Mineral State

Hair Mineral Analysis Testing

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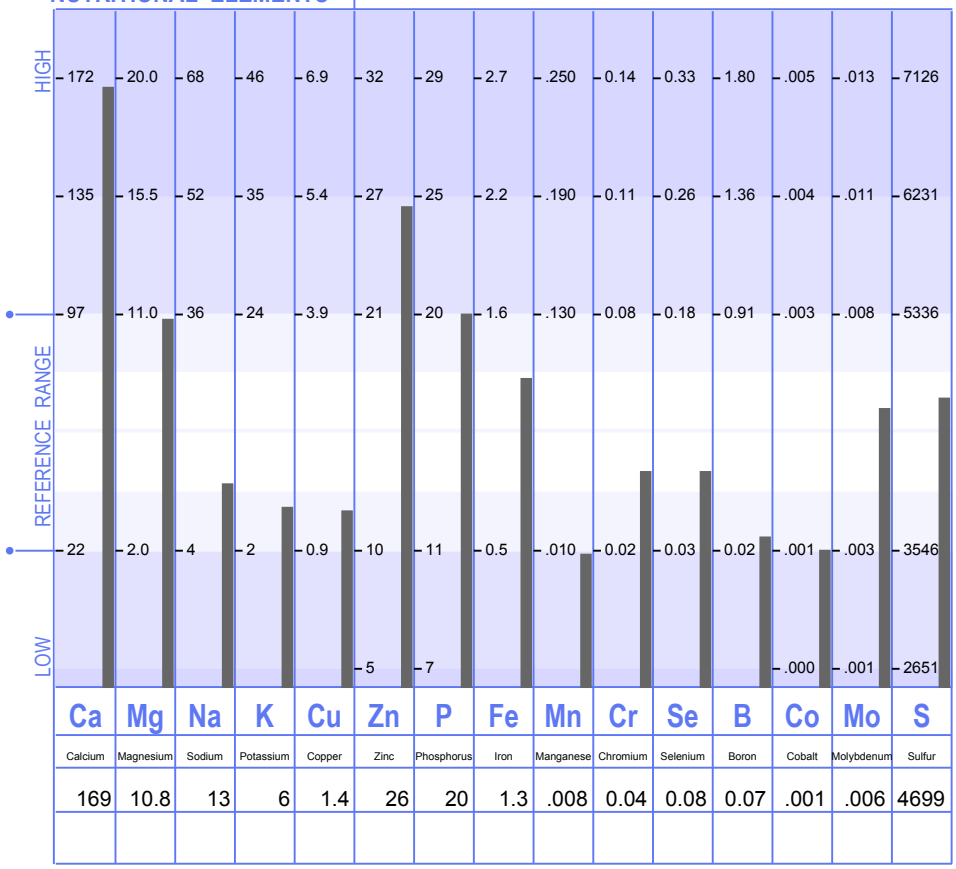
So224JA

LABORATORY NO.:	1460327		
PROFILE NO.:	2	SAMPLE TYPE:	SCALP

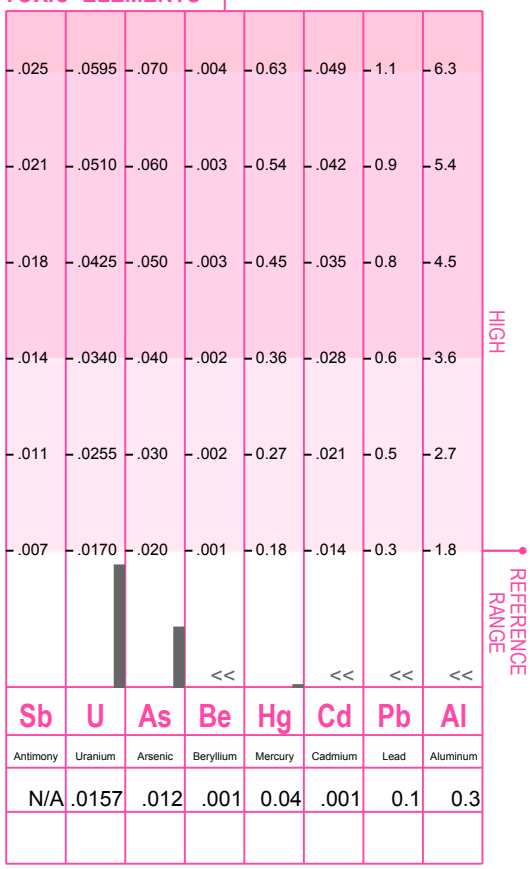
PATIENT:	DICBF,	AGE:	30	SEX:	M	METABOLIC TYPE:	SLOW 1
REQUESTED BY:	L 29544	ACCOUNT NO.:	4975	DATE:	27/11/2018		

