individual's susceptibility. The balance of the protective nutrient minerals within the body in relation to the heavy metals can frequently be the determining factor to this susceptibility. As an example, the accumulation of lead will have a more detrimental effect upon body chemistry when sufficient levels of calcium and iron are not available. By examining the toxic

metal levels in relation to the protective minerals, the extent to which the heavy metals may be involved in abnormal chemistry can frequently be seen.

### **IRON-TO-LEAD (Fe/Pb) RATIO**

The optimum iron to lead ratio is 4.40 to 1 or higher. Lead can interfere with iron utilization; therefore, a further decrease in the iron-to-lead ratio may indicate a continued trend toward lead-induced anemia. This decrease, however, may only be temporary as a result of the mobilization and elimination of lead from the tissues.

## **DIETARY SUGGESTIONS**

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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 can be aggravated by stress, pollution and medications. 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 be avoided. 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.

### **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	Chard
Wheat Germ	Concord Grapes
Cocoa	Collards
Parsley	Blackberries
Beets	

### **PHYTIC ACID AND REDUCED CALCIUM ABSORPTION**

The following foods contain high amounts of phytic acid. Phytic acid will combine with dietary calcium to form an insoluble calcium phytate that will reduce absorption. These sources should be avoided until calcium utilization has improved.

Strawberries	Oatmeal
Rye Bread	Wheat Bran
Wheat Germ	Rye Crackers
Whole Wheat	Blackberries
Cereals	Spinach
Brown Rice	Whole Rye
Figs	White Rice
Wheat Breads	

### **CALCIUM AND ALLERGIES**

A low calcium level is often associated with an increase in histamine levels. Excessive intake of the following foods can decrease calcium absorption and utilization, thereby contributing to a histamine-type allergic response when consumed. These sources should be reduced or eliminated from the diet until the next evaluation.

Whole Wheat	Turnip Greens
Cereals	Spinach
Sodium	Soft Water
Colas	Chard
Oatmeal	

### **FOODS THAT CONTRIBUTE TO A CALCIUM/POTASSIUM IMBALANCE**

The following foods should be avoided until the next evaluation or until notified otherwise by attending doctor:

Apricots	Apples
Peas	Chestnuts
Rye Crackers	Blackberries
Clams	Oranges
Cantaloupe	Brewers Yeast
Tomatoes	Kelp
Cucumbers	Potatoes
Coffee	Peaches

### **TISSUE CATABOLISM AND LOW CALCIUM TO POTASSIUM**

Low calcium-to-potassium and low sodium-to-potassium is frequently indicative of excessive tissue

protein breakdown (catabolism), which may result in a negative protein (nitrogen) balance. Complex carbohydrates are known to spare protein, and in conjunction with dietary fats, the sparing effects of carbohydrates are further enhanced. Due to the current metabolic profile, the previous carbohydrate, fat and protein intake suggestions found in the "GENERAL DIETARY GUIDELINES" should not be followed at this time. Temporarily, carbohydrate intake should be increased to approximately 50%, fats approximately 25% and proteins 25% of the daily caloric intake.

#### **FOODS WHICH ARE GOOD SOURCES OF ZINC**

The following foods may be increased in the diet until the next evaluation:

Beef	Crab
Oysters	Sunflower Seeds
Cashews	Almonds
Brazil Nuts	Eggs
Lake Trout	

#### **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	Rumproast
Lamb	Vegetable Stew
Cottage Cheese	Canadian bacon
Spare Ribs	Peanuts
Lentils	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**

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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.

The purpose of this program is to re-establish a normal balance of body chemistry through individually designed dietary and supplement suggestions. Although this re-evaluation does show an improvement in some areas, it also reveals a lack of improvements in others. To progress further and to realize additional benefits, the following factors should be taken into consideration:

#### **DIETARY HABITS:**

Maintain a balanced diet, while avoiding foods that may interfere with vitamin and mineral metabolism (highly refined foods, sugar, excessive alcohol intake, fad diets, etc.) More importantly, for those individual's with elevated toxic metals, it is stressed that intake of quality protein be adequate, as removal is accomplished by the attachment of proteins to the heavy metal for transport to the elimination organs.

**NUTRITIONAL SUPPLEMENTS:**

It is important that you comply as closely as possible to your health-care professional's recommendations pertaining to supplement suggestions. Additionally, it is vital that you inform your health-care professional of other supplements and medications that you may be taking at this time. This will allow for modifications to be made in the event of known nutritional conflicts and antagonisms that will hinder results while on this re-balancing program.

**REST AND EXERCISE:**

Obtain adequate rest and maintain a moderate exercise regime for continued improvements. As you age, the body's ability to absorb and utilize nutrients decrease. In addition, there is an increased tendency to become more sedentary, allowing fat to replace muscle tissue. The body will then require less calories and the appetite will diminish. Eventually, this creates a deteriorating cycle of diminishment of health. For this reason, experts in exercise and gerontology report that as you age, you should continue to engage in aerobic and muscular strengthening exercises.

**PROLONGED STRESS:**

Research has shown that prolonged stress can be a major deterrent to good health. Be aware of stressful situations (physical or emotional) in order to recognize and avoid their adverse effects.

NO PART OF THIS INTERPRETIVE REPORT MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR ANY INFORMATION STORAGE OR RETRIEVAL SYSTEM WITHOUT PERMISSION IN WRITING FROM TRACE ELEMENTS, INC., U.S.A.

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Authorized Representative for Australia and New Zealand

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT. IF DISCOMFORT OCCURS SUPPLEMENTATION CAN BE REDUCED TO A MINIMUM THEN INCREASED GRADUALLY.

RECOMMENDATION	AM	NOON	PM
SYM-PACK VEGAN	1	1	2
CALCIUM PLUS	1	1	1
MAGNESIUM PLUS	1	1	1
ACTIVATED B6 PLUS (Vitamin B6)	1	0	1
ZINC PLUS	1	1	1
MANGANESE PLUS	1	0	1
VITAMIN C PLUS	1	0	0
DIGESTIVE-ZYME	2	2	2
	0	0	0

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THESE RECOMMENDATIONS ARE BASED UPON THE MINERAL LEVELS FOUND IN THE HAIR TISSUE MINERAL ANALYSIS AND MAY AT TIMES NEED MODIFICATION AS PER SPECIFIC NEED AND/OR INDIVIDUAL CIRCUMSTANCES. THESE RECOMMENDATIONS ARE PROVIDED ONLY AS A PROFESSIONAL GUIDE TO SUPPLEMENTAL ASSISTANCE.

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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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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.

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CALCIUM PLUS	1	1	1
MAGNESIUM PLUS	1	1	1
ACTIVATED B6 PLUS (Vitamin B6)	1	0	1
ZINC PLUS	1	1	1
MANGANESE PLUS	1	0	1
VITAMIN C PLUS	1	0	0
DIGESTIVE-ZYME	2	2	2
	0	0	0

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