

Tonsillitis; Yeast Infections; Warts; Intense Chest Pains

Patient "AH 6658", a **14 year old boy**, presented on 6/2/98

Within two months on the program:

- The rash and warts were gone from over his whole body
- Swollen gums were gone
- He had grown an inch in the last two months
- Has more energy
- No longer has chest pain or vomiting
- His fingernails were blue before and now are normal color
- He no longer has sore throat, tonsillitis or yeast infections

Mother stated, "I was convinced that I was going to have a sick child".

FIRST REPORT

PATIENT: AH

Mother's Name: TH

SEX: M

WEIGHT: 89

DATE OF ANALYSIS: 9/21/98

DATE OF BLOOD TEST: 9/12/98

AGE: 14

BLOODTYPE: O

Presenting symptoms as of June 2, 1998: Tonsillitis; yeast infection; warts on his feet; athlete's foot; toenails are bad; one year ago started to get more constant colds and was on antibiotics three to four times; having intense chest pain and mental problems; had braces for 1 1/2 years. I made a recommendation to have his braces removed. I thought the patient had a nickel toxicity which could cause most, if not all the symptoms the patient was having, including the warts as well as the yeast problem. His orthodontist consultation was in June 5, 1998 at which time the braces were removed. On September 8, 1998, the patient returned to see me and within two weeks after the braces came off, the rash and warts were gone from his whole body. The swollen gums were gone. In the last 2 months, he has grown an inch, has more energy, no longer has chest pain or vomiting, his fingernails are now normal color, no longer has sore throat, tonsillitis, or yeast infections. In fact, his mother had stated during the first visit that she had concluded that she was going to have a "sick child". A blood test was ordered on 9/8/98 to optimize the system.

Tests Performed: Comprehensive 52-point Blood Test

Test Findings: Low Liver Function; Low Thyroid; Probable Infection

This analysis and the recommendations are not for the purpose of treating or curing disease, i.e.: cancer, hepatitis, arthritis, diabetes, M.S., heart disease, etc. The purpose for this nutrition and lifestyle program is to create an optimum environment in which your body can heal and cure itself by eliminating foods and toxins which adversely affect the body and to provide nutrients that the body may lack.

Concerning the actual blood test results: There is a clinical and a homeostatic range. The clinical range is a wide range and test values outside of this range indicate a disease process. The homeostatic range is a more normal or healthy range and test values need to be within this range for one to have optimum health.

The coronary risk assessment is average at 3.76. This is concerning the total cholesterol which is good at 143 and the HDL cholesterol which is good at 38. The coronary risk is determined by taking the total cholesterol and dividing it by the HDL. I recommend a coronary risk value below 4 to avoid cardiovascular problems. The total cholesterol is determined by adding the HDL, LDL, and VLDL cholesterol's together. The HDL cholesterol is the good type of cholesterol to have as it tends to keep the arteries clear. It would be good if this value were high. Recent studies have shown a correlation between a high HDL level and longevity. The LDL cholesterol is a bad type of cholesterol to have as it tends to plug the arteries up. It would be good if this value were low. Your LDL cholesterol is good at 93. Your VLDL cholesterol - close to the bottom of the page is good at 11. This is the very worst type of cholesterol to have and I like to see that value below 20. You will note that the triglycerides are low as well. Keep in mind that for this age group these values are normal.

You do have a low MCV and a high MCHC. This is microcytosis of the blood cells or small red blood cells. Basically, you need a little Iron, 50 mg. every other day. I would only do this for a month. I would recommend you take Sublingual B12 Plus at 1/day. This helps your body to make red blood cells. It is a combination of B12 and Folic

Acid specially formulated for our use here in the office. B12 is one of the hardest vitamins to digest. Be sure to chew this supplement up and hold it under your tongue for better absorption.

You have a low SGPT. This is a low functioning liver. Take B Complex at 1/day.

Some of your minerals are low. Take Magnesium at 1/day, B6 100 at 1/day. This will also help the low uric acid.

You have a high total protein and high albumin. This can be associated with liver dysfunction or dehydration. It is possible you didn't drink enough water during the previous twelve hours.

Your most significant problem is the low polys, high lymphocytes count, high Monocytes count. This can be an immune system involvement, which can be a viral infection or food allergy. I am going to recommend Beta-Carotene at 2/day, Vitamin C at 1/day, a Multivitamin at 2/day.

