

**Possible or Early Alzheimer's Disease,
Poor Memory, Gets Confused Easily, No Energy or
Appetite, Ataxia, Slow Overall Decline, Shakes So
Badly He Can Hardly Drink from a Cup,**

Patient JB 8447, a 70 year old man, presented on 8/17/99

Within the last two months on the program:

- Energy, appetite and digestion have all improved
- Wife and children can see improvement
- Speech is more articulate
- Shaking is gone
- Wit and sense of humor is back, is back to old self
- Walking is better and quicker, has better posture
- Reflux is better
- Memory is better and concentration has improved

If the body isn't healthy, is it any wonder the brain doesn't function properly? It is exciting to see how quickly one can respond after following the proper program for just a few weeks.

FIRST REPORT

PATIENT: JB

DATE OF BLOOD TEST: 8/17/99

DATE OF ANALYSIS: 8/31/99

SEX: M

WEIGHT: 172

AGE: 70

BLOOD TYPE: O

Presenting symptoms: No energy or appetite; has poor memory although not Alzheimer's; will water his flowers for 20 minutes and then has to lay down; malaise started after he had a hematoma, has been worse the last 9 months; he is a lot different; has been to Cleveland Clinic; has noticed he can't figure things out like he used to; has some ataxia, his walking is getting worse, has noticed a slow overall definite decline; drank soft water for 20 years; never gets headaches; had pneumonia 3 years ago; had appendix taken out, subdural hematoma, endoscope, and a colonoscopy; right knee is swollen; will walk 2-3 miles 6 days a week; lost 15 lbs in the last year, has been trying to lose weight; has noticed his energy is worse than it was five years ago; did have allergies, but not now; takes Metamucil daily; face is red, which is fairly common; has had several skin cancers; sleeps 6-8 hours a night and wakes 3 times a night to go to the bathroom; morning is the best time of day, although it is still not good; drinks 1 cup of decaffeinated coffee a day; used to smoke but quit 25 years ago

Tests Performed: Blood Test; Hair Analysis

Test Findings: High Heavy Metals; Low Minerals; Low Liver Function; Low Cholesterol; Thyroid Imbalance; Probable Infection and/or Allergies; High C-Reactive Protein; High Sed Rate

Medications: Zantac (for reflux) off and on for 4-5 years, stopped 1 year ago; Aricept (for Alzheimer's); Plavix (blood thinner for dizziness)

Side Effects of Medications: Zantac (also Ranitidine) used for duodenal ulcers, gastric ulcers, hypersecretory condition, and for reflux. Adverse Reactions: headaches (at times severe), malaise, dizziness, insomnia, vertigo, confusion, depression, hallucinations, blurred vision. It is a H2 Blocker. May be associated with arrhythmias, constipation, diarrhea, nausea, vomiting, increased pancreatic and liver enzymes, muscle and joint pain, various anemias, thrombocytopenia, gynecomastia, loss of libido, rash, rarely alopecia.

Aricept (for Alzheimer's) headache; pain in various locations; accident; fatigue; syncope; nausea; diarrhea; vomiting; anorexia; ecchymosis; weight decrease; muscle cramps; arthritis; insomnia; dizziness; depression; abnormal dreams; somnolence; frequent urination; chest pain; edema; listlessness; hot flashes; hypotension; congestive heart failure; bradycardia; tachycardia; fecal incontinence; gastrointestinal bleeding; irritable colon; hemorrhoids; stomach ulcer; diabetes mellitus; anemia; thrombocytopenia; dehydration; gout; bone fracture; delusions; tremor; irritability; aggression; increased libido; abnormal crying; nervousness; sore throat; bronchitis; pruritus; urticaria; alopecia; cataract; eye irritation; vision blurred; urinary incontinence

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. Test values outside the clinical range are

highlighted in red. 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. Test values outside the homeostatic range are highlighted in yellow.

