



## COMPLETE MICROBIOME MAPPING

### General Macroscopic Description

	Result	Range	Markers
Stool Colour	<b>Brown</b>		<b>Colour</b> - Brown is the colour of normal stool. Other colours may indicate abnormal GIT conditions.
Stool Form	<b>Semi-formed</b>		<b>Form</b> -A formed stool is considered normal. Variations to this may indicate abnormal GIT conditions.
Mucous	<b>NEG</b>	< +	<b>Mucous</b> - Mucous production may indicate the presence of an infection, inflammation or malignancy.
Occult Blood	<b>+</b>	< +	<b>Blood (Macro)</b> - The presence of blood in the stool may indicate possible GIT ulcer, and must always be investigated immediately.

### GIT Functional Markers

	Result	Range	Units	
Calprotectin.	<b>138.0 *H</b>	0.0 - 50.0	ug/g	
Pancreatic Elastase	<b>&gt;500.0</b>	> 200.0	ug/g	
Faecal Secretory IgA	<b>771.1</b>	510.0 - 2010.0	ug/g	
Faecal Zonulin	<b>113.0 *H</b>	0.0 - 107.0	ng/g	
Faecal B-Glucuronidase	<b>6535.2 *H</b>	337.0 - 4433.0	U/g	
Steatocrit	<b>22.0 *H</b>	0.0 - 15.0	%	
anti-Gliadin IgA	<b>&lt;20</b>	0.0 - 100.0	units/L	

### Microbiome Mapping Summary

#### Parasites & Worms

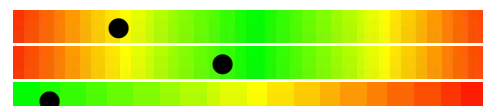
#### Bacteria & Viruses

Enterococcus faecium  
Streptococcus species

#### Fungi and Yeasts

### Key Phyla Microbiota

<b>Bacteroidetes</b>	<b>10.10</b>	8.61 - 33.10	x10 <sup>11</sup> org/g
<b>Firmicutes</b>	<b>13.60</b>	5.70 - 30.40	x10 <sup>10</sup> org/g
<b>Firmicutes:Bacteroidetes Ratio</b>	<b>0.13</b>	< 1.00	RATIO





3819458

Parasites and Worms.	Result	Range	Units
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**Parasitic Organisms**

Cryptosporidium.	<dl	< 1.0	x10 <sup>6</sup> org/g	
Entamoeba histolytica.	<dl	< 1.0	x10 <sup>4</sup> org/g	
Giardia lamblia.	<dl	< 5.0	x10 <sup>3</sup> org/g	
Blastocystis hominis.	<dl	< 2.0	x10 <sup>3</sup> org/g	
Dientamoeba fragilis.	<dl	< 1.0	x10 <sup>5</sup> org/g	
Endolimax nana	<dl	< 1.0	x10 <sup>4</sup> org/g	
Entamoeba coli.	<dl	< 5.0	x10 <sup>6</sup> org/g	
Pentatrichomonas hominis	<dl	< 1.0	x10 <sup>2</sup> org/g	

**Worms**

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

Comment: Not Detected results indicate the absence of detectable DNA in this sample for the worms reported.

Opportunistic Bacteria/Overgr	Result	Range	Units
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Bacillus species.	<dl	< 1.5	x10 <sup>5</sup> org/g	
Enterococcus faecalis	<dl	< 1.0	x10 <sup>4</sup> org/g	
Enterococcus faecium	1.9 *H	< 1.0	x10 <sup>4</sup> org/g	
Morganella species	<dl	< 1.0	x10 <sup>3</sup> org/g	
Pseudomonas species	<dl	< 1.0	x10 <sup>4</sup> org/g	
Pseudomonas aeruginosa.	<dl	< 5.0	x10 <sup>2</sup> org/g	
Staphylococcus species	<dl	< 1.0	x10 <sup>4</sup> org/g	
Staphylococcus aureus	1.1	< 5.0	x10 <sup>2</sup> org/g	
Streptococcus species	2.5 *H	< 1.0	x10 <sup>3</sup> org/g	
Methanobacteriaceae	0.44	< 5.00	x10 <sup>9</sup> org/g	
Desulfovibrio piger	<dl	0.0 - 18.0	x10 <sup>7</sup> org/g	
Oxalobacter formigenes	299.4	> 15.0	x10 <sup>7</sup> org/g	