If it is a food allergy, it may be associated with your Type O blood. I am going to recommend you avoid all dairy products. I think this will help.

Based on the fact that you had a nickel toxicity, to help get these heavy metals out of your system, which is very important, I want you to take Chlorella at 1 /day. Your magnesium and selenium, are both very important in getting these metals through the kidneys. Chlorella and cilantro have the unique ability to actually get these heavy metals out of brain, liver, heart, and lung tissue. I recommend adding fresh cilantro to the diet. Cilantro is an herb that you can find in most supermarkets. You can chop it up and add it to salads, sauces, etc. Since we are constantly being exposed to heavy metals in our society, I do recommend that even after you are feeling better that you continue with the Chlorella. And I am going to recommend that you continue with your Selenium at 50 mcg./day,

Dietary Considerations:

Below is a list of foods and items that are strongly recommended to avoid. **READ YOUR INGREDIENT LABELS!!** Later in the report, you will find exchanges for these foods and helpful hints on implementing these new lifestyle habits.

1. Artificial Sweeteners (aspartame; saccharin; etc)
2. Processed Meats (nitrate/nitrite foods (pork); bologna; wieners; any luncheon meat w/ additives or preservatives)
3. MSG (monosodium glutamate) (found in many dressings, sauces and Chinese foods)
4. All Canned Foods and Drinks
5. Microwave foods (because of radiation)
6. Fried Foods
7. Hydrogenated Fats (margarine, most pre-packaged foods and dressings, "Olestra" products, etc)
8. Refined Carbohydrates (processed foods: white sugar, white flour, "unbleached or unbrominated" foods; corn syrup; "enriched" foods, etc)
9. Preservatives, additives, artificial colors, FD&C colors and dyes
10. Commercial Meats (any meat with antibiotics, steroids, hormones, and other preservatives)
11. Shellfish (crab, shrimp, lobster, oyster, etc.) Salmon, tuna, halibut, etc are O.K. to use.
12. Dairy products (cottage cheese, yogurt, cheese, anything with cow's milk)
13. Coffee (regular & chemically decaffeinated), Liquor (distilled), All sodas, Tea (black decaf & black regular) Herbal teas are O.K. to use.

People exhibiting blood type “O” do better if they avoid all dairy products. It is very important that you avoid all products made with cow's milk. You have a natural sensitivity to cow's milk, Cheese, yogurt, etc.

Exercise at least 40 minutes a day. I realize at first that you may not have the energy to do that. If you can only exercise 10 minutes twice a day or three times a day, start slow and build yourself up. I would also like you to do a muscle building exercise (step exercise) 10 minutes a day. Drink 8- 10 twelve ounce glasses of clean water per day. I recommend using reverse osmosis for your drinking and cooking water.

AH, I'm glad you are feeling better. I think that if you follow this program that we should see some improvement in just a few weeks. I'm real curious to see what your hair analysis looks like which we would like to see in October.

A word of caution - anytime you make drastic changes in diet, vitamin intake, or exercise, realize that you may feel somewhat worse before you feel better. It doesn't happen often, but as your body detoxifies, you may feel worse if it occurs too fast. If you do feel worse, don't panic, it will pass in probably 2-3 days. If this problem does occur, I recommend that you take half of what I recommend for three days and slowly over two weeks progress to taking the complete program.

AH, everything that I have recommended is very important and many of these things work together to get you healthier. It is important that you follow the program exactly as I have outlined so that you can get the expected results. Following the diet may not be easy, but if you don't make the dietary changes, you will not get the expected results. Likewise, if you don't take the vitamins, or only take part of them, again you will not see the expected results. Basically, if you don't make these changes, how can you expect to see results? I would rather you not do the program than only do part of it, I have helped a lot of people with some very serious problems. The purpose of this analysis is to benefit you. This is for your well being, so please do the program exactly how I have recommended so that you will achieve the best results.

Attached is a list of vitamins that have been carefully selected for your specific problems. I recommend these vitamins because they are of the highest quality. The years of experience in my practice have shown these vitamins, along with your dietary changes, to be the best in helping you achieve the necessary improvements as indicated by your blood test results.

Please keep this report for future reference and bring it with you to your next evaluation.

