



4026836

COMPLETE MICROBIOME MAPPING

General Macroscopic Description

	Result	Markers
Stool Colour	Brown	Colour - Brown is the colour of normal stool. Other colours may indicate abnormal gut health.
Stool Form	Semi-formed	Form -Sample form is categorised using the Bristol stool chart. A comment on stool appearance can be found in the comments section.
Mucous	Not Detected	Mucous - Mucous production may indicate the presence of an infection and/or inflammation.
Occult Blood	Negative	Blood (Macro) - The presence of blood in the stool may be the result of several causes besides colorectal bleeding, including hemorrhoids or gastrointestinal infection.

Short Chain Fatty Acids

Result Range Units

Methodology: GC/MS

Short Chain Fatty Acids, Beneficial	53.5	> 13.6	umol/g	
Butyrate	24.0	10.8 - 33.5	%	
Acetate	62.8	44.5 - 72.4	%	
Propionate	11.2	0.0 - 32.0	%	
Valerate	2.0	0.5 - 7.0	%	

GIT Functional Markers

Result Range Units

Methodology: FEIA, EIA, CLIA, pH electrode

Calprotectin.	<5.0	0.0 - 50.0	ug/g	
Pancreatic Elastase	>800.0	> 200.0	ug/g	
Secretory (slgA)	761.2	510.0 - 2040.0	ng/mL	
Zonulin	44.1	0.0 - 107.0	ng/mL	
Beta glucuronidase	6602.0 *H	368.0 - 6266.0	U/g	
Steatocrit	14.0 *H	0.0 - 10.0	%	
a-Transglutaminase IgA	<20	0.0 - 100.0	units/L	
pH	6.8	6.3 - 7.7		

Microbiome Mapping Summary

Parasites & Worms

Bacteria & Viruses

Klebsiella species
Klebsiella pneumoniae.

Fungi and Yeasts

Key Phyla Microbiota

Firmicutes:Bacteroidetes Ratio

0.41 < 1.00

RATIO



Relative Commensal Abundance of the 6 Phyla groups can be found on page 5 of this report





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Parasites and Worms.	Result	Range	Units
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Parasitic Organisms

Cryptosporidium species	<dl	< 1.0	x10 ⁵ org/g	
Entamoeba histolytica.	<dl	< 1.0	x10 ⁵ org/g	
Giardia intestinalis	<dl	< 1.0	x10 ⁵ org/g	
Blastocystis hominis.	<dl	< 1.0	x10 ⁵ org/g	
Dientamoeba fragilis.	<dl	< 1.0	x10 ⁵ org/g	
Endolimax nana	<dl	< 1.0	x10 ⁵ org/g	
Entamoeba coli.	<dl	< 5.0	x10 ⁵ org/g	
Pentatrichomonas hominis	<dl	< 1.0	x10 ⁵ org/g	

Worms

Ancylostoma duodenale, Roundworm	Not Detected		
Ascaris lumbricoides, Roundworm	Not Detected	Necator americanus, Hookworm	Not Detected
Trichuris trichiura, Whipworm	Not Detected	Enterobius vermicularis, Pinworm	Not Detected
Enterocytozoon spp	Not Detected	Hymenolepis spp, Tapeworm	Not Detected
Strongyloides spp, Roundworm	Not Detected	Taenia species, Tapeworm	Not Detected

Comment: Not Detected results indicate the absence of detectable DNA in the sample for the worms reported.
NOTE: Reflex testing is performed on clinically indicated samples