**Potential Autoimmune Triggers**

Citrobacter species.	<dl	< 5.0	x10 <sup>5</sup> org/g	
Citrobacter freundii.	3.4	< 5.0	x10 <sup>5</sup> org/g	
Klebsiella species	<dl	< 5.0	x10 <sup>3</sup> org/g	
Klebsiella pneumoniae.	4.1	< 5.0	x10 <sup>4</sup> org/g	
Prevotella copri	<dl	< 1.0	x10 <sup>7</sup> org/g	
Proteus species	<dl	< 5.0	x10 <sup>4</sup> org/g	
Proteus mirabilis.	<dl	< 1.0	x10 <sup>3</sup> org/g	
Fusobacterium species	0.20	< 10.00	x10 <sup>7</sup> org/g	

Fungi & Yeast	Result	Range	Units
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Candida species.	<dl	< 5.0	x10 <sup>3</sup> org/g	
Candida albicans.	<dl	< 5.0	x10 <sup>2</sup> org/g	
Geotrichum species.	<dl	< 3.0	x10 <sup>2</sup> org/g	
Microsporidium species	<dl	< 5.0	x10 <sup>3</sup> org/g	
Rhodotorula species.	<dl	< 1.0	x10 <sup>3</sup> org/g	



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Bacterial Pathogens	Result	Range	Units	
Aeromonas species.	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Campylobacter.	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
C. difficile, Toxin A	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
C. difficile, Toxin B	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Enterohemorrhagic E. coli	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
E. coli O157	<dl	< 1.0	x10 <sup>2</sup> CFU/g	●
Enteroinvasive E. coli/Shigella	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Enterotoxigenic E. coli LT/ST	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Shiga-like Toxin E. coli stx1	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Shiga-like Toxin E. coli stx2	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●
Salmonella.	<dl	< 1.0	x10 <sup>4</sup> CFU/g	●
Vibrio cholerae	<dl	< 1.0	x10 <sup>5</sup> CFU/g	●
Yersinia enterocolitica.	<dl	< 1.0	x10 <sup>5</sup> CFU/g	●
Helicobacter pylori	<dl	< 1.0	x10 <sup>3</sup> CFU/g	●

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

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

Viral Pathogens	Result	Range	Units	
Adenovirus 40/41	<dl	< 1.0	x10 <sup>10</sup> CFU/g	●
Norovirus GI/II	<dl	< 1.0	x10 <sup>7</sup> CFU/g	●
Bocavirus	<dl	< 1.0	x10 <sup>10</sup> CFU/g	●

Normal Bacterial GUT Flora	Result	Range	Units	
Bacteroides fragilis	14.7	1.6 - 250.0	x10 <sup>9</sup> CFU/g	●
Bifidobacterium species	220.1	> 6.7	x10 <sup>7</sup> CFU/g	●
Bifidobacterium longum	118.2	> 5.2	x10 <sup>6</sup> CFU/g	●
Enterococcus species	127.3	1.9 - 2000.0	x10 <sup>5</sup> CFU/g	●
Escherichia species	876.3	3.7 - 3800.0	x10 <sup>6</sup> CFU/g	●
Lactobacillus species	146.3	8.6 - 6200.0	x10 <sup>5</sup> CFU/g	●
Lactobacillus Rhamnosus	14.0	8.3 - 885.0	x10 <sup>4</sup> CFU/g	●
Clostridium species	16.6	5.0 - 50.0	x10 <sup>6</sup> CFU/g	●
Enterobacter species	2.0	1.0 - 50.0	x10 <sup>6</sup> CFU/g	●
Akkermansia muciniphila	<dl *L	0.01 - 50.00	x10 <sup>3</sup> CFU/g	●
Faecalibacterium prausnitzii	0.9 *L	1.0 - 500000	x10 <sup>3</sup> CFU/g	●

Short Chain Fatty Acids	Result	Range	Units	
Short Chain Fatty Acids, Beneficial	23.6	> 13.6	umol/g	●
Butyrate	9.0 *L	10.8 - 33.5	%	●
Acetate	76.5 *H	44.5 - 72.4	%	●
Propionate	13.2	0.0 - 32.0	%	●
Valerate	1.3	0.5 - 7.0	%	●



P: 1300 688 522  
E: info@nutripath.com.au

-.ALEXANDRA MIDDLETON  
6 EDWARDS BAY ROAD  
MOSMAN NSW 2088

**SHARMAINE DE SILVA**  
**26-May-1993**      **Female**

23 FLAT ROCK ROAD  
GYMEA BAY NSW 2227

LAB ID : 3819458  
UR NO. : 6607343  
Collection Date : 01-Jun-2022  
Received Date:02-Jun-2022



3819458

## Pathogen Summary:

### Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

BLOOD PRESENT: Consider blood vessel injury, inflammation, infection, ulceration, hemorrhoids, severe constipation & other injury.  
Treatment:

- Investigate the cause of bleeding using other diagnostic tools such as endoscopy
- Assess other CDSA markers such as calprotectin, H. pylori, M2PK & microbiology markers.