Test Description	Current Result	Current Rating	Prior Result	Delta	Homeostatic		Clinical		Units
Date	09/12/98								
Glucose	93.00	Opt	0.00		85.00	- 100.00	65.00	- 110.00	mg/dl
Hemoglobin A1C(Gly-Hgh)	5.10	Opt	0.00		4.00	- 5.40	3.40	- 6.10	%
Uric Acid	3.30	lo	0.00		4.00	- 6.00	2.50	- 8.00	mg/dl
Blood Urea Nitrogen (BUN)	16.00	Opt	0.00		13.00	- 18.00	10.00	- 20.00	mg/dl
Creatinine	0.80	Opt	0.00		0.60	- 1.00	0.50	- 1.50	mg/dl
BUN / Creatinine Ratio	20.00	HI	0.00		13.00	- 17.00	7.50	- 18.50	ratio
Sodium	141.00	Opt	0.00		140.00	- 144.00	138.00	- 146.00	meq/dl
Potassium	4.40	Opt	0.00		4.00	- 4.60	3.50	- 5.50	meq/dl
Chloride	100.00	Opt	0.00		100.00	- 106.00	96.00	- 110.00	meq/dl
Magnesium	1.90	lo	0.00		2.20	- 2.60	1.70	- 2.40	mg/dl
Calcium	10.10	Opt	0.00		9.70	- 10.10	8.60	- 10.70	mg/dl
Phosphorus	4.00	Opt	0.00		3.40	- 4.00	2.40	- 4.60	mg/dl
Calcium / Albumin Ratio	2.24	Opt	#DIV/0!		2.20	- 2.50	2.03	- 2.71	ratio
Usable Calcium	10.00	Opt	0.00		7.90	- 10.10	7.00	- 10.11	
Calcium-Phosphorus Index	40.00	Opt	0.00		30.00	- 40.00	20.00	- 40.20	ratio
Total Protein	7.70	hi	0.00		7.10	- 7.60	6.00	- 8.00	gm/dl
Albumin	4.51	hi	0.00		4.00	- 4.50	3.50	- 5.00	gm/dl
Globulin	3.20	Opt	0.00		2.80	- 3.50	1.90	- 3.70	gm/dl
A / G Ratio	1.41	Opt	0.00		1.20	- 1.60	1.10	- 2.30	ratio
Total Bilirubin	0.90	hi	0.00		0.50	- 0.70	0.20	- 1.00	mg/dl
Alkaline Phospatase	273.00	HI	0.00		60.00	- 80.00	41.00	- 138.00	mu/ml
LDH	172.00	hi	0.00		120.00	- 160.00	100.00	- 225.00	mu/ml
SGOT (AST)	20.00	Opt	0.00		18.00	- 26.00	0.00	- 40.00	mu/ml
SGPT (ALT)	11.00	lo	0.00		18.00	- 26.00	0.00	- 47.00	mu/ml
GGT	11.00	Opt	0.00		1.00	- 36.00	0.00	- 65.00	mu/ml
Serium Iron	91.97	Opt	0.00		85.00	- 120.00	50.00	- 180.00	mcg/dl
Ferritin	38.00	Opt	0.00		25.00	- 225.00	10.00	- 325.00	ng/ml
Cholesterol	143.00	lo	0.00		150.00	- 180.00	140.00	- 200.00	mg/dl
Triglyceride	56.00	lo	0.00		80.00	- 115.00	10.00	- 195.00	mg/dl
HDL Cholesterol	38.00	lo	0.00		55.00	- 120.00	35.00	- 55.00	mg/dl
LDL Cholesterol	93.00	Opt	0.00		50.00	- 110.00	65.00	- 130.00	mg/dl
VLDL	11.00	Opt	0.00		5.00	- 20.00	5.00	- 40.00	mg/dl
Total Cholesterol / HDL	3.70	Opt	0.00		0.00	- 4.00	0.00	- 5.00	ratio
T4	9.10	hi	0.00		7.00	- 9.00	5.50	- 13.00	mcg/dl
T3	29.07	LO	0.00		36.00	- 40.00	32.00	- 43.00	%
T7	2.65	Opt	0.00		2.60	- 3.60	2.10	- 4.70	
White Blood Count	6.30	Opt	0.00		5.00	- 8.00	4.80	- 10.80	k/cumm
Red Blood Count	5.15	Opt	0.00		4.50	- 5.50	4.50	- 5.50	m/cumm
Hemoglobin	14.70	Opt	0.00		14.00	- 15.00	12.00	- 16.00	gm/dl
Hematocrit	42.40	Opt	0.00		40.00	- 47.00	37.00	- 47.00	%
MCV	82.00	lo	0.00		85.00	- 97.00	82.00	- 99.00	cu.m
MCH	28.50	Opt	0.00		27.00	- 31.00	27.50	- 32.50	pg
MCHC	34.60	hi	0.00		32.00	- 34.00	32.00	- 36.00	%
Platelets	320.00	hi	0.00		175.00	- 250.00	150.00	- 450.00	k/cumm
Polys (SEGS-PMNS)	45.00	LO	0.00		55.00	- 65.00	50.00	- 70.00	%
Lymphocytes	44.00	HI	0.00		25.00	- 40.00	20.00	- 40.00	%
Monocytes	8.00	hi	0.00		3.00	- 7.00	1.00	- 8.50	%
Eosinophils	3.00	Opt	0.00		0.00	- 4.00	1.00	- 5.00	%
Basophils	0.00		0.00		0.00	- 0.00	0.00	- 1.00	%
Erythrocytes Sed Rate ESR	3.00	Opt	0.00		0.00	- 8.00	0.00	- 9.00	mm/HR
CRP C-Reactive Protein	0.00		0.00		0.00	- 0.00	0.49	- 0.51	mg /L
Creatine Kinase	190.00	HI	0.00		67.50	- 103.50	54.00	- 186.00	u/l