Opportunistic Bacteria/Overgrowth	Result	Range	Units
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Bacillus species.	0.14	< 1.00	x10 ⁴ CFU/g	
Enterococcus faecalis	0.92	< 1.00	x10 ⁵ CFU/g	
Enterococcus faecium	<dl	< 1.00	x10 ⁵ CFU/g	
Morganella species	<dl	< 1.00	x10 ⁵ CFU/g	
Pseudomonas species	<dl	< 1.00	x10 ⁴ CFU/g	
Pseudomonas aeruginosa.	<dl	< 3.00	x10 ⁴ CFU/g	
Staphylococcus species	0.15	< 1.00	x10 ³ CFU/g	
Staphylococcus aureus	<dl	< 5.00	x10 ³ CFU/g	
Streptococcus agalactiae.	<dl	< 3.00	x10 ⁴ CFU/g	
Streptococcus anginosus.	<dl	< 1.00	x10 ⁶ CFU/g	
Streptococcus mutans.	<dl	< 1.00	x10 ⁴ CFU/g	
Streptococcus oralis.	0.12	< 1.00	x10 ⁶ CFU/g	
Streptococcus salivarius.	0.22	< 5.00	x10 ⁶ CFU/g	
Methanobrevibacter smithii	<dl	< 1.00	x10 ⁵ CFU/g	
Desulfovibrio piger	<dl	< 18.00	x10 ⁶ CFU/g	
Enterobacter cloacae complex.	<dl	< 5.00	x10 ⁵ CFU/g	

Potential Autoimmune Triggers

Citrobacter species.	<dl	< 5.00	x10 ⁴ CFU/g	
Citrobacter freundii.	<dl	< 5.00	x10 ⁴ CFU/g	
Klebsiella species	5.68 *H	< 5.00	x10 ³ CFU/g	
Klebsiella pneumoniae.	5.79 *H	< 5.00	x10 ⁵ CFU/g	
Prevotella copri	<dl	< 1.00	x10 ⁹ CFU/g	
Proteus species	<dl	< 5.00	x10 ⁵ CFU/g	
Proteus mirabilis.	<dl	< 1.00	x10 ⁴ CFU/g	
Fusobacterium species	1.39	< 10.00	x10 ⁴ CFU/g	



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Mycology	Result	Range	Units	
<i>Candida dubliniensis</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida glabrata</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida intermedia</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida krusei</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida lambica</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida lusitanae</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida parapsilosis</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida albicans</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida famata</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida keyfr</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Candida lipolytica</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Geotrichum species</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Rhodotorula species</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Saccharomyces cerevisiae</i> :	<dl	< 1.00	x10 ⁵ CFU/g	●

Bacterial Pathogens	Result	Range	Units	
<i>Aeromonas hydrophila</i> .	<dl	< 1.00	x10 ³ CFU/g	●
<i>Campylobacter species</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>C. difficile</i> , Toxin A	<dl	< 1.00	x10 ⁴ CFU/g	●
<i>C. difficile</i> , Toxin B	<dl	< 1.00	x10 ⁴ CFU/g	●
Enterohemorrhagic <i>E. coli</i>	<dl	< 1.00	x10 ⁵ CFU/g	●
Enteroinvasive <i>E. coli</i> /Shigella	<dl	< 1.00	x10 ³ CFU/g	●
Enterotoxigenic <i>E. coli</i> LT/ST	<dl	< 1.00	x10 ⁵ CFU/g	●
Shiga-like Toxin <i>E. coli</i> stx1	<dl	< 1.00	x10 ⁴ CFU/g	●
Shiga-like Toxin <i>E. coli</i> stx2	<dl	< 1.00	x10 ⁴ CFU/g	●
<i>Salmonella species</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Vibrio species</i> .	<dl	< 1.00	x10 ⁴ CFU/g	●
<i>Yersinia species</i> .	<dl	< 1.00	x10 ⁵ CFU/g	●
<i>Helicobacter pylori</i>	<dl	< 1.0	x10 ³ CFU/g	●

Comment: Helico Pylori virulence factors will be listed below if detected POSITIVE

