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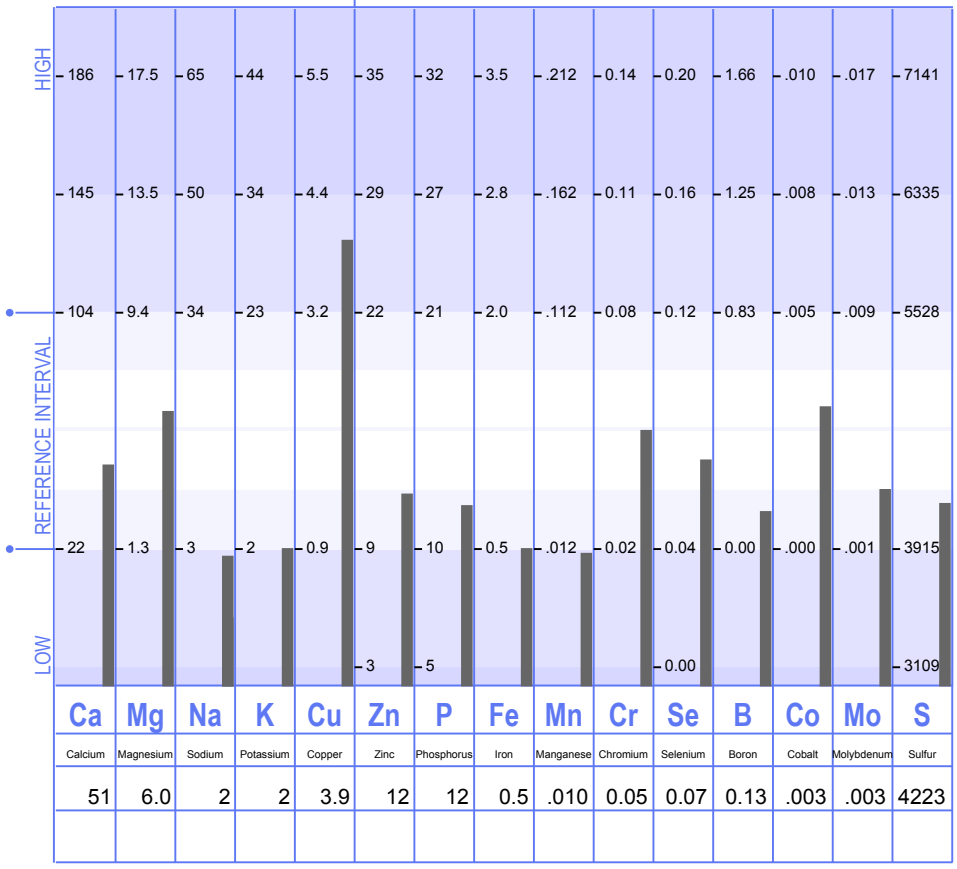
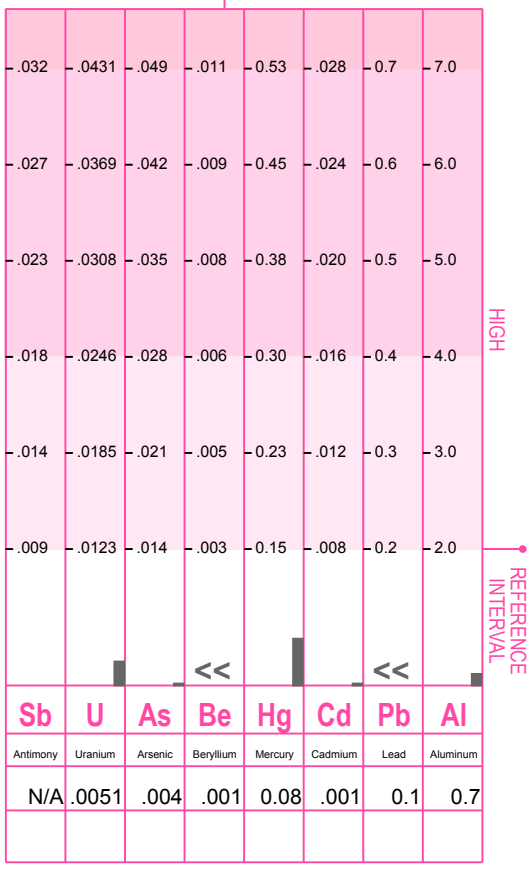
LABORATORY NO.:	1692094		
PROFILE NO.: 2		SAMPLE TYPE:	SCALP
PATIENT: QUIN, INDI	AGE: 26	SEX: F	METABOLIC TYPE: SLOW 1
REQUESTED BY: CLEMENTS, C	ACCOUNT NO.: 2216		DATE: 29/06/2022