Personal Vitamin and Supplement Program for AH 6658					
Vitamin or Supplement	Dosage Per Unit	AM	Noon	PM	Bed
Beta Carotene (A-Caro)	25000 I.U.	1		1	
Vitamin C (Ascocid 1000)	1000 mg.	1			
Chlorella	335 mg.	1			
B-Complex (Exstress Super)	50 mg.	1			
Iron Peptonate (Ferrotate)	50 mg	1			
Magnesium Glycinate	100 mg.	1			
B6 (Neuro-K-100)	100 mg.	1			
Sublingual B12 Plus (B12/Folic)	1	1			
Ultra Preventive III (Multiple)	1	1		1	

*NOTE: TO SEE A COMPLETE LIST OF NUTRIENTS IN EACH SUPPLEMENT GO TO THE *VITAMIN LIST*

END OF FIRST REPORT

SECOND REPORT (HAIR ANALYSIS)

PATIENT: AH

Mother's Name: TH

DATE HAIR SAMPLED: 11/21/98

DATE OF ANALYSIS: 12/23/98

SEX: M

WEIGHT: 89

AGE: 14

BLOODTYPE: O

Test Findings: High Antimony, High Arsenic; High Bismuth; High Cadmium; High Lead; High Nickel; High Titanium

This analysis and the recommendations are not for the purpose of treating or curing disease, i.e.: cancer, hepatitis, arthritis, diabetes, M.S., heart disease, etc. The purpose for this nutrition and lifestyle program is to create an optimum environment in which your body can heal and cure itself by eliminating foods and toxins which adversely affect the body and to provide nutrients that the body may lack.

HAIR ANALYSIS

The measurement of hair element levels is a screening test for physiological excess, deficiency, or maldistribution. Hair element analysis is not a diagnostic test of element function, and hair element levels (either high or low) are not always indicative of pathology. This is **because hair levels of some elements can be influenced by many factors such as shampoo, swimming pool and spa water, and hair treatments.**

Because of pollution, industry, and other environmental factors, there is no way you can totally eliminate your exposure to some of these toxic elements. However, there are things we can do daily to limit our exposure to these toxic elements and therefore lessening the total burden on your body. **Below you'll find that we've highlighted the most common sources of each toxic element with which you are being overexposed.**

HIGH ANTIMONY

Antimony or stibium has no known function in living organisms and has low toxicity. **Foods stored in enamel vessels and cans may contain appreciable antimony concentrations. Variations in concentration are apparently influenced by geography, season and refining of foods.** However, due to low toxicity, little research is available regarding the importance of blood and hair levels.

HIGH ARSENIC

Chronic arsenic exposure is known to cause:

Bone marrow depression; Leukopenia; Normochromic anemia; Exfoliation and pigmentation of skin; Neurological symptoms; Polyneuritis; Altered hematopoiesis Liver degeneration; Kidney degeneration; Skin cancer; Cancers of the respiratory tract.