### Metabolism Comment

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

#### LOW BUTYRATE LEVEL:

Butyrate is a short chain fatty acid that is extremely important for gut health. It is the main fuel source for gut cells, which helps keep the gut cell barrier intact, can reduce inflammation, and helps control appetite. Low levels of butyrate production have been observed in individuals with inflammatory bowel diseases, insufficient fibre intake, slow transit time, recent antibiotic therapy. Low butyrate may also be associated with an increased risk of colon cancer & constipation.

Consuming foods high in resistant starch has been shown to increase butyrate levels.

#### ELEVATED ACETATE LEVEL:

Acetate is the most abundant short chain fatty acid produced in the gut. It plays an important role in fat metabolism, glucose metabolism and the immune system. Several bacterial species can also convert acetate to butyrate. The consumption of fruits, vegetables, legumes and fibre are associated with increased short chain fatty acids, including acetate.

#### VALERATE:

Valerate is a short chain fatty acid that is important for gut health. Although Acetate, propionate, and butyrate make up the the most abundant SCFAs in gastrointestinal tract (95%), Valerate and other SCFA's make up the remaining and work optimally when within range.



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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 produce on average 500 ug/g of PE-1. Thus, levels below 500 ug/g and above 200 ug/g suggest a deviation from optimal pancreatic function.

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.

**CALPROTECTIN SIGNIFICANTLY ELEVATED:**

Values above 100 mcg/g indicate SIGNIFICANT inflammation in the gastrointestinal tract. Reference ranges are based on an adult population.

Etiology could be associated with the following: IBD, infection, NSAID use, polyps, adenomas, or colorectal cancer. Calprotectin may also be elevated in children with chronic diarrhea secondary to cow's milk allergy or multiple food allergies. Further investigative procedures are necessary to determine the cause of inflammation.

Whether inflammatory or neoplastic, the cause of elevated calprotectin MUST be ascertained by endoscopy or radiography. If these evaluations do not yield signs of overt disease, other tests may be considered to uncover causes of chronic bowel inflammation:

- Intestinal Dysbiosis Assessment - Organic Acids
- IgG/IgA 96 Food Allergy Assessment
- Celiac Antibodies Panel

**FAECAL SECRETORY IgA:**

Production of sIgA is important to the normal function of the gastrointestinal mucosa as an immune barrier.

It represents the first line immune defense of the GIT.

Elevated levels are associated with an upregulated immune response.

**ELEVATED ZONULIN LEVELS:**

Zonulin is a protein that modulates intestinal barrier function. Zonulin release facilitates the opening of tight junctions between the cells of the intestinal lining to allow for passage of nutrients and fluids into the body. However, Zonulin release can be "overstimulated" by certain external factors to cause excessive opening of tight junctions, leading to intestinal hyperpermeability or "leaky gut", inflammation, liver overload, nutrient deficiencies, rheumatoid arthritis and autoimmune disorders.

Identify the possible cause/s (Gut microorganism imbalance or the presence of dietary Gluten/glutadin) and remove to reduce further damage.

If it's gluten for gluten sensitivity or celiac disease, remove gluten.

If bacterial overgrowth or dysbiosis, treat the bacterial overgrowth.

**Treatment:**

Firstly, fix the gut. Treat/repair the gut before proceeding with other protocols; nutrients and other supplements can be damaging to the system if they get out of the gut

Follow a grain - free diet for at least 12 months.

Eliminate gluten, sugar, processed food, artificial flavorings, colors, trans fats.

**Supplementation:**

Caprylic acid, Probiotics, acidophylis and B complex, fish oil, Magnesium D3, CoQ10, Mg Citrate, Boswellia & Curcumin, Milk Thistle, Selenium

For patients with chronic digestive issue: Vitamin A, L-Glutamine, Probiotics

**Further investigations to consider:**

- SIBO Breath Test,
- IgG or IgA 96 Food Sensitivity

**BETA GLUCURONIDASE ELEVATED:**

Suspect increased activation and enterohepatic recirculation of toxins, hormones, and various drugs within the body. Increased burden on glucuronidation pathway is associated with increased risk of colorectal, prostate and breast cancers.

**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.

**ELEVATED STEATOCRIT:**



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E: info@nutripath.com.au

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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



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## Opportunistic Bacteria Comment

### STREPTOCOCCUS SPECIES:

#### Description:

Streptococcus is a gram-positive bacteria in the Firmicutes phylum. Streptococcus is generally a common isolate from gut flora. However, emerging research suggests that high levels in the intestine may result from low stomach acid, PPI use, reduced digestive capacity, SIBO or constipation; Elevated levels may also be indicative of intestinal inflammatory activity, and may cause loose stools.