NUTRITIONAL ELEMENTS



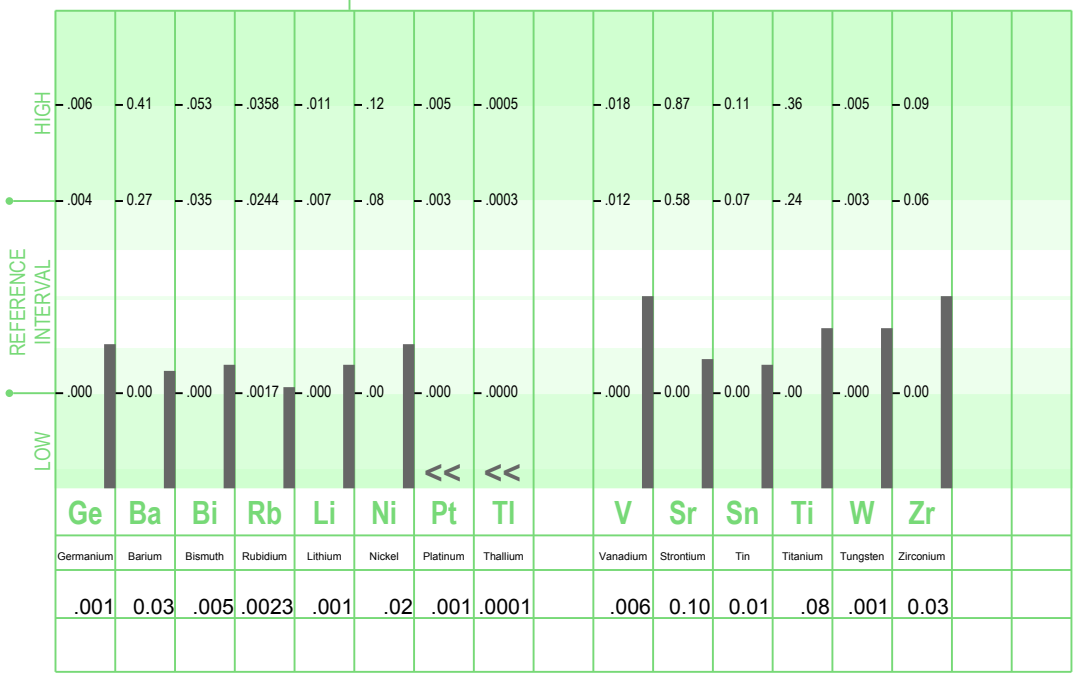
Ca	Mg	Na	K	Cu	Zn	P	Fe	Mn	Cr	Se	B	Co	Mo	S
Calcium	Magnesium	Sodium	Potassium	Copper	Zinc	Phosphorus	Iron	Manganese	Chromium	Selenium	Boron	Cobalt	Molybdenum	Sulfur
51	6.0	2	2	3.9	12	12	0.5	.010	0.05	0.07	0.13	.003	.003	4223

TOXIC ELEMENTS



Sb	U	As	Be	Hg	Cd	Pb	Al
Antimony	Uranium	Arsenic	Beryllium	Mercury	Cadmium	Lead	Aluminum
N/A	.0051	.004	.001	0.08	.001	0.1	0.7

ADDITIONAL ELEMENTS



Ge	Ba	Bi	Rb	Li	Ni	Pt	Tl	V	Sr	Sn	Ti	W	Zr
Germanium	Barium	Bismuth	Rubidium	Lithium	Nickel	Platinum	Thallium	Vanadium	Strontium	Tin	Titanium	Tungsten	Zirconium
.001	0.03	.005	.0023	.001	.02	.001	.0001	.006	0.10	0.01	.08	.001	0.03

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

"QNS": Sample Size Was Inadequate For Analysis.