The coronary risk assessment is probably protected at 2.79. This is concerning the total cholesterol, which is low at 131 and the HDL cholesterol which is low at 47. 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 68. Your VLDL cholesterol - close to the bottom of the page is good at 10. This is the very worst type of cholesterol to have and I like to see that value below 20.

The cholesterol is very important in the body. Actually, when cholesterol is too low it can be just as bad and sometimes worse than too high. It is very important in energy, your immune system and nerve function. To give you body some more fatty acids I would like you to take EPA/DHA at 2/day and GLA at 1/day.

Your platelets are too high. Further cardiovascular consideration: platelet counts of this magnitude have shown an increased risk for cardiac disease with two times the risk for coronary thrombus. The platelets tend to clump together to form blood clots. For this, take Vitamin E at 1/day.

You have a high creatinine, which indicates early prostatic urinary congestion. This may be associated with having to get up too many times at night. For this, I would like you to take Prostaglan at 4/day.

You have low sodium, which indicates a low functioning adrenal gland. This is commonly related to long-term stress. It can be physical, chemical or mental. For this, take Tyrosine at 2/day.

Take 3/day of Magnesium, B6 at 2/day (which helps in the utilization of magnesium), Vitamin D at 2/day, and Calcium at 3/day for your low mineral values.

You have a low total protein. This is poor protein assimilation, poor digestion, or you are just not getting enough protein in your diet. One out of every four bites of food (or 25%) needs to be of a protein source (beans, seeds, nuts, sprouts, etc.). Protein is very important in nerve function as well as metabolism. When you have such a low total protein and low usable calcium, this indicates poor digestion. Take Betaine Plus at 2/meal and Apple Cider Vinegar at 2 tbl. before each meal. To get your digestive system functioning better, I would like you to take Acidophilus at 2/day and Seacure at 3/day.

Your have a high bilirubin, which may be associated with an immune dysfunction. This is possibly related to the high white blood count, high polys, low lymphocyte count and high monocyte count. This indicates a possible infection and/or potentially more serious problems. This is especially true when we see such a high sed rate and high C-reactive protein. This can be associated with arthritis, bacterial or viral infections or even cancer. I would like you to do a stool analysis for blood. This is because your serum iron is so low.

When we include the high bilirubin and the low SGOT and SGPT, we may have some blockage in the bile ducts. However, I noticed that your color is still good and you don't appear to be jaundiced at all. For now, for your liver, I would like you to take Silymarin (a milk thistle extract) at 3/day and B-Complex at 2/day. For your possible

infection, take Vitamin C at 3/day, Beta-Carotene at 2/day, Monolaurin at 6/day, Garlic at 2/day and Germanium Forte at 1/day.

We also see a high T3, which is a high functioning thyroid. I would like you to take Norwegian Sea Kelp at 1/day.

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 ALUMINUM

At the top of the page, you'll see your toxic metal levels. You'll see that you have an aluminum value that is too high. Any aluminum is too much. Aluminum toxicity is associated with Alzheimer's and Parkinson's disease. Aluminum is, also, a heavy metal that displaces your other good minerals. One of the things that you should do to help your overall long-term health is to reduce your aluminum intake. The **most common sources of aluminum are: antiperspirants, aluminum cookware, antacids, some baking sodas, baking powder, some breath mints, some skin lotion, some cosmetics, aluminum foil, canned goods, emulsifiers in some processed cheese, table salt - anti-caking compound, bleaching agent used in white flour, buffered aspirin, some toothpaste, dental amalgams, cigarette filters, and drinking water (tap water). Do not eat or drink anything that comes in a can. Read your labels before you purchase. I've even seen aluminum in a granola bar.**

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. Other symptoms: malaise; muscle weakness; eczema; dermatitis; increased salivation; strong "garlic breath". 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-4 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 dyes 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, lack of coordination, slurred speech, joint pain, muscle twitching and spasms, foul breath, blue/black gum line and malaise.

Sources of Bismuth are: **antacids, glass, ceramics, optical lenses, synthetic pearls, cosmetic formulations where they impart pearlescence to lipstick, nail polish and eyeshadow.**

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: 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.