NUTRITIONAL ELEMENTS



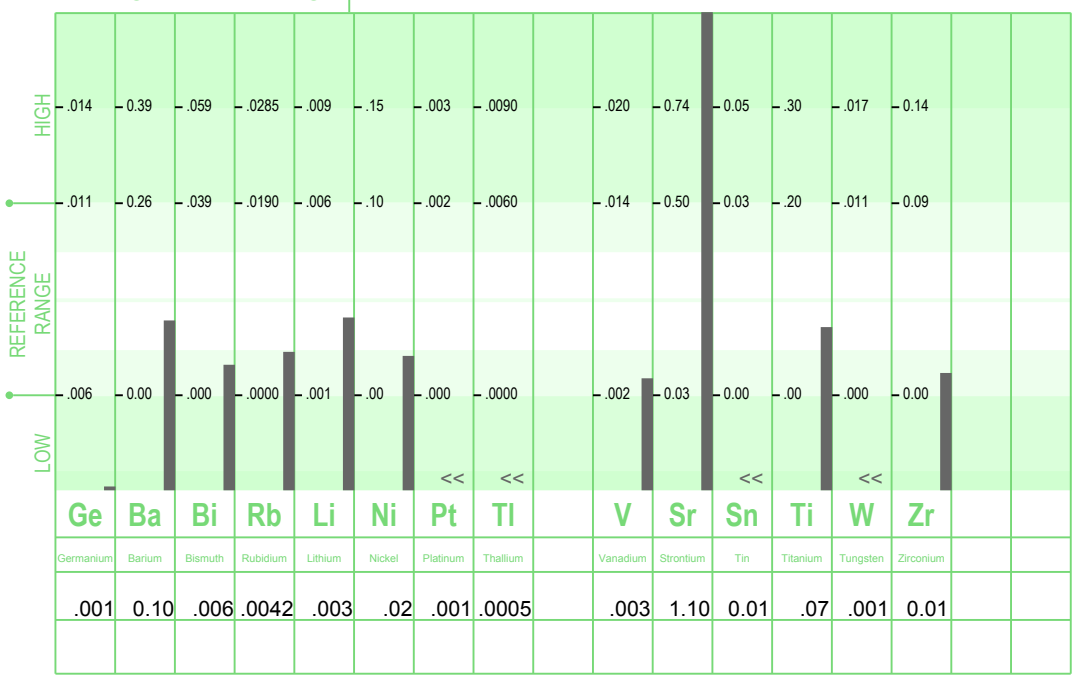
Ca	Mg	Na	K	Cu	Zn	P	Fe	Mn	Cr	Se	B	Co	Mo	S
Calcium	Magnesium	Sodium	Potassium	Copper	Zinc	Phosphorus	Iron	Manganese	Chromium	Selenium	Boron	Cobalt	Molybdenum	Sulfur
169	10.8	13	6	1.4	26	20	1.3	.008	0.04	0.08	0.07	.001	.006	4699

TOXIC ELEMENTS



Sb	U	As	Be	Hg	Cd	Pb	Al
Antimony	Uranium	Arsenic	Beryllium	Mercury	Cadmium	Lead	Aluminum
N/A	.0157	.012	.001	0.04	.001	0.1	0.3

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	0.10	.006	.0042	.003	.02	.001	.0005	.003	1.10	0.01	.07	.001	0.01

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

"QNS": Sample Size Was Inadequate For Analysis.