"N/A": Currently Not Available

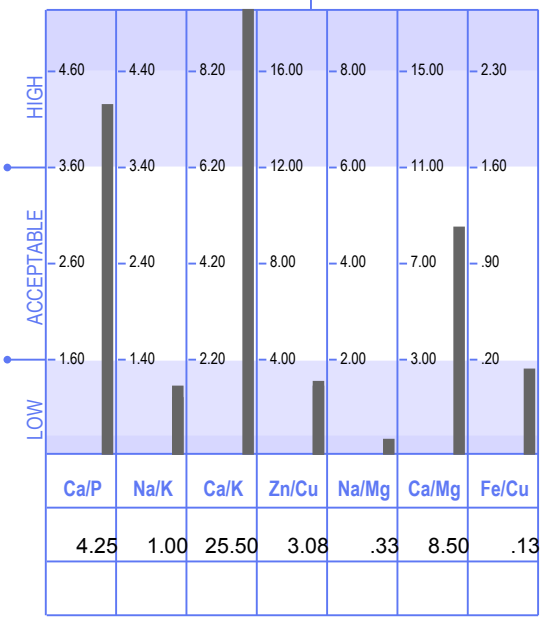
Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

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

29/06/2022
CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

SIGNIFICANT RATIOS



Ca/P	Na/K	Ca/K	Zn/Cu	Na/Mg	Ca/Mg	Fe/Cu
4.25	1.00	25.50	3.08	.33	8.50	.13

TOXIC RATIOS

Ca/Pb	Fe/Pb	Fe/Hg	Se/Hg	Zn/Cd	Zn/Hg	S/Hg	S/Cd	S/Pb
510.0	5.0	6.3	0.9	12000.0	150.0	52788	4223000	42230

ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	510.00		263/1
Cr/V	8.33		8/1
Cu/Mo	1300.00		356/1
Fe/Co	166.67		615/1
K/Co	666.67		6350/1
K/Li	2000.00		6350/1
Mg/B	46.15		21/1
S/Cu	1082.82		2668/1
Se/Tl	700.00		370/1
Se/Sn	7.00		3.2/1
Zn/Sn	1200.00		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.

SLOW METABOLISM (TYPE #1)

** Parasympathetic Dominant
** Tendency Toward Decreased Thyroid Function (reduced secretion of hormones)
** Tendency Toward Decreased Adrenal Function (reduced secretion of hormones)

The mineral pattern reflected in these test results is indicative of a slow metabolic (Type #1) pattern. This particular profile can be related to a number of contributing factors, such as;

* Diet - Dietary factors such as low protein intake, high carbohydrate intake and eating refined carbohydrates, especially those containing appreciable amounts of sugar have an indirect yet significant effect in suppressing the metabolic rate.

* Endocrine Function - Low thyroid activity as well as low adrenal gland function will contribute to lowering the metabolic rate.

* Digestion - Poor absorption and utilization of nutrients found in the foods that are consumed will result in decreased energy production on a cellular level, thereby, affecting metabolism. In turn, a lowered metabolic rate will have an adverse effect upon the digestion process, thereby creating a vicious cycle.

* Viral Infections - A past occurrence of a severe or chronic viral infection can contribute to a decrease in the metabolic rate, due to the body's neuro-immunological response to infection.

After a prolonged period of time, a diminished metabolic rate, such as indicated in these test results, has been correlated with fatigue, cold hands and feet, easy weight gain and craving for sweets.

It should be noted that even though this patient may not be overweight at this time, she can still have a lowered metabolic rate, as overweight and underweight tendencies may not always be reflective of metabolism on the cellular level.