<i>H.pylori</i> Virulence Factor, babA	Not Detected	<i>H.pylori</i> Virulence Factor, cagA	Not Detected
<i>H.pylori</i> Virulence Factor, dupA	Not Detected	<i>H.pylori</i> Virulence Factor, iceA	Not Detected
<i>H.pylori</i> Virulence Factor, oipA	Not Detected	<i>H.pylori</i> Virulence Factor, vacA	Not Detected
<i>H.pylori</i> Virulence Factor, virB	Not Detected	<i>H.pylori</i> Virulence Factor, virD	Not Detected

Viral Pathogens	Result	Range	Units
Adenovirus 40/41	Not Detected		
Norovirus GI/II	Not Detected		
Rotavirus A	Not Detected		
Sapovirus (I,II,IV,V)	Not Detected		
Astrovirus (hAstro)	Not Detected		



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3 BANK STREET
ASCOT VALE VIC 3032**

LACHLAN STACEY
14-Aug-2013 **Male**

**698 FIG TREE POCKET ROAD
FIG TREE POCKET QLD 4069**

LAB ID : 4026836
UR NO. : 6647919
Collection Date : 23-Sep-2024
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Normal Bacterial GUT Flora	Result	Range	Units	
Bacteroides fragilis	0.6*L	1.6 - 250.0	x10^5 CFU/g	
Bifidobacterium adolescentis	<dl*L	4.6 - 1000.0	x10^5 CFU/g	
Bifidobacterium bifidum.	<dl*L	4.6 - 1000.0	x10^6 CFU/g	
Bifidobacterium breve.	<dl*L	4.6 - 1000.0	x10^3 CFU/g	
Bifidobacterium longum	9.0	4.6 - 1000.0	x10^4 CFU/g	
Enterococcus species	9.7	1.9 - 2000.0	x10^3 CFU/g	
Escherichia species	400.0	3.7 - 3800.0	x10^4 CFU/g	
Lactobacillus acidophilus.	<dl*L	1.7 - 500.0	x10^3 CFU/g	
Lactobacillus casei.	12.3	1.7 - 500.0	x10^3 CFU/g	
Lactobacillus delbrueckii	3.0	1.7 - 500.0	x10^3 CFU/g	
Lactobacillus plantarum.	<dl*L	1.7 - 500.0	x10^3 CFU/g	
Lactobacillus rhamnosus	<dl*L	1.7 - 500.0	x10^3 CFU/g	
Lactobacillus salivarius	<dl*L	1.7 - 500.0	x10^3 CFU/g	
Clostridium species	21.6	5.0 - 50.0	x10^7 CFU/g	
Oxalobacter formigenes	<dl*L	> 5.00	x10^6 CFU/g	
Akkermansia muciniphila	<dl*L	1.00 - 50.00	x10^7 CFU/g	
Faecalibacterium prausnitzii	294.5	200.0 - 3500.0	x10^6 CFU/g	

Actions







[illegible]



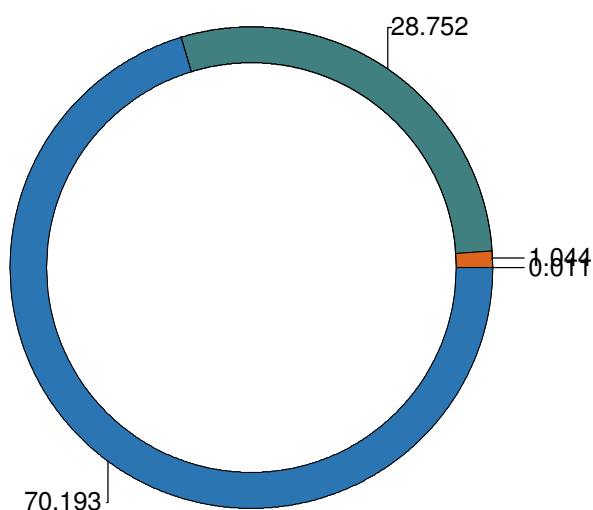
4026836

Introduction:

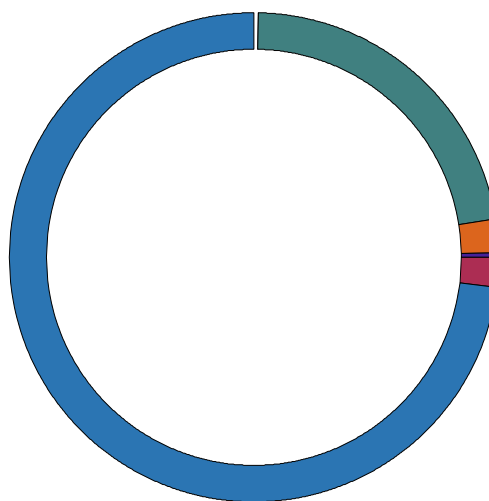
Your gut microbiome is a collective name for the 40 trillion cells and up to 1000 microbial species that include bacteria, viruses, fungi, parasites, and archaea and reside in our gut. The number of gut bacterial cells is approximately equal to the total number of human cells in our body, so if we consider only cell counts, we are only about half human. In terms of gene counts, the microbiome contains about 200 times more genes than the human genome, making bacterial genes responsible for over 99% of our body's gene content! Of all the microbial communities in the human body, the gut microbiome is by far the most dense, diverse, and physiologically important ecosystem to our overall health.

Relative Commensal Abundance	Result	Range	Units
 Bacteroidetes Phylum	70.193	50.000 - 95.000	%
 Firmicutes Phylum	28.752	3.500 - 40.000	%
 Proteobacteria Phylum	1.044	0.050 - 12.500	%
 Actinobacteria Phylum	0.011	0.001 - 4.818	%
 Euryarchaeota Phylum	0.000	0.000 - 0.010	%
 Verrucomicrobia Phylum	0.000	0.000 - 2.400	%

Your Phyla:



Healthy Phyla:



References:

NOTE: Relative abundance reference ranges have been based on a healthy population study.

King CH, et., al. (2019) Baseline human gut microbiota profile in healthy people and standard reporting template. PLoS One. 2019 Sep 11;14(9):e0206484.

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ANTIBIOTIC SENSITIVITIES and NATURAL INHIBITORS

K. pneumoniae complex

Antibiotics

Susceptible

Amoxicillin	N/A
Ampicillin	R
Augmentin	S
Ciprofloxacin	S
Norfloxacin	S
Meropenem	S
Cefazolin	N/A
Gentamycin.	S
Trimethoprim/Sulpha	S
Erythromycin	N/A
Penicillin.	N/A

LEGEND

S = Sensitive	R = Resistant	N/A = Not Tested
---------------	---------------	------------------

Inhibitors

Inhibition %

Berberine	60%
Black Walnut	40%
Caprylic Acid	80%
Citrus Seed	60%
Coptis	40%
Garlic-	60%
Golden seal	20%
Oregano	60%

LEGEND

Low Inhibition

High Inhibition

0

20

40

60

80

100



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YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

Antifungals

Fluconazole

Voriconazole

Itraconazole

INHIBITION CATEGORY

R	Resistant	This category indicates that the organism is not inhibited by obtainable levels of the pharmaceutical agent
I	Intermediate	This category indicates where the minimum inhibition concentrations (MIC) approach obtainable pharmaceutical agent levels and for which response rates may be lower than for susceptible isolates
SDD	Susceptible, Dose Dependent	This category indicates that clinical efficacy is achieved when higher than normal dosage of a drug is used to achieve maximal concentrations
S	Susceptible	This category indicates that the organisms are inhibited by the usual achievable concentration of the agent
NI	No Interpretative Guidelines	This category indicates that there are no established guidelines for MIC interpretation for these organisms

Non-absorbed Antifungals

Nystatin

Natural Antifungals

Berberine.

Garlic

Black Walnut.

Citrus Seed.

Coptis.

Golden seal.

Oregano.

LEGEND

Low Inhibition

High Inhibition





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Pathogen Summary:

Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

Faecal Occult Blood Negative:

Faecal occult blood has not been detected in this specimen. If the test result is negative and clinical symptoms persist, additional follow-up testing using other clinical methods is recommended.