"N/A": Currently Not Available

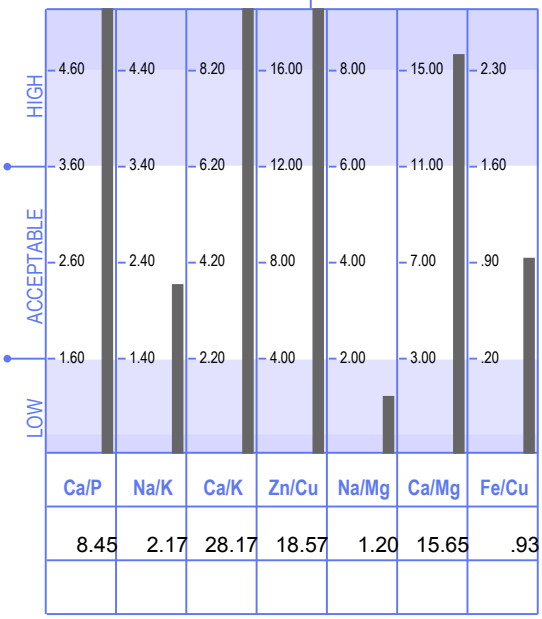
Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

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

27/11/2018
CURRENT TEST RESULTS

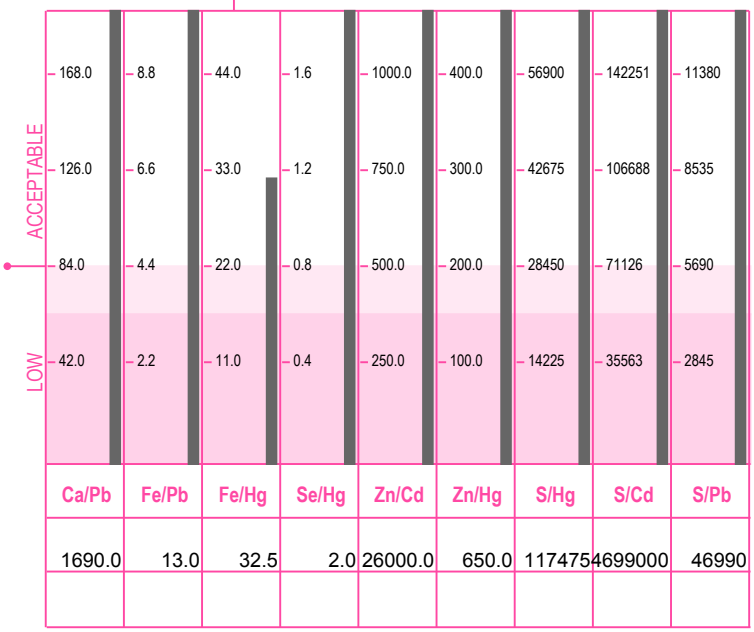
PREVIOUS TEST RESULTS

SIGNIFICANT RATIOS



Ca/P	Na/K	Ca/K	Zn/Cu	Na/Mg	Ca/Mg	Fe/Cu
8.45	2.17	28.17	18.57	1.20	15.65	.93

TOXIC RATIOS



Ca/Pb	Fe/Pb	Fe/Hg	Se/Hg	Zn/Cd	Zn/Hg	S/Hg	S/Cd	S/Pb
1690.0	13.0	32.5	2.0	26000.0	650.0	117475	4699000	46990

ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	153.64		131/1
Cr/V	13.33		13/1
Cu/Mo	233.33		625/1
Fe/Co	1300.00		440/1
K/Co	6000.00		2000/1
K/Li	2000.00		2500/1
Mg/B	154.29		40/1
S/Cu	3356.43		1138/1
Se/Tl	160.00		37/1
Se/Sn	8.00		0.67/1
Zn/Sn	2600.00		167/1

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 RANGES

Generally, reference ranges should be considered as guidelines for comparison with the reported test values. These reference ranges have been statistically established from studying an international population of "healthy" individuals.

Important Note: The reference ranges 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 healthcare professional.

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 healthcare 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, he 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

This section of the report may discuss those nutritional mineral levels that reveal moderate or significant deviations from normal. The light blue area's of each graph section represent the reference range 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 range 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.