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.

HYDROCHLORIC ACID PRODUCTION AND PROTEIN DIGESTION

Your mineral profile may be reflective of a deficiency in hydrochloric acid (HCL) production, which can result in inadequate protein digestion. Hydrochloric acid in sufficient amounts is necessary for the complete digestion and utilization of dietary protein. Symptoms, such as, bloating of the stomach, flatulence and constipation may be observed with an HCL deficiency, especially following high protein meals.

SODIUM (Na)

The current tissue sodium level of 2 mg% is below normal. Sodium is vital for the maintenance of body fluids and the acid-alkaline balance. Sodium is also necessary for the transport of nutrients across the cell membrane, especially glucose and the essential amino acids. Low sodium in the slow metabolizer (Type #1), such as in this case, can be indicative of either a decreased ability to retain and utilize sodium, or most likely, a decrease in dietary sodium intake.

CONDITIONS ASSOCIATED WITH LOW TISSUE SODIUM

- Poor Digestion
- Flatulence
- Constipation
- Low Adrenal Cortical Activity
- Low Blood Pressure
- Dry Skin
- Fatigue

SOME FACTORS THAT MAY CONTRIBUTE TO A LOW TISSUE SODIUM LEVEL

- High Calcium Intake
- Slow Metabolism
- High Magnesium Intake
- Low Sodium Intake
- Chronic Diarrhea

SODIUM, POTASSIUM AND HYDROCHLORIC ACID PRODUCTION

Chloride from sodium chloride (NaCl) is utilized by the parietal cells of the stomach for the production of hydrochloric acid. Low hair sodium levels may indicate a decrease in normal hydrochloric acid production, which could lead to poor protein digestion, and an acid/alkaline imbalance.

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.

ELEVATED BODY BURDENS OF COPPER

In women, chronically high tissue copper levels increase the tendency toward, or are associated with one or more of the following symptoms:

Anemia
Allergies
Hair Loss
Appetite Disturbance
Hyperactivity
Low Thyroid Activity
Iron Deficiency
Headaches (frontal)
Skin Conditions
Constipation
Learning Disability

NOTE:

* Excess copper is frequently associated with endometriosis and premenstrual syndrome.
* During or following pregnancy, copper accumulation frequently increases.

SOME SOURCES OF COPPER THAT MAY CONTRIBUTE TO AN ELEVATED COPPER LEVEL

Excess copper accumulation can be contributed to by several factors:

* Foods high in copper
* Drinking water run through copper water pipes
* Prolonged copper supplementation
* Zinc deficiency
* Vitamin B6 Deficiency
* Vitamin C Deficiency
* Oral Contraceptive Use
* Copper IUD

NOTE:

* Exogenous contamination can occur from frequently swimming in pools or spas where copper sulfate has been added as an algicide.

* During pregnancy, the fetus inherits many of the mother's mineral profiles. Research studies have shown that children of high copper profile women have a much greater frequency of acquiring higher levels of copper, than from those women whose levels were normal.

CANDIDIASIS

The following conditions are associated with a predisposition toward yeast and/or fungal manifestation:

* Brownish Discoloration with thickening or grooving of the nails.
* Eczema like Skin Conditions
* Abdominal Bloating
* Fatigue
* Inflammation of the nail bed
* Vaginal Discharge

FACTORS CONTRIBUTING TO CANDIDIASIS

The following factors may contribute to or predispose an individual to recurring fungal and/or yeast manifestations:

Hypothyroidism
Oral Contraceptives
Following Major Surgery
Zinc Deficiency
Iron Deficiency
Antibiotics
Following Pregnancy
Stress
Copper Excess

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.

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).

CALCIUM/PHOSPHORUS (Ca/P) AND PROTEIN INTAKE

Phosphorus is involved in all of the cellular energy production cycles within the body. Adequate protein intake is essential in providing needed phosphorus for increased energy production, and reducing excess tissue calcium retention (see high Ca/P ratio). It is suggested that protein intake be evaluated. Protein should make up at least 40 percent of total daily caloric intake.