Metabolism Comment

In a healthy gut Short Chain Fatty Acids (SCFAs) exhibited in the following proportions; Butyrate, Acetate, Propionate (16%:60%:24%).

The primary SCFAs butyrate, propionate and acetate are produced by predominant commensal bacteria via fermentation of soluble dietary fibre and intestinal mucus glycans.

Key producers of SCFAs include *Faecalibacterium prausnitzii*, *Akkermansia muciniphila*, *Bacteroides fragilis*, *Bifidobacterium*, *Clostridium* and *Lactobacillus* Spp.

The SCFAs provide energy for intestinal cells and regulate the actions of specialised mucosal cells that produce anti-inflammatory and antimicrobial factors, mucins that constitute the mucus barriers, and gut active peptides that facilitate appetite regulation and euglycemia. Abnormal SCFAs may be associated with dysbiosis, intestinal barrier dysfunction and inflammatory conditions.



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GIT Markers Comment

PANCREATIC ELASTASE: Normal exocrine pancreatic function.

Pancreatic Elastase reflects trypsin, chymotrypsin, amylase and lipase activity.

This test is not affected by supplements of pancreatic enzymes.

Healthy individuals should be producing >500 ug/g of PE-1 under normal/healthy conditions.

PE-1 levels between 200 - 500 ug/g may indicate suboptimal production.

PE-1 levels <200 ug/g indicate clear inadequate production.

The clinician should therefore consider digestive enzyme supplementation if one or more of the following conditions is present:

Loose watery stools, Undigested food in the stools, Post-prandial abdominal pain, Nausea or colicky abdominal pain, Gastroesophageal reflux symptoms, Bloating or food intolerance.

Testing performed by chemiluminescence immunoassay (CLIA).

CALPROTECTIN Normal:

Faecal calprotectin values <50 ug/g are not indicative of inflammation in the gastrointestinal tract. Subjects with low faecal calprotectin levels normally do not need to be further investigated by invasive procedures. In patients with strong clinical indications of intestinal inflammation, repeat testing may be useful.

Test performed by Diasorin Liaison XL chemiluminescent immunoassay (CLIA).

SECRETORY IGA NORMAL:

Secretory IgA is within range.

Secretory IgA represents the first line of defence of the gastrointestinal mucosa and is central to the normal function of the gastrointestinal tract as an immune barrier. Review this level with other pathogenic bacteria and normal commensal flora. Lower levels within reference range should be interpreted clinically.

ZONULIN NORMAL:

Zonulin is a protein that modulates intestinal barrier function. This results is considered normal.

BETA GLUCURONIDASE ELEVATED:

Beta-glucuronidase is a bacterial enzyme that may limit the body's ability to excrete compounds such as drugs, hormones, and environmental toxins. Certain bacteria may also increase Beta-glucuronidase such as elevated levels of E.coli.

Treatment:

Consider Calcium-D-glucarate which may assist with lowering B-glucuronidase levels. It is also suggested to introduce a low-calorie/vegetarian diet for 4 weeks which may also be beneficial with lowering faecal B-glucuronidase levels. Additionally, one human study has suggested that consuming glucomannan can reduce fecal beta-glucuronidase activity. Glucomannan is a type of prebiotic fiber found in konjac root which is commonly used to make low calorie pasta and noodles.

ELEVATED STEATOCRIT:

The presence of steatorrhea is an indirect indicator of incomplete fat digestion. Consider high dietary fat intake, cholestasis, malabsorption and digestion (diarrhoea, pancreatic or bile salt insufficiency), intestinal dysbiosis, parasites, NSAIDs use, short bowel syndrome, whipple disease, crohn's disease, food allergies & sensitivities.