CALCIUM (Ca)
Your tissue calcium level is elevated above normal. High tissue calcium does not necessarily indicate excessive calcium, but rather the calcium is not being properly utilized. Proper utilization is often dependent upon calcium's relationship with other essential minerals, such as phosphorus and magnesium. A deficiency of either or both can result in excessive calcium deposition into tissues other than the primary storage sites of calcium (bones and teeth). Deposition of calcium into the soft tissues, includes not only the hair, but also the skin, joints, arteries, lymph nodes, gallbladder, etc. If soft tissue deposition of calcium continues for an extended period of time, certain conditions may develop, such as:

- Joint Stiffness
- Muscle Cramps
- Fatigue
- Kidney Stones
- Premature Aging of Skin
- Depression
- Anemia
- Insomnia
- Gallstones

SOME FACTORS THAT MAY CONTRIBUTE TO HIGH TISSUE CALCIUM LEVELS

- Low Thyroid Activity
- Low Protein Intake
- Tissue Alkalinity
- Low Adrenal Activity
- High Carbohydrate Intake
- Low Phosphorus Retention

HYPOGLYCEMIA PROFILE
According to this laboratory's research, slow metabolizers are prone to hypoglycemia (low blood sugar). This condition has become relatively common in modern society due to a number of factors, one of which is an improper diet. Hypoglycemia can be contributed to by dietary factors other than the commonly known factors of eating excess refined carbohydrates and sugars. Dairy products, fruit juices and foods high in fat content may also produce hypoglycemic symptoms. For this reason, observance of the dietary recommendations is of special importance for individuals at risk of hypoglycemic episodes.

The most common symptoms associated with hypoglycemia include, headaches, mood swings, lethargy, loss of concentration, and mid-afternoon loss of energy.

MANGANESE (Mn) AND BLOOD SUGAR REGULATION
The mineral manganese in combination with certain vitamins and minerals is essential 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.

GERMANIUM (Ge)

Your germanium level of 0.001 mg% is below the established reference range for this trace element. However, deficiency signs and conditions have not yet been documented in humans. Therefore, clinical significance cannot be placed on a low germanium level at this time.

STRONTIUM (Sr)

Your strontium level is above the established reference range. In excess, strontium is apparently antagonistic to calcium metabolism, and can therefore interfere with normal calcium function. Strontium may be contained in some mouth rinses and dental varnishes used in the treatment of dentin hypersensitivity.

NUTRIENT MINERAL RATIOS

This section of the report will discuss those nutritional mineral ratios that reveal moderate or significant deviations 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).

HIGH CALCIUM/POTASSIUM (Ca/K) RATIO

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

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

HIGH CALCIUM/MAGNESIUM (Ca/Mg) RATIO

Calcium and magnesium should always be in a proper balance to one another. If this normal equilibrium is upset, one mineral will become dominant relative to the other. In this case, calcium is high relative to magnesium (see high Ca/Mg ratio), which may be indicative of abnormal calcium

metabolism, resulting in excessive deposition of calcium into the soft tissues. In addition, even though the magnesium level is not low at this time, excess calcium relative to magnesium will suppress magnesium function within the body.

MUSCULAR TENSION

Calcium and magnesium are important elements whose roles include involvement in muscular response. When not in a normal balance, an excess of tissue calcium relative to magnesium will frequently lead to constant muscular tension and contraction. If the muscles surrounding the urinary bladder are in a state of tension due to this error in mineral metabolism, the volume capacity within the bladder will be reduced. This condition may contribute to an increased frequency of urination due to the restricted size of the bladder.

MINERAL METABOLISM AND VITAMIN B6

A deficiency of, or increased requirement for vitamin B6 (pyridoxine) leads to alterations in the metabolism, utilization and balance between calcium and magnesium. Calcium retention will increase and the excretion of magnesium will also increase when vitamin B6 is lacking. Therefore, an increased need for vitamin B6 may be indicated by your current HTMA pattern.

TOXIC METAL LEVELS

ALL CURRENT TOXIC METAL LEVELS ARE WITHIN THE ACCEPTABLE RANGE

TOXIC METAL RATIOS

ALL CURRENT TOXIC METAL RATIOS ARE WITHIN THE ACCEPTABLE RANGE

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.

FOODS THAT MAY AFFECT THYROID ACTIVITY

The following list of foods belongs to a family of foods that are known to decrease thyroid activity when eaten in appreciable quantities. If an under-active condition is present, excessive consumption can contribute to symptoms associated with hypothyroidism, such as; fatigue, cold sensitivity, depression, weight gain, dry skin and hair, and constipation.

