



P: 1300 688 522
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A: PO Box 442 Ashburton VIC 3142

Date of Birth : 06-Aug-1992
Sex : F
Collected : 11/Jan/2022
Received: 13-Jan-2022
3 / 125 OSBORNE STREET
SOUTH YARRA VIC 3141
Lab id : **3790497** UR#: 6117833

THE NATUROPATHIC CO.
LEVEL 1/54 DAVIS AVENUE
SOUTH YARRA VIC 3141

COMPLETE DIGESTIVE STOOL ANALYSIS - Level 5

MACROSCOPIC DESCRIPTION

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

Macroscopy Comment

BROWN coloured stool is considered normal in appearance.

MICROSCOPIC DESCRIPTION

	Result	Range	Markers
RBCs (Micro)	NEG	<+	RBC(Micro) - The presence of RBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
WBCs (Micro)	0	<10	WBC(Micro) - The presence of WBCs in the stool may indicate the presence of an infection, inflammation or haemorrhage.
Food Remnants	+	<++	Food Remnants - The presence of food remnants may indicate maldigestion.
Fat Globules	NEG	<+	Fat Globules -The presence of fat globules may indicate fat maldigestion.
Starch	NEG	<+	Starch - The presence of starch grains may indicate carbohydrate maldigestion.
Meat Fibres	NEG	<+	Meat Fibres - The presence of meat fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.
Vegetable Fibre	+	<++	Vegetable Fibres - The presence of vegetable fibres may indicate maldigestion from gastric hypoacidity or diminished pancreatic output.





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METABOLIC MARKERS

pH

6.8



6.3 - 7.7

Markers

pH - Imbalances in gut pH, will influence SCFA production and effect.



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BENEFICIAL BACTERIA		Result	Range		Result	Range
Bifidobacterium longum.		1+ *L	2 - 4+	Lactobacillus plantarum	2+	2 - 4+
Bifidobacterium bifidum		2+	2 - 4+	Lactobacillus rhamnosus.	1+ *L	2 - 4+
Bifidobacterium animalis		2+	2 - 4+	Lactobacillus paracasei	2+	2 - 4+
Bifidobacterium pseudocaten.		1+ *L	2 - 4+	Lactobacillus casei	2+	2 - 4+
Bifidobacterium breve		1+ *L	2 - 4+	Lactobacillus acidophilus	1+ *L	2 - 4+
Escherichia coli		4+	2 - 4 +	Enterococci	1+	1 - 2 +

COMMENTS:

Significant numbers of Lactobacilli, Bifidobacteria and E coli are normally present in the healthy gut: Lactobacilli and Bifidobacteria, in particular, are essential for gut health because they contribute to 1) the inhibition of gut pathogens and carcinogens. 2) the control of intestinal pH, 3) the reduction of cholesterol, 4) the synthesis of vitamins and disaccharidase enzymes.

PATHOGENIC BACTERIA

Organism	Growth	Range	Classification
Aeromonas species	NEG		
Campylobacter	NEG		
Salmonella	NEG		
Shigella	NEG		
Yersinia	NEG		

COMMENTS:

The above Pathogenic Bacteria are those that have the potential to cause disease in the GI tract. A result of **ISOLATED** may require a notification to the Department of Health and also cross tested via a secondary method such as PCR or sequencing. Should this be the case, you will also be notified.

OPPORTUNISTIC AND DYSBIOTIC BACTERIA

Organism	Growth	Range	Classification
Enterococcus faecium.	4+ *H	< 4+	Possible Pathogen
Streptococcus anginosus	2+	< 4+	Non-Pathogen
Enterococcus casseliflavus	2+	< 4+	Non-Pathogen
Bacillus species	1+	< 4+	Non-Pathogen

COMMENTS:

Commensal bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.

Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. A detailed explanation of bacteria that may be present can be found in the Pathogen Summary at the end of this report.



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YEASTS

Organism	Growth	Range	Classification
Candida Parapsilosis	1+	< ++	Non-Pathogen
Saccharomyces cerevisiae	1+	< ++++	Non-Pathogen
Candida albicans	NEG	< ++	
Geotrichum spp	NEG	< ++	
Rhodotorula spp	NEG	< ++++	
Other Yeasts	NEG	< ++++	

COMMENTS:

Yeast may normally be present in small quantities in the skin, mouth, and intestine. A detailed explanation of yeast that may be present can be found in the Pathogen Summary at the end of this report.

PARASITES	Result
Blastocystis Hominis	NOT DETECTED
Dientamoeba fragilis	DETECTED
Cryptosporidium	NOT DETECTED
Giardia lamblia	NOT DETECTED
Entamoeba Histolytica	NOT DETECTED
Other Parasites	NOT DETECTED

COMMENTS: Parasites are organisms that are not present in a normal/healthy GIT. A detailed explanation of parasites that may be present can be found in the Pathogen Summary at the end of this report.



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ANTIBIOTIC SENSITIVITIES and NATURAL INHIBITORS

Enterococcus faecium.