Treatment:

- o Prebiotic and probiotic supplementation
- o Supplement hydrochloride, digestive enzymes or other digestive aids
- o Investigate underlying causes
- o Investigate food sensitivities and allergies
- o Remove potential irritants
- o Review markers such as pancreatic elastase 1 and calprotectin

Potential Autoimmune Comments

KLEBSIELLA SPECIES ELEVATED:

PHYLUM: Proteobacteria

DESCRIPTION:

Klebsiella is a genus of Gram-negative, oxidase-negative, rod-shaped bacteria that is ubiquitous in the environment and part of the normal intestinal flora. However, they can also behave as opportunistic human pathogens. Overgrowth may cause diarrhea, gas, abdominal pain, and bloating. Klebsiella may cause histamine release and increased intestinal inflammatory activity. It also may be associated with antibiotic-associated haemorrhagic colitis.



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TREATMENT SUGGESTIONS:

A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary. *Klebsiella* appears to thrive in individuals on a high starch diet. Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods may reduce the amount of *Klebsiella* in the gut. Resistance to common antibiotics is common and the use of herbal antimicrobials oregano (*Origanum vulgare*), sage (*Salvia officinalis*) or thyme (*Thymus vulgaris*) may be effective.

KLEBSIELLA PNEUMONIAE ELEVATED:

PHYLUM: Proteobacteria

DESCRIPTION:

Klebsiella pneumoniae is a gram-negative, encapsulated, non-motile bacterium found in the environment and typically colonizes human mucosal surfaces of the oropharynx and gastrointestinal tract. Increased colonisation causes insult to the intestinal mucosa via the secretion of toxins and subsequent inflammatory response that may lead to inflammation-related gastrointestinal diseases. It is typically associated with diseases related to upper respiratory tract infection; however, elevated levels may be associated with gastrointestinal diseases such as Irritable bowel disease, Crohn's and ulcerative colitis.

TREATMENT SUGGESTIONS:

Treating *K. pneumoniae* infections is difficult due to the increased emergence in resistant strains and if treatment is warranted, a combination of antibiotics may be used. *Klebsiella* appears to thrive in individuals on a high starch diet. Avoiding carbohydrates such as rice, potatoes, flour products and sugary foods may reduce the amount of *Klebsiella* in the gut. The use of herbal antimicrobials oregano (*Origanum vulgare*), sage (*Salvia officinalis*) or thyme (*Thymus vulgaris*) may also be effective.



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Normal Bacterial Flora Comment

BACTEROIDES FRAGILIS LOW:

PHYLUM: Bacteroidetes

DESCRIPTION: Bacteroides fragilis is an anaerobic, Gram-negative bacterium. It is part of the normal microbiota of the human colon and is generally commensal. Bacteroides fragilis plays an intricate role in the human colon and usually has a beneficial relationship with the host. Low Bacteroides fragilis levels have been associated with inflammatory bowel disease and Crohn's.

TREATMENT SUGGESTIONS: Treatment may involve the use of probiotics and dietary modification.

BIFIDOBACTERIUM ADOLESCENTIS LOW:

PHYLUM: Actinobacteria

DESCRIPTION:

Bifidobacterium adolescentis is an anaerobic species of bacteria found in the gastrointestinal tracts of humans. It is one of the most abundant and prevalent Bifidobacterium species commonly found in adults. It contributes to the production of GABA, a neurotransmitter that plays a role in reducing stress and anxiety. Some strains can synthesise B vitamins, such as folic acid. B. adolescentis enhances the growth of all bifidobacteria.

TREATMENT SUGGESTIONS:

Consider a probiotic supplement containing B. adolescentis and consuming prebiotic-rich foods like garlic, onions, and whole grains. Increase dietary fibre from fruits, vegetables, and legumes, and incorporate fermented foods such as yogurt and kefir.