LOW SODIUM/POTASSIUM (Na/K) RATIO

A low sodium/potassium ratio in conjunction with this overall mineral pattern, is indicative of a decrease in potassium retention, or increased potassium loss from the body. Nutritional factors that may contribute to poor potassium retention, include:

* Hypovitaminosis A
* Relative Magnesium Deficiency
* Relative Zinc Deficiency
* Iron Deficiency

HIGH CALCIUM/POTASSIUM (Ca/K) AND HYPOTHYROIDISM

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	Depression
Dry Skin	Over-weight Tendencies
Constipation	Cold Sensitivity

ZINC/COPPER (Zn/Cu) RATIO AND THE THYROID

Zinc is required in sufficient amounts for the retention of potassium. A low zinc-to-copper ratio is frequently indicative of a trend toward reduced thyroid activity or expression as a result of a potassium deficit.

LOW ZINC/COPPER (Zn/Cu) RATIO

Zinc and copper are intricately related to the hormones, progesterone and estrogen, respectively, and their tissue levels may be indirectly reflective of the status of these hormones within the body. When zinc and copper are not in normal balance with one another, certain emotional and physical changes related to hormonal imbalance may occur near the menstrual cycle, such as;

Excessive Cramping	Emotional Mood Swings
Food Cravings	Water Retention
Skin Rashes	Viral Infections
Liver Dysfunction	Gallbladder Obstruction

Zinc deficiency relative to copper is frequently seen in strict vegetarians, and the degree of imbalance is often directly proportional to the rigidity of the vegetarian diet.

LOW SODIUM/MAGNESIUM (Na/Mg) RATIO

This ratio is below the normal range. The adrenal glands play an essential role in regulating sodium retention and excretion. Studies have also shown that magnesium will affect adrenal cortical activity and response, and reduced adrenal activity results in increased magnesium retention. The sodium-magnesium profile is indicative of reduced adrenal cortical function. The following associated symptoms may be observed:

Fatigue	Constipation
Dry Skin	Lowered Resistance
Allergies (Ecological)	Low Blood Pressure

LOW IRON/COPPER (Fe/Cu) RATIO

High copper relative to iron can be antagonistic to many functions of iron metabolism, and can often contribute to iron-deficiency anemia. Copper in excess will interfere with iron absorption and decrease the utilization of iron by the body. The low Fe/Cu ratio is reflective of a positive trend toward copper-induced anemia.

TOXIC METAL LEVELS

ALL CURRENT TOXIC METAL LEVELS ARE WITHIN THE ACCEPTABLE RANGE

TOXIC METAL RATIOS

This section of the report will discuss those toxic metal ratios that reveal moderate or substantial deviation from the ideal or acceptable clinical ranges.

Every person is exposed to toxic metals to some degree. The retention of these toxic metals, however, is dependent upon the individual's susceptability. 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.

ZINC/MERCURY (Zn/Hg) RATIO

When zinc levels within the body are sufficient, zinc is able to produce an antagonistic or protective

response to the adverse affects of mercury. However, when zinc is low in relation to mercury (see low Zn/Hg ratio), the protective action of zinc upon mercury may become markedly reduced. Although the current mercury level is within the acceptable range, if this pattern becomes chronic or worsens, some minor symptoms or adverse reactions associated with mercury may occur.

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 to aid in the improvement of your biochemistry.

SLOW METABOLISM

Dietary habits may contribute to slow metabolism. Low protein, high carbohydrate, high fat intake and the consumption of refined sugars and dairy products have an excessive slowing-down effect upon metabolism and energy production.

GENERAL DIETARY GUIDELINES FOR THE SLOW METABOLIZER

* EAT A HIGH PROTEIN FOOD AT EACH MEAL...Lean protein is recommended and which should constitute at least 40% of the total caloric value of each meal. Recommended sources are fish, fowl and lean beef. Other good sources of protein include bean and grain combinations and eggs. Increased protein intake is necessary in order to increase the metabolic rate and energy production.