Antibiotics

Susceptibl

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

LEGEND

S = Sensitive

R = Resistant

N/A = Not Tested

Inhibitors

Inhibition %

Berberine	60%
Black Walnut	40%
Caprylic Acid	100%
Citrus Seed	60%
Coptis	40%
Garlic-	60%
Golden seal	20%
Oregano	20%

LEGEND

Low Inhibition

High Inhibition

0	20	40	60	80	100
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YEAST - SENSITIVITIES and NATURAL ANTIFUNGALS

	Candida Parapsilosis	Saccharomyces cerevisiae
Antifungals	Inhibition	Inhibition
Fluconazole	8=S	
Voriconazole	>=8=R	
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

	Inhibition %	Inhibition %
Nystatin	60%	60%

Natural Antifungals

	Inhibition %	Inhibition %
Berberine.	40%	40%
Garlic	100%	60%
Black Walnut.	40%	60%
Citrus Seed.	40%	40%
Coptis.	40%	60%
Golden seal.	20%	40%
Oregano.	20%	60%

LEGEND

Low Inhibition

High Inhibition





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WORM EXAMINATION

Ancylostoma duodenale, Roundworm	Negative
Ascaris lumbricoides, Roundworm	Negative
Necator americanus, Hookworm	Negative
Trichuris trichiura, Whipworm	Negative
Taenia species, Tapeworm	Negative
Enterobius vermicularis, Pinworm	Negative

Negative results indicate the absence of detectable DNA in the sample for the worms reported



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PATHOGEN SUMMARY

STREPTOCOCCUS:

Description:

Streptococcus is a common isolate from gut flora. With the exception of very rare cases, streptococcus species are not implicated in gastric pathogenesis. However, there has been correlations with the presence of streptococcus pyogenes in patients who have, or have recently had scarlet fever. Streptococcus species are also implicated in urinary tract infections and faecal flora are the common source of contamination for urinary tract infections.

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.

BACILLUS SPECIES:

Bacillus species are spore forming, gram-positive rods belonging to the Bacillaceae family. There are currently 50 valid species within the genus.

Sources:

Meat dishes are a common source of infection in other species of Bacillus such as B. subtilis and B. licheniformis.

Pathogenicity:

As yet, no toxins or other virulence factors have been identified in association with the symptoms that accompany non-B. cereus species.

Symptoms:

B. licheniformis and B. subtilis are associated with food-borne diarrheal illness.

Treatment:

B. species is almost always susceptible to clindamycin, erythromycin and vancomycin.

ENTEROCOCCUS:

Description:

Enterococcus species are gram-positive bacterium that are part of normal flora in the human gut. It can however be implicated in a variety of infections of which urinary tract infections are the most common. These infections can be exceptionally difficult to treat due to the genus exhibiting antibiotic resistance.

Sources:

Enterococcus infections spread from person to person through poor hygiene. Because these bacteria are found in faeces, people can transmit the infection if they don't wash their hands after using the bathroom. The bacteria can get into food or onto common touched surfaces.

Treatment:

Treatment of Enterococcus species in gut flora may not be necessary or recommended. However, overgrowth of this genus may be implicated in other infections such as urinary tract infections. Enterococci are challenging to treat due their drug-resistant mechanisms. Ampicillin is the preferred antibiotic used to treat enterococci infections if required.

CANDIDA

Sources:

Most sources of Candida infection are thought to be of endogenous origin. While yeast are ubiquitous in the environment and are found on fruits, vegetables and other plant materials,



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contamination from external sources is linked to patients and health care workers.

Pathogenicity:

A normal inhabitant of the GI tract. May become an opportunistic pathogen after disruption of the mucosal barrier, imbalance of the normal intestinal flora and/or impaired immunity. Risk factors for colonization include: Antibiotics, corticosteroids, antacids, H2 blockers, oral contraceptives, irradiation, GI surgery, Diabetes mellitus, burns, T cell dysfunction, chronic stress and chronic renal disease.

Symptoms:

The most common symptom attributable to non-invasive yeast overgrowth is diarrhea. Symptoms of chronic candidiasis affect four main areas of the body.

1. Intestinal system - symptoms include: diarrhea, constipation, abdominal discomfort, distention, flatulence and rectal itching.
 2. Genital Urinary system - symptoms include: menstrual complaints, vaginitis, cystitis and urethritis.
 3. Nervous system - symptoms include: severe depression, extreme irritability, inability to concentrate, memory lapses and headaches.
 4. Immune system - symptoms include urticaria, hayfever, asthma, and external otitis.
- Sensitivities to tobacco, perfumes, diesel fumes and other chemicals.

Treatment:

Currently, standard texts provide no specific antifungal guidelines for GI overgrowth of Candida.

Oral azoles have been recommended for extra intestinal infections.

Susceptibility testing is advised due to increasing drug resistance.

SACCHAROMYCES CEREVISIAE:

Sources:

S. cerevisiae is a commonly used industrial microorganism and is ubiquitous in nature, being present on fruits and vegetables. Commonly known as Bakers or Brewers yeast, it has been used in bread manufacture and as a fermenter in alcoholic beverages.

Pathogenicity:

Commonly colonises mucosal surfaces but isn't considered an opportunistic pathogen. Overgrowth may be associated with dietary ingestion of *S. cerevisiae*/*S. boulardii* as part of a "health food" regimen.

Symptoms:

S. cerevisiae overgrowth usually accompanies an underlying disease through immunosuppression, prolonged hospitalization and antibiotic therapy.

Treatment:

Currently no specific treatment guidelines are reported for *S. cerevisiae* overgrowth.

DIENTAMOEBA FRAGILIS:

It is closely related to *Histomonas* and *Trichomonas* species. *D. fragilis* is known to cause non-invasive diarrheal illness in humans. 90% of children are symptomatic, whereas only 15-20% of adults are. The most common symptoms associated with *D. fragilis* are intermittent diarrhea, fatigue, abdominal pain, nausea, anorexia, malaise and unexplained eosinophilia. Diarrhea is predominately seen during the first 1-2 weeks of infection and abdominal pain may persist for 1-2 months.

Treatment:

Iodoquinol (650 mg tid x 20 days) or Tetracycline (500 mg qid x 10 days) or Metronidazole (500-750 mg tid x 10 days) have been used to treat *D. fragilis*. Another alternative is Paromomycin (500 mg tid x 7 days).

MADELEINE VAN DER LIST**-.YVETTE LEE-ARCHER**

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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, 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