Symptoms of Contamination: hypertension; fatigue; muscle and joint pain/osteomalacia; anemia; lumbar pain; atherosclerosis; kidney damage with associated urinary loss of essential minerals, amino acids and protein

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, colics, severe and repeated vomiting; Irritability; Hyperactivity; Anorexia; Loss of appetite; Ataxia; Mental disturbances. Advanced stage: mental retardation; Learning disability; Speech disturbances; Stupor or fatigue; Intermittent fever; Dehydration; Constipation, Diarrhea, Nausea; Altered sleep; Epileptic seizures; Headaches; Poor

memory; Inability to concentrate; ADD/ADED; Aberrant behavior; Decreased coordination; Irritability; Pain in abdomen, bones and muscles; Gout; Anemia. 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 MERCURY

Mercury (Hg) is a toxic element for humans and animals. Hair mercury level is an accurate indicator of mercury body burden. Mercury can cause hyperactivity, mental and emotional changes, neuromuscular disorders [Alzheimer's and Parkinson's], loss of appetite, etc. A considerable variance in the sensitivity of different individuals to mercury has been observed, with some exhibiting symptoms at 3 to 5 ppm. Even very low levels of mercury have been found to suppress biological selenium activity. After dental amalgams are used, elevated hair mercury may be observed for six months to over a year. Hair mercury has been found to correlate with acute myocardial infarction where on average a 1 ppm mercury was found to correlate with a 9 percent increase in ANU risk.

Symptoms of contamination: Chronic fatigue; depression; poor memory and cognitive function; emotional instability; peripheral numbness or tingling; decreased senses of touch, hearing or vision; hypersensitivity and allergies; persistent infections including chronic yeast overgrowth; compromised immune function; cardiovascular disease

Other sources of mercury are: large fish, pesticide residues, mercurial fungicides on seed grains, dental fillings, coal burning, calomel (mercurous chloride), interior paints, pharmaceuticals, and water.

HIGH SILVER

Silver occurs naturally in very low concentrations in soil, plants, and animal tissues. It can also be found in food that comes from silver plated vessels, silver solder, silver foil (used in decorating cakes), jewelry, electronic equipment, dental fillings and photographic materials. Silver is found at hazardous waste sites and in water. Some water treatment systems including water filters use silver compounds to kill bacteria.

HIGH TIN

You'll see that you have a tin value that is too high. The **most common sources of tin are: tap water, preserved foods in tin cans, asparagus packaged in glass, processing and packaging of gelatin, smoked fish, macaroni, dried legumes, dried milk, milk in large cans, and tea.**

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 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.

Most of your other nutrient elements are low. You are very deficient in minerals. It is possible that the soft water is related to this. Your calcium and magnesium being so low in your blood and hair is not a good sign. For this, take a good multiple vitamin (we use one called Ultra Preventive III) at 3/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 Cooking (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: Look for meat that is labeled "No Hormones, No Steroids, No Antibiotics, etc"
11. Shellfish and Bottom-dwellers (crab, shrimp, lobster, oyster, catfish, etc.)
12. Dairy Products (cottage cheese, yogurt, cheese, butter, sour cream, etc.) (anything with cow's milk)
13. Coffee (regular & chemically decaffeinated), Liquor (distilled), All sodas, Tea (black decaf & black regular)

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

Hypoglycemic Recommendations:

(these are for your hypoglycemic condition and should be followed closely)

1. Avoid all fruit juices.
2. Eat only one fruit and at least four fresh vegetables.
3. Eat a snack every hour and a half to two hours. (Eat by the clock. This is going to help take stress off your liver and help to maintain your glucose at a good level so it doesn't fluctuate so greatly.)
4. The snack should be 4 to 5 bites of a complex carbohydrate, protein or foods that have good fats in them such as: whole grain bread, sunflower seeds, pumpkin seeds, nuts, carrots or even a piece of chicken would be fine to eat.
5. Do this for at least the next two months or until your re-evaluation.