Intake of the following foods should be reduced considerably until the next evaluation:

Cabbage	Kale
Walnuts	White Turnips
Cole Slaw	Fluorides
Sauerkraut	Horseradish
Soybeans	Chlorinated Water
Mustard	Brussels Sprouts
Kohlrabi	Milk
Cauliflower	Mustard Seeds
Peanuts	

FOODS THAT CONTRIBUTE TO A REDUCTION IN METABOLIC RATE

The following foods should be temporarily avoided or reduced until the next evaluation. They may contribute to a further lowering of an already low metabolic rate. Unlimited intake can contribute to fatigue, headaches, joint stiffness, water retention, and weight gain.

Swiss Cheese	Turnip Tops
Kale	Blue Cheese
Cream	Soybean Flour
Chinese Cabbage	Yogurt
Mozzarella Cheese	Processed Cheese
Parmesan Cheese	Brewers Yeast
Almonds	Cheddar Cheese
Sardines	Kelp
Hazelnuts	Carob Powder
Broccoli	Pancake Mix
Prawn	Curry Leaves

THE FOLLOWING FOODS SHOULD BE AVOIDED UNTIL THE NEXT EVALUATION

Sardines	Mushrooms
Herring	Curry Leaves
Enriched Milk	Prawn

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	Cheese (most)
Cream	Butter
Hazelnuts	Walnuts
Margarine	Pork
Coconut Oil	Milk
Salami	Peanut Butter
Pork	Sausages
Corn Chips	Almonds
Bacon	Knockwurst
Duck	Goose
Avocado	Liverwurst
Cocoa Powder	Peanuts
Sardines (canned)	Tuna (canned in oil)
Avocado Oil	Tamarind
Groundnut	

VITAMIN B-1 AND THYROID HORMONE

The following foods high in Vitamin B-1 may be increased in the diet until the next evaluation. Vitamin B-1 has been associated with increasing the effectiveness of thyroid hormone (thyroxine) upon metabolism.

Wheat Germ	Rice Bran
Pinto Beans	Lobster
Pike (broiled)	Brazil Nuts

FOODS HIGH IN PHYTIC ACID

The following foods may be increased in the diet at this time as they contain high amounts of phytates. Phytates help in reducing excessive insulin release which contributes to low blood sugar (hypoglycemia). Intake of these foods should not exceed your protein to carbohydrate ratio as outlined

in the general dietary guidelines, and should be consumed with adequate protein.

Oatmeal	Whole Wheat
Wheat Germ	Rye Crackers
Brown Rice	

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	Mackerel
Trout	Swordfish
Cod	Turkey
Tuna	Sirloin
Pumpkin Seeds	Round Steak

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.

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
PARA-PACK (Metabolic Support)	2	2	2
ADRENAL COMPLEX (Glandular Support)	2	2	2
MIN-PLEX B (Magnesium + Chromium + B6)	2	2	2
HCL V-PLUS (Digestive Support)	2	2	2
VITAMIN E PLUS	1	1	1

THESE RECOMMENDATIONS MAY NOT INCLUDE MINERALS WHICH APPEAR BELOW NORMAL OR IN TURN MAY RECOMMEND MINERALS WHICH APPEAR ABOVE NORMAL ON THE HTMA GRAPH. THIS IS NOT AN OVERSIGHT. SPECIFIC MINERALS WILL INTERACT WITH OTHER MINERALS TO RAISE OR LOWER TISSUE MINERAL LEVELS, AND THIS PROGRAM IS DESIGNED TO BALANCE THE PATIENT'S MINERAL LEVELS THROUGH THESE INTERACTIONS.

THESE RECOMMENDATIONS SHOULD NOT BE TAKEN OVER A PROLONGED PERIOD OF TIME WITHOUT OBTAINING A RE-EVALUATION. THIS IS NECESSARY IN ORDER TO MONITOR PROGRESS AND MAKE THE NECESSARY CHANGES IN THE NUTRITIONAL RECOMMENDATIONS AS REQUIRED.

SPECIAL NOTE: NUTRITIONAL SUPPLEMENTS DO NOT TAKE THE PLACE OF A GOOD DIET. THEY ARE BUT AN ADDITIONAL SOURCE OF NUTRIENTS, AND THEREFORE, MUST NOT BE SUBSTITUTED FOR A BALANCED DIET.