BIFIDOBACTERIUM BIFIDUM LOW:

PHYLUM: Actinobacteria

DESCRIPTION:

Bifidobacterium bifidum is a Gram-positive, anaerobic bacterium integral to the human gut microbiota, especially in infants. It ferments a variety of carbohydrates, including human milk oligosaccharides, aiding in digestion, and promoting a healthy gut flora. B. bifidum produces short-chain fatty acids that lower gut pH and inhibit pathogenic bacteria while supporting intestinal cells. It also modulates the immune system, enhancing immune responses and reducing inflammation, and strengthens the intestinal barrier. Clinically, B. bifidum has shown promise in alleviating gastrointestinal disorders.

BIFIDOBACTERIUM BREVE LOW:

PHYLUM: Actinobacteria

DESCRIPTION:

Bifidobacterium breve is a Gram-positive, anaerobic bacterium that is commonly found in the human gastrointestinal tract, particularly in the intestines of infants. B. breve is known for its ability to metabolise various carbohydrates, including human milk oligosaccharides, which is essential for the development of a healthy gut flora in newborns. Studies demonstrate that B. breve exhibits several beneficial properties, including the production of short-chain fatty acids (SCFAs) such as acetate, which contribute to gut health by lowering pH and inhibiting the growth of pathogenic bacteria. Additionally, B. breve may alleviate symptoms of irritable bowel syndrome (IBS) and improve symptoms of atopic dermatitis.

LACTOBACILLUS ACIDOPHILUS LOW:

PHYLUM: Firmicutes

DESCRIPTION:

Lactobacillus acidophilus is a Gram-positive, rod-shaped, non-spore-forming bacterium commonly found in the human gut and fermented foods. It plays a key role in oxalate degradation, bowel normalisation and may assist patients with bloating.

TREATMENT SUGGESTIONS:

Consider probiotic supplementation containing L. acidophilus.

LACTOBACILLUS PLANTARUM LOW:

PHYLUM: Firmicutes

DESCRIPTION:



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Lactobacillus plantarum is a Gram-positive, non-spore-forming, rod-shaped bacterium. *L. plantarum* plays a crucial role in gut health by enhancing intestinal barrier function, modulating the immune system, and inhibiting pathogenic bacteria. Additionally, it is beneficial for conditions such as irritable bowel syndrome, ulcerative colitis, and high cholesterol.

TREATMENT SUGGESTIONS:

Consider probiotic supplementation containing *L. plantarum*.

LACTOBACILLUS RHAMNOSUS LOW:

PHYLUM: Firmicutes

DESCRIPTION:

Lactobacillus Rhamnosus is a Gram-positive anaerobic bacterium and is one of the most widely used probiotic strains, of which various health effects are well documented including the prevention and treatment of gastro-intestinal infections and diarrhea and even preventing certain allergic symptoms.

Decreased *Lactobacillus rhamnosus* colonisation has been shown to decrease gastro-intestinal health, increasing the risk of gastro-intestinal infections and diarrhea as well as extra-intestinal infections including oral and respiratory health. Studies have also revealed that chronic psychological stress and alcohol use may be associated with a decrease in *Lactobacillus* species, as well as antibiotic / medication use.

TREATMENT SUGGESTIONS: Treatment may involve the use of *Lactobacillus* containing probiotics and treatment of any intestinal infections.

LACTOBACILLUS SALIVARIUS LOW:

PHYLUM: Firmicutes

DESCRIPTION:

Lactobacillus salivarius is a Gram-positive, rod-shaped, non-spore-forming bacterium predominantly found in the human oral cavity, gastrointestinal tract, and vagina. It plays a significant role in maintaining oral and gut health by producing lactic acid and bacteriocins, which inhibit the growth of pathogenic bacteria. *L. salivarius* enhances gut barrier function, modulates the immune system, and helps in the digestion of proteins and complex carbohydrates. It has been studied for its potential benefits in managing conditions such as irritable bowel syndrome (IBS), periodontal disease, and atopic dermatitis, highlighting its importance in promoting overall health and preventing infections.

TREATMENT SUGGESTIONS:

Consider *L. salivarius* as a probiotic strain which may improve intestinal permeability and immune response.