Delayed toxicity symptoms include abdominal pain, nausea, vomiting, hematuria, and jaundice.

Acute poisoning:

Ingestion of relatively large amounts of soluble arsenic compounds, especially on an empty stomach, affect the myocardium, causing death within a few hours.

Ingesting smaller amounts of arsenic can cause epigastric pain, vomiting and diarrhea, followed by inflammation of the conjunctiva and respiratory mucous membranes, epitaxis, transient jaundice, cardiomyopathy, erythematous or visceral rashes, and sweating. Hematological, renal or pancreatic dysfunction may be observed. Symptoms of neuropathy are experienced 1-2 weeks later and typically appear as with tingling and paresthesia in the extremities.

Proteinuria and methemoglobinemia are frequently observed, causing renal failure and death. Alopecia totalis

Arsenic is found in tobacco smoke and is a suspected causative factor in lung cancer. Drinking water may also be a source of arsenic, and the use of arsenic-containing paints is a known source of arsenic poisoning. Elevated hair levels are seen long before acute clinical signs of arsenic toxicity are obvious.

Therapeutic consideration for chronic overexposure:

Antioxidant therapy, especially ascorbic acid or calcium ascorbate, vitamin E (all tocopherols), increased intake of sulfur-containing amino acids, vitamin B6. Note: Arsenic suppresses iodine and selenium.

Research

The relationship between cognitive functions and hair mineral concentrations of lead, arsenic, cadmium, and aluminum was examined for a random selection of 69 children. The data obtained showed a significant correlation between reading and writing skill and elevated arsenic levels, as well as interaction between arsenic and lead. Children with reduced visual-motor skills, had clearly elevated aluminum and lead levels.

HIGH BISMUTH

Bismuth is a major player in the metallurgical industry. Many industries are using bismuth instead of lead because lead is so toxic. Bismuth is nontoxic in ordinary amounts, but prolonged exposure or excessive use may lead to toxicity. It is a basic ingredient in a range of fusible alloys; an additive to aluminum, steel, and cast iron to improve machinability; and widely used to support dies and moulds.

Bismuth has been used in health care for centuries. Slightly soluble mineral salts are used in antacids such as Pepto-Bismol. Bacterial properties of bismuth salts are used to treat skin injuries and infection. The medical profession used bismuth castings to shield vital organs during radiation therapy.

Symptoms of toxicity are: mental confusion, memory loss, incoordination, slurred speech, joint pain, or muscle twitching and spasm, foul breath, blue/black gum line, and malaise.

Sources of Bismuth are antacids (Pepto Bismol), glass, and ceramics. Other sources include optical lenses, synthetic pearls and cosmetic formulations where they impart pearlescence to lipstick, nail polish and eye shadow.

HIGH CADMIUM

You'll see that you have a cadmium value that is too high. Cadmium (Cd) is a toxic, heavy metal. Hair cadmium levels provide an excellent indication of body burden. Moderately high cadmium levels are consistent with hypertension, while very severe cadmium toxicity can cause hypotension. Cadmium affects the kidneys, lungs, testes, arterial walls, bones, and interferes with many enzymatic systems. Cadmium absorption is reduced by zinc, calcium and selenium. One of the things that you should do to help your overall long-term health is to reduce your cadmium intake. **The most common sources of cadmium are: batteries (particularly cell phone batteries), refined foods (white flour, white sugar, etc.), acid drinks left in galvanized pails or ice trays, superphosphate fertilizers, gluten flour, some cola drinks, tap water, atmospheric pollution in the burning of coal and petroleum products, margarine, canned fruits and beverages, sugar and molasses, alcoholic drinks, cigarette smoke, zinc smelters, cadmium plating used in soft drink dispensing machines.**

Contamination may come from perms, dyes, bleach and some hair sprays, and can cause false highs for Cd.

HIGH LEAD

Clinical signs and symptoms:

The Center for Disease Control (CDC) reports the following symptoms as those frequently seen in exposed children: Abdominal pain, colic, severe and repeated vomiting; Irritability; Hyperactivity; Anorexia; Ataxia; Mental disturbances. Advanced stage: mental retardation; Learning disability; Speech disturbances; Stupor or fatigue; Intermittent fever; Dehydration; Constipation, Diarrhea, Nausea; Altered sleep; Epileptic seizures.