* INCREASE FREQUENCY OF MEALS...while decreasing the total caloric intake for each meal. This is suggested in order to sustain the level of nutrients necessary for energy production, and decrease blood sugar fluctuations.

* EAT A MODERATE AMOUNT OF UNREFINED CARBOHYDRATES...Carbohydrate intake should not exceed 40% of total daily caloric intake. Excellent sources of unrefined carbohydrates include whole grain products, legumes and root vegetables.

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

* AVOID HIGH PURINE PROTEIN...Sources of high purine protein include: liver, kidney, heart, sardines, mackerel and salmon.

* REDUCE OR AVOID MILK AND MILK PRODUCTS...Due to elevated fat content and high levels of calcium, milk and milk products including "low-fat" milk should be reduced to no more than once every three to four days.

* REDUCE INTAKE OF FATS AND OILS...Fats and oil include fried foods, cream, butter, salad dressings, mayonnaise, etc... Fat intake should not exceed 20% of the total daily caloric intake.

* REDUCE FRUIT JUICE INTAKE...until the next evaluation. This includes orange juice, apple juice, grape juice and grapefruit juice. Note: Vegetable juices are acceptable.

* AVOID CALCIUM AND/OR VITAMIN D SUPPLEMENTS...unless recommended by physician.

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 fatigue or drowsiness to rashes, migraine headaches 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 completely avoided for four days. Afterwhich, they should not be eaten more frequently than once every three days during course of therapy.

AVOID DIETARY FATS AND OILS UNLESS NOTIFIED OTHERWISE BY ATTENDING DOCTOR

The handling of fats is difficult during a reduced metabolic state, and can contribute to a further reduction in the metabolic rate. It is suggested that all sources of high dietary fat and oil be avoided until the next evaluation.

- Salad Dressings
- Cream
- Hazelnuts
- Margarine
- Bockwurst
- Salami
- Bologna
- Corn Chips
- Bacon
- Duck
- Avocado
- Cocoa Powder
- Sardines (canned)
- Avocado Oil
- Coconut Oil
- Cheese (most)
- Butter
- Walnuts
- Pork
- Milk
- Peanut Butter
- Pork Links
- Almonds
- Knockwurst
- Goose
- Braunschweiger
- Peanuts
- Tuna (canned in oil)
- Liverwurst

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:

- Mushrooms
- Cod
- Baker's Yeast
- Shrimp (canned)
- Chocolate
- Sunflower Seeds
- Beef Bouillon
- Crab
- Lobster
- Walnuts
- Brazil Nuts
- Liver
- Almonds
- Peach (dried)

FOODS HIGH IN POTASSIUM RELATIVE TO OTHER SPECIFIC NUTRIENT CONTENT

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

- Beef (lean)
- Raisin Bread
- Snapper
- Rye Bread
- Ham
- Chicken
- Tomatoes
- Whole Wheat Bread
- Cucumber
- Cornbread
- Celery

FOODS HIGH IN NIACIN

Niacin (vitamin B3) is known to improve circulation, increase the metabolic rate via enzymes requiring B3, as well as help lower cholesterol and excess copper accumulation. The following foods are rich sources of niacin and may be eaten liberally:

Bran Flakes
Beef
Chicken (light)
Fish (broiled)
Tuna
Peas

METHIONINE RICH FOODS

The following foods are a rich source of the essential amino acid methionine, which supplies sulfur to the cells for the activation of enzymes, and energy metabolism. Sulfur is also involved in detoxification processes. Toxic substances are combined with sulfur, converted to a nontoxic form and then excreted. The following foods may be consumed liberally during course of therapy:

Bass
Trout
Cod
Turkey
Flounder
Round Steak
Mackerel
Short Ribs
Perch
Sirloin
Pumpkin Seeds

The above list of foods are also high in glutamic and aspartic acid. These amino acid proteins help to improve tissue alkalinity.

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.

WHAT TO EXPECT DURING THE PROGRAM:

The mobilization and elimination of certain metals may cause temporary discomfort. As an example, if an excess accumulation of iron or lead is contributing to arthritis, 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.

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