NutriPATH
INTEGRATIVE PATHOLOGY SERVICES
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NICOLE PUSIC
13-Dec-1981 Female

4 CENTENNIAL AVENUE
LANE COVE NORTH NSW 2066

-.AMY PHILLIPS
AIM Natural Healthcare
Shop 1/132 WILLOUGHBY ROAD
CROWS NEST NSW 2065

LAB ID : 3892069
UR NO. : 6191516
Collection Date : 15-May-2023
Received Date: 19-May-2023

3892069

INTEGRATIVE MEDICINE

BLOOD - EDTA | Result | Range | Units

HLA DQ/DR Haplotypes

HLA DR/DQ Genotyping:

HLA-DR	**3,15**
DRB-1	**03,15**
HLA-DQ	**2,6**
HLA-DQA1	**01,05**
HLA-DQB1	**02,06**

Test performed by accredited laboratory NATA: 2133

INTERPRETATION:
For CIRS/Moulds biotoxins exposure:
The following possible HLA-DR haplotypes were detected:

15-6-51 - Post Lyme/MS/Narcolepsy

17-2-52A/B/C - Mould Susceptible or Benign

Post Lyme/MS/Narcolepsy 15-6-51

With regard to biotoxin susceptibility it is reported that this haplotype is statistically correlated with an increased incidence of chronic persistent lyme disease. Importantly, possessing this haplotype does not mean that you have lyme disease. Rather it means only that you may be at an increased risk of developing persistent lyme disease should you initially develop lyme disease by traditional means, such as being bitten by a tick. It has been said that the immune system of those with this haplotype may be unable or less able to properly identify and elimiate toxins associated with lyme disease, specifically those produced by bacteria of the Borrelia type.

Aspects of this haplotype have also been statistically correlated with an increased incidence of multiple sclerosis. Again, it is important to understand that possessing this haplotype does not mean that you have multiple sclerosis. Rather it means only that you may be at an increased risk of developing multiple sclerosis. In fact, research has suggested that this increased risk is related to low levels of vitamin D, and that it may be possible to offset the increased risk associated with this haplotype by always ensuring sufficiency.

Aspects of this haplotype have also been statistically correlated with an increased incidence of narcolepsy. This does not mean that you have narcolepsy. Rather it means only that you may be at an increased risk of developing narcolepsy.

Disease Risk:
Some versions of this haplotype may confer additional risk of Multiple Sclerosis, Narcolepsy, Parkinson's Disease or Systemic Lupus Erythematosus.
Elements of this haplotype may confer additional susceptibility to Aspergillosis.
Some versions of this haplotype may confer additional risk of Alzheimer's Disease.

Disease Protection:
Some versions of this haplotype are reported to be protective against Type 1 Diabetes.

Haplotype: MOULD SUSCEPTIBLE 7-2-53, 7-3-53
13-6-52A, 13-6-52B, 13-6-52C
17-2-52A, 17-2-52B, 18-4-52A

With regard to biotoxin susceptibility it is reported that this haplotype is statistically correlated with an increased susceptibility to biotoxins from mould. Importantly, possessing this haplotype does not signify the presence of mould, mycotoxins or other related elements within the body nor is it an indication of past or present exposure. Rather it has been suggested that the immune system of those with this haplotype may be unable or less able to properly identify and eliminate toxins from mould.

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Disease Risk:
This haplotype may confer additional risk of Celiac Disease, Sjorgen's Syndrome or Addison's Disease.
Some versions of this haplotype may confer additional risk of Psoriasis, Type 1 Diabetes or Systemic Lupus Erythematosus.
Some versions of this haplotype may confer additional risk of Grave's Disease
Elements of this haplotype may confer additional risk of Multiple Sclerosis

Disease Protection:
Elements of this haplotype are reported to be protective against Systemic Lupus Erythematosus, Psoriasis, Rheumatoid Arthritis, Multiple Sclerosis or Alopecia areata.

Research also suggests that elements of this haplotype may have a protective effect against many autoimmune diseases

Some versions of this haplotype are reported to be protective against Type 1 Diabetes

COMMENT:
If biotoxins exposure is suspected, biotoxin load may be reduced through removal from the source of exposure and the use of Cholestryamine. Natural alternatives include calcium bentonite, charcoal, chitosan and chlorella (however may take longer to have the same effect).

If 3 or more of the following factors are present, treatment for CIRS should be undertaken;

i. VCS Deficits
ii. MSH Deficiency
iii. MMP-9 Elevation
iv. HLA DQ-DR susceptibility
v. ADH/Osmolality dysregulation
vi. Cortisol/ACTH dysregulation

FURTHER ASSESSMENTS:
In commencing the treatment process, other baseline assessments include Gliadin and Transglutaminase Antibody levels, anti-Cardiolipin Antibodies, and Androgen studies (DHEAS, SHBG, Testosterone).

Thereafter, specific moulds/biotoxins assays may also be of use.
Assays include MSH, ADH,/Osmolality, C3a, C4a, TGFb1, MMP-9 and VEGF.

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Biotoxins Rosetta Stone

DR RITCHIE SHOEMAKER PROTOCOL HLA-DQDR ROSETTA STONE

	DRB1	DQ	DRB3	DRB4	DRB5
Multisusceptible	4	3		53	
	11/12	3	52B		
	14	5	53B		
Mould Susceptible	7	2/3		53	
	13	6	52A, B, C		
	17	2	52A		
	18*	4	52A		
Borrelia, Post Lyme Syndrome	15	6			51
	16	5			51
Dinoflagellates	4	7/8		53	
Multiple Antibiotic Resistant Staph Epidermis (MARCoNS)	11	7	52B		
No recognized significance	8	3,4,6			
Low Risk Mould	7	9		53	
	12	7	52B		
	9	9		53	

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Tests ordered: IMPEI,CFee,Rosetta,HLADQDR,GOG105