Physiologically, the renal, nervous, reproductive, endocrine, immune, and hemopoietic systems are affected. Sub-toxic oral exposure to lead and cadmium increases the susceptibility to bacterial and viral infections.

Other symptoms associated with the early stages of lead intoxication are: Headaches; Vertigo; Tremor; Joint pain; Neuritis; General mental symptoms, psychoneuroses

Symptoms of acute intoxication include:

Colic; Loss of muscle strength; Muscle tenderness; Paresthesia; Signs of neuropathy

Lead is known to damage the kidney, the liver, and the reproductive system, as well as to interfere with bone marrow function, basic cellular processes and brain functions. It is known to be responsible for convulsions, abdominal pain, paralysis, temporary blindness, extreme pallor, loss of weight and appetite, constipation and numerous other problems.

Lead causes nerve and mental problems, especially affecting learning ability in children. It was reported that the IQs of middle-class children dropped five to seven points after lead exposure, and Moon, et. al., demonstrated that lead levels also related to decreased visual and motor performance.

Therapeutic considerations:

Mild lead exposure can be treated successfully with oral chelating agents, targeted mineral therapy and dietary measures. The following should be considered:

Lead displaced calcium. In the case of calcium deficiency, lead is more readily deposited in tissues; Increase phosphorus intake; Increase vitamin C; Increase vitamin B-complex; Increase pectin and vitamin E; Vitamins A and C, and Chromium can avoid cellular damage and reduce lead levels; Inadequate vitamin D intake facilitates the absorption of lead.

COMMON SOURCES OF LEAD:

Lead based paints; older homes; crystal; ceramics; canned food; food crops; water contamination

HIGH NICKEL

You'll see that you have a nickel value that is too high. The **most common sources of nickel are: atmospheric pollution by burning of coal and petroleum products, cigarette smoking, nickel coins, eyeglass frames, costume jewelry, kitchen appliances, pins, scissors, hair clips, hydrogenated oils and margarine.**

HIGH TITANIUM

Titanium (Ti) has wide industrial uses, and elevated Ti may be the result of industrial exposure. Titanium is used in metal alloying and is used as titanium dioxide to coat welding rods. **Titanium dioxide pigment is present in paints, inks, dyes, shoe whiteners, plastics, some cosmetics, paper fillers and ceramic glazes. Elevated hair titanium also may be an artifact (false high) of hair treatments such as dyeing or "highlighting".**

To help get these heavy metals out of your system, which is very important, I want you to take Chlorella at 3 per day. Your magnesium and selenium, are both very important in getting these metals through the kidneys. Chlorella and cilantro have the unique ability to actually get these heavy metals out of the brain, liver, heart, and lung tissue. I recommend adding fresh cilantro to the diet. Cilantro is an herb that you can find in most supermarkets. You can chop it up and add it to salads, sauces, etc. Since we are constantly being exposed to heavy metals in our society, I do recommend that even after you are feeling better that you continue with the Chlorella.

We see that AH's calcium, magnesium, sodium and potassium are all quite high. They are, in fact, off the chart. You will see that the mercury level is good. The Chlorella, magnesium and the selenium that he is on will tend to be eliminated through the bowel movements and not so much through the hair. We do see the calcium, magnesium, sodium and potassium being out of balance. Although he is feeling a lot better, I think that his body is still out of balance and working to correct it. I recommend that he include Calcium at 2/day, Magnesium at 1/day, Selenium at 1/day and Vitamin C at 2/day. Even though he is high in calcium, he still needs it. Continue with your Beta- Carotene, B Complex, Iron, B6, B 12, and multiple vitamin.

Please keep this report for future reference. A re-test is desired in six months.