OXOLOBACTER FORMIGENES LOW:

PHYLUM: Proteobacterium

DESCRIPTION:

Oxalobacter formigenes is a Gram negative oxalate-degrading anaerobic bacterium. Oxalate is formed in the liver by amino acid catabolism as well as present in a wide range of foods including tea, coffee, chocolate and certain fruits and vegetables. High concentration of oxalate in the urine is related to the potential formation of calcium oxalate kidney stones. *Oxalobacter Formigenes* is the main known bacterial species involved in oxalate degradation in the gut and maintains oxalate homeostasis. Levels of *O. Formigenes* tends to decrease with age as well as with the use of antibiotics or other drugs. Low levels may be associated with calcium oxide stone formation, inflammatory bowel disease or Crohn's.

TREATMENT SUGGESTIONS:

Treatment options include probiotic treatment and low oxalate diet modification. Urinary oxalate levels may also need to be investigated.

AKKERMANSIA MUCINIPHILA LOW:

PHYLUM: Verrucomicrobia

DESCRIPTION:

Akkermansia muciniphila is a Gram-negative, strictly anaerobic, non-motile bacterium, often considered a human intestinal symbiont. There is growing evidence to suggest that the prevalence of this bacteria is associated with intestinal homeostasis, immunity, and a healthy gut. Decreased colonisation levels may be associated with obesity, type 2 diabetes, and inflammation.

TREATMENT SUGGESTIONS: Treatment may involve the use of probiotics, treatment of any intestinal infections and dietary



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-.MELISSA ZULLI
3 BANK STREET
ASCOT VALE VIC 3032

modification.

LACHLAN STACEY
14-Aug-2013 **Male**

698 FIG TREE POCKET ROAD
FIG TREE POCKET QLD 4069

LAB ID : 4026836
UR NO. : 6647919
Collection Date : 23-Sep-2024
Received Date: 24-Sep-2024



4026836



The Four “R” Treatment Protocol

REMOVE	Using a course of antimicrobial, antibacterial, antiviral or anti parasitic therapies in cases where organisms are present. It may also be necessary to remove offending foods, gluten, or medication that may be acting as antagonists. Consider testing IgG96 foods as a tool for removing offending foods.	ANTIMICROBIAL	Oil of oregano, berberine, caprylic acid
		ANTIBACTERIAL	Liquorice, zinc carnosine, mastic gum, tribulus, berberine, black walnut, caprylic acid, oil of oregano
		ANTIFUNGAL	Oil of oregano, caprylic acid, berberine, black walnut
		ANTIPARASITIC	Artemesia, black walnut, berberine, oil of oregano
		ANTIVIRAL	Cat's claw, berberine, echinacea, vitamin C, vitamin D3, zinc, reishi mushrooms
		BIOFILM	Oil of oregano, protease
REPLACE	In cases of maldigestion or malabsorption, it may be necessary to restore proper digestion by supplementing with digestive enzymes.	DIGESTIVE SUPPORT	Betaine hydrochloride, tilactase, amylase, lipase, protease, apple cider vinegar, herbal bitters
REINOCULATE	Recolonisation with healthy, beneficial bacteria. Supplementation with probiotics, along with the use of prebiotics helps re-establish the proper microbial balance.	PREBIOTICS	Slippery elm, pectin, larch arabinogalactans
		PROBIOTICS	Bifidobacterium animalis subsp. lactis, lactobacillus acidophilus, lactobacillus plantarum, lactobacillus casei, bifidobacterium breve, bifidobacterium bifidum, bifidobacterium longum, lactobacillus salivarius, lactobacillus paracasei, lactobacillus rhamnosus, Saccaromyces boulardii
REPAIR & REBALANCE	Restore the integrity of the gut mucosa by giving support to healthy mucosal cells, as well as immune support. Address whole body health and lifestyle factors so as to prevent future GI dysfunction.	INTESTINAL MUCOSA IMMUNE SUPPORT	Saccaromyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccaromyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management