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Date of Birth : 02-Aug-2012
 Sex : F
 Collected : 25/Mar/2022
 Received: 25/Mar/2022
 121 BROOKS ROAD
 SARINA QLD 4737
 Lab id : **3805734** UR#: 6127588

INTEGRATED WELLNESS
 6-9/11 KARP COURT
 BUNDALL QLD 4217

INTEGRATIVE MEDICINE

URINE, SPOT

Urine - Specific Gravity

Result **1.005** Range 1.000 - 1.030

Units

Mauve Factor (HPL)

0.05

units

Kryptopyrroles (ug/dL)

6.25

ug/dL

Mauve Factor HPL (Normalised)

18.75 *H 0.00 - 10.00

ug/dL



(*) Result outside normal reference range

(H) Result is above upper limit of reference range





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Mauve/Kryptopyrroles Comment

A specific gravity greater than 1.035 is consistent with frank dehydration. Raised specific gravity: dehydration, diarrhea, excessive sweating, vomiting, water restriction, glucosuria, heart failure (related to decreased blood flow to the kidneys), renal arterial stenosis, adrenal insufficiency, nephrosis, congestive cardiac-failure, liver disease.

Reduced specific gravity: excess fluid intake, diabetes insipidus - central or nephrogenic, certain renal (kidney) diseases, renal (kidney) failure (i.e., loss of ability to reabsorb water), diabetes mellitus, pyelonephritis

HIGH MAUVE STATUS

Consider the Following Actions:

Assess Zinc and Free Copper levels through a Pfeiffer Profile-Basic.

Treat Zinc and Vitamin B6 Deficiencies [1, 2]

Long-term supplementation with vitamin B6 and zinc is usually required

- * Initial doses may be higher than maintenance doses
- * Higher levels of zinc may be required during growth spurts
- * Higher levels of zinc and vitamin B6/P5P may be required during high stress situations [3]
- * Ensure copper and manganese levels are optimal as these minerals are often decreased during zinc supplementation. Be aware however that copper supplementation may exacerbate symptoms in some high-Mauve patients.

Consider Biotin supplementation [1, 6]

Test the Following and Treat Accordingly

- * Indicans Test, Intestinal Permeability Test and/or Comprehensive Digestive Stool Analysis [1]

An increased intestinal permeability has been suggested in high-Mauve patients [1]

- * Essential Fatty Acid Levels & Ratios [1]

Preliminary data suggests that Omega 6 deficiencies are present in high-Mauve patients

- * Oxidative Stress [1]

High-Mauve has been correlated with deficiencies in the key antioxidative enzymes catalase and glutathione

Test Other Family Members for the Mauve Factor

- * The presence of the Mauve Factor has been observed to be familial

MAUVE FACTOR & KRYPTOPYRROLES

The 'MAUVE FACTOR' (also known as hydroxyhemopyrrolin-2-one (HPL), Kryptopyrrole and Urinary Pyrrole) is a neurotoxic substance found in high levels in depression and other mental health disorders. Elevated levels of Mauve Factor are associated with deficiencies in vitamin B6 and zinc. Treating the condition with supplementation of these nutrients (vitamin B6 and zinc) results in symptom resolution, as well as lowering the Mauve Factor levels.

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The origin of Mauve Factor is currently not known. It is however understood that it is induced through increased physiological and psychological stress. Elevated Mauve Factor levels may also be related with biotin deficiency, increased intestinal permeability, essential fatty acid imbalances and high oxidative stress.
 Review levels 8-10 weeks post supplementation.

KRYPTOPYRROLE is the Pfeiffer Centre's name for the neurotoxic compound and has been referred to as this for more than 20 years. It has only recently come to the attention of those involved in this area of research that the term 'kryptopyrrole' is scientifically inaccurate.

References:

- [1]. McGinnis, W.R., et al., Discerning the Mauve Factor. In Press, 2007.
- [2]. Pfeiffer, C.C. and V. Iliev, Pyroluria, urinary mauve factor, cases double deficiency of B6 and zinc in schizophrenics. Fed Am Soc Exp Biol, 1973. 32: p. 276.
- [3]. McCabe, D.L., Kryptopyrroles. Journal of Orthomolecular Psychiatry, 1983. 12: p. 2-18.
- [4]. Pfeiffer, C.C., A. Sohler, and E.H. Jenney, Treatment of pyroluric schizophrenia (malvaria) with large doses of pyridoxine and a dietary supplement of zinc. Journal of Applied Nutrition, 1974. 26: p. 21-28.
- [5]. Pfeiffer, C.C. and P. Holford, Mental Illness and Schizophrenia: the Nutritional Connection. 1987, Great Britain: Harper Collins.
- [6]. Pfeiffer, C.C. and B.S. LaMola, Zinc and Manganese in the Schizophrenias. Journal of Orthomolecular Psychiatry, 1983. 12(3): p. 28-48.

CONVERSION FACTOR (From Mauve Factor units to Pfeiffer Kryptopyrroles units)

For practitioner convenience, the reporting of both the units as Absorbance Units and the approximate equivalent in ug/dl (for Pfeiffer Centre trained practitioners).

PLEASE NOTE:

The correct units for Mauve Factor are Absorbance Units (Ref Range: 0.0 - 0.08 units). The correct units for Pfeiffer Centre Kryptopyrrole are ug/dL (Ref Range 0.0 - 10.00 ug/dL).

Tests ordered: KRPr

(*) Result outside normal reference range

(H) Result is above upper limit of reference range