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HAIR MULTIELEMENT ANALYSIS REPORT

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LAB. NO.: 98346-0025 ACCT.: 22044
PATIENT: AGE: 15 SEX: M
DOCTOR: Van D. Merkle, DC
OFFICE:

Elements Regarded As Toxic

TOXIC ELEMENTS	PATIENT LEVEL (parts per million)	HIGH		
		ONE STANDARD DEVIATION ABOVE MEAN	TWO STANDARD DEVIATIONS ABOVE MEAN	MORE THAN TWO STANDARD DEVIATIONS ABOVE MEAN
Aluminum	2	****	8	
Antimony	0.106	*****	.15	
Arsenic	0.042	****	.15	
Beryllium	<dL .002		.03	
Bismuth	0.095	*****	.3	
Cadmium	0.234	*****	.25	
Lead	1.1	*****	2.0	
Mercury	<dL .240		1.5	
Nickel	0.23	****	0.7	
Platinum	0.003	**	.02	
Silver	0.05	**	0.4	
Thallium	<dL .001		.05	
Thorium	<dL .001		.01	
Tin	0.2	****	0.8	
Uranium	0.022	**	.2	

SAMPLE SIZE: 0.18 g
SAMPLE TYPE: head hair
DATE SAMPLED: 11/21/98
DATE IN: 12/12/98
DATE OUT: 12/15/98
OFFICE CODE: 2-1
ICP-MS analyzed
RACE: caucasian
HAIR COLOR:
HAIR PREPS:
SHAMPOO: HERBAL

Ratios

	PATIENT RATIO	EXPECTED RANGE
CA/MG	3.8	4- 6
CA/P	8.6	2.6- 6.1
MG/K	2.5	2.0- 4.6
NA/K	5.3	1.3- 4.5
ZN/CU	8.6	4- 16
ZN/CD	756	>800

TOTAL TOXIC REPRESENTATION *****

Elements Regarded As Nutrients

NUTRIENT ELEMENT	PATIENT LEVEL (parts per million)	REFERENCE RANGE					NUMERICAL VALUE OF REFERENCE RANGE
		BELOW 2 STD. DEV.	TWO STANDARD DEVIATIONS BELOW	ONE STANDARD DEVIATION BELOW	MEAN	ONE STANDARD DEVIATION ABOVE	
Calcium	1514				*****		200- 550
Magnesium	395				*****		13- 50
Sodium	926				*****		20- 90
Potassium	159				*****		10- 40
Copper	21				*****		10- 24
Zinc	177				*****		125- 155
Iron	9				*****		6- 15
Manganese	0.47				****		0.30- 0.60
Chromium	0.31				*****		0.35- 0.80
Cobalt	0.042				*****		0.020- 0.045
Vanadium	0.029				*****		0.009- 0.080
Molybdenum	0.056				***		0.030- 0.080
Boron	0.90				*****		0.80- 2.80
Iodine	0.5				*****		0.3- 1.2
Lithium	0.009				*****		0.010- 0.040
Phosphorus	176				****		144- 194
Selenium	1.656				*****		0.950- 1.700
Strontium	17.48				*****		0.36- 3.20
Sulfur	41374				*****		47000- 54500

Other Elements

ELEMENT	PATIENT LEVELS	EXPECTED RANGE	ONE STANDARD DEVIATION HIGH	TWO STANDARD DEVIATIONS HIGH
Barium	5.53	0.40- 2.50	*****	
Germanium	0.315	0.003- 0.028		
Rubidium	0.113	0.020- 0.150	*****	
Titanium	0.461	0.100- 0.700	****	
Zirconium	0.312	0.020- 0.500	****	

COMMENTS:

LABORATORY DIRECTOR: James T. Hicks, MD, Ph.D., FCAP • CLIA ID NO. 14D0646470 • MEDICARE PROVIDER NO. 148453 • TAX ID NO. (FEIN) 93-0941625

dl=detection limit, n/a=currently not available, qns=quantity not sufficient

Personal Vitamin and Supplement Program for AH 6658

Vitamin or Supplement	Dosage Per Unit	AM	Noon	PM	Bed
Beta Carotene (A-Caro)	25000 I.U.	1		1	
Vitamin C (Ascocid 1000)	1000 mg.	1		1	
Chlorella	335 mg.	1	1	1	
B-Complex (Exstress Super)	50 mg.	1			
Iron Peptonate (Ferrotate)	50 mg	1			
Magnesium Glycinate	100 mg.	1			
Calcium (MCHC)	250 mg.	1		1	
B6 (Neuro-K-100)	100 mg.	1			
Selenium (Selenimin)	200 mcg.	1			
Sublingual B12 Plus (B12/Folic)	1	1			
Ultra Preventive III (Multiple)	1	1		1	

*NOTE: TO SEE A COMPLETE LIST OF NUTRIENTS IN EACH SUPPLEMENT GO TO THE *VITAMIN LIST*

END OF REPORT