#### Sources:

Recent infections with streptococcus pyogenes or scarlet fever can be linked to the presence of this species in faeces.

#### Treatment:

Treatment of streptococcus in gut flora is not always recommended. A practitioner may take into consideration a range of patient factors and symptoms to determine if treatment is necessary. In this case please refer to the 4R treatment protocol located at the end of this report.

### METHANOBACTERIACEAE:

Family of bacteria-like microbes that produce methane. Facilitates carbohydrate fermentation and short-chain fatty acid production by beneficial bacteria.

LOW levels may indicate reduced production of short-chain fatty acids and may be associated with inflammation.

HIGH levels linked to chronic constipation, as well as some types of SIBO and IBS.

### DESULFOVIBRIO COMMENT:

Sulfate is present in different concentrations in the intestine dependent on diet. Remnants not absorbed, alongside the presence of lactate, promote the growth of Sulfate reducing bacteria (SRB). Desulfovibrio Piger is the dominant SRB genus and has been implicated in gastrointestinal disorders such as ulcerative colitis via the reduction of sulfate to hydrogen sulphide in the gut.

High Desulfovibrio piger levels serves as an indicator of inflammatory bowel disease.

Treatment options include lowering the intake of sulfate rich foods such as some breads, dried fruits, beers, ciders and wines.

Reference: Kushkevych et. Al., J. Clin. Med. 2019, 8, 1054; doi:10.3390/jcm8071054

### OXALOBACTER COMMENT:

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.

Levels of O. Formigenes tends to decrease with age as well as with the use of antibiotics or other drugs, with low levels identified as a risk factor for calcium oxide stone formation. Treatment options include probiotic treatment and low oxalate diet modification.

Urinary oxalate levels can also be monitored by test code 4025 (oxalate urinary).

Reference: Duncan et. al., Applied and Environmental Microbiology, Aug. 2002, p. 3841-3847

Kaufman et. al., J Am Soc Nephrol. 2008 Jun; 19(6): 1197-1203.

## Potential Autoimmune Comments

### FUSOBACTERIUM SPECIES:

Fusobacterium species is a gram-negative bacteria in the Fusobacteria phylum. The bacteria is a common member of the human oral microbiome, this pro-inflammatory bacterium can also be found in the human gut. In the mouth, high levels are strongly linked to oral hygiene. In the gut, high levels have been observed in individuals with colon cancer and appendicitis.

#### Sources:

It primarily uses protein as its main source. However, research also shows that it can thrive from sugar.

#### Treatment:

Antimicrobial botanicals such as berberine, oregano, quercetin, curcumin, green and black tea extracts, blueberry extract, cinnamon and rosemary have shown to decrease levels.

## Normal Bacterial Flora Comment

### LOW AKKERMANSIA MUCINIPHILA LEVEL:

Akkermansia muciniphila is an organism that lives in the mucus lining of your gut and uses mucus as its primary energy source. This species plays an important role in regulating mucus turnover in the gut so that there is a good balance between mucus breakdown and mucus production. Akkermansia muciniphila promotes healthy intestinal barrier and modulates immune responses.





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E: [info@nutripath.com.au](mailto:info@nutripath.com.au)

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Low levels of *Akkermansia muciniphila* has been observed in individuals with IBS, high fat diets, obesity, and type 2 diabetes. Reducing intake of high fat foods may help increase levels of this bacteria.

**LOW FAECALBACTERIUM PRAUSNITZII LEVEL:**

*Faecalibacterium prausnitzii* is a common inhabitant in the human gut. *Faecalibacterium* is a key SCFA producer (butyrate) which produces an anti-inflammatory protein, making this species important for a healthy gut. Low levels of *Faecalibacterium prausnitzii* are widely associated with a range of inflammatory and autoimmune conditions. A diet with prebiotic fibres including inulin, pectin, and fructooligosaccharides may help increase levels of *F. prausnitzii*. Examples of foods high in these prebiotics include asparagus, onions, leeks, Wholegrain wheat, apples and pears.





# 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, Saccharomyces 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	Saccharomyces boulardii, lauric acid
		INTESTINAL BARRIER REPAIR	L-Glutamine, aloe vera, liquorice, marshmallow root, okra, quercetin, slippery elm, zinc carnosine, Saccharomyces boulardii, omega 3 essential fatty acids, B vitamins
		SUPPORT CONSIDERATION	Sleep, diet, exercise, and stress management