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.

JB, your heavy metals are pretty high. In fact, I wouldn't be surprised if they are higher the next time we test you. Your calcium and magnesium are very important in eliminating these from your body. With those being so low, you are not going to be getting the heavy metals out of your system. Be sure to do the stool analysis to check for blood. You can usually get these from pharmacies.

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.

JB, 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.

At the end of one month, I would like to do a CBC and sed rate. In two months I would like to do a complete blood test. I would like to do another hair analysis in six months.

Test Description	Current Result	Current Rating	Prior Result	Delta	Homeostatic		Clinical		Units
Date	08/17/99								
Glucose	98.00	Opt	0.00		85.00	- 100.00	65.00	- 110.00	mg/dl
Hemoglobin A1C(Gly-Hgh)	5.20	Opt	0.00		4.00	- 5.40	3.40	- 6.10	%
Uric Acid	4.20	Opt	0.00		4.00	- 6.00	2.50	- 8.00	mg/dl
Blood Urea Nitrogen (BUN)	17.00	Opt	0.00		13.00	- 18.00	10.00	- 20.00	mg/dl
Creatinine	1.40	hi	0.00		0.60	- 1.00	0.50	- 1.50	mg/dl
BUN / Creatinine Ratio	12.00	lo	0.00		13.00	- 17.00	7.50	- 18.50	ratio
Sodium	138.00	lo	0.00		140.00	- 144.00	138.00	- 146.00	meq/dl
Potassium	4.60	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	2.10	lo	0.00		2.20	- 2.60	1.70	- 2.40	mg/dl
Calcium	8.80	lo	0.00		9.70	- 10.10	8.60	- 10.70	mg/dl
Phosphorus	2.50	lo	0.00		3.40	- 4.00	2.40	- 4.60	mg/dl
Calcium / Albumin Ratio	47.59	HI	#DIV/0!		2.20	- 2.50	2.03	- 2.71	ratio
Usable Calcium	11.50	HI	0.00		7.90	- 10.10	7.00	- 10.11	
Total Protein	7.00	lo	0.00		7.10	- 7.60	6.00	- 8.00	gm/dl
Albumin	4.10	Opt	0.00		4.00	- 4.50	3.50	- 5.00	gm/dl
Globulin	2.90	Opt	0.00		2.80	- 3.50	1.90	- 3.70	gm/dl
A / G Ratio	1.40	Opt	0.00		1.20	- 1.60	1.10	- 2.30	ratio
Total Bilirubin	1.50	HI	0.00		0.50	- 0.70	0.20	- 1.00	mg/dl
Alkaline Phospatase	62.00	Opt	0.00		60.00	- 80.00	41.00	- 138.00	mu/ml
LDH	145.00	Opt	0.00		120.00	- 160.00	100.00	- 225.00	mu/ml
SGOT (AST)	13.00	lo	0.00		18.00	- 26.00	0.00	- 40.00	mu/ml
SGPT (ALT)	14.00	lo	0.00		18.00	- 26.00	0.00	- 47.00	mu/ml
GGT	21.00	Opt	0.00		1.00	- 36.00	0.00	- 65.00	mu/ml
Serium Iron	25.00	LO	0.00		85.00	- 120.00	50.00	- 180.00	mcg/dl
Ferritin	219.80	hi	0.00		12.50	- 218.30	10.00	- 291.00	ng/ml
Cholesterol	131.00	LO	0.00		150.00	- 180.00	140.00	- 200.00	mg/dl
Triglyceride	52.00	lo	0.00		80.00	- 115.00	10.00	- 195.00	mg/dl
HDL Cholesterol	47.00	lo	0.00		55.00	- 120.00	35.00	- 55.00	mg/dl
LDL Cholesterol	68.00	Opt	0.00		50.00	- 110.00	65.00	- 130.00	mg/dl
VLDL	10.00	Opt	0.00		5.00	- 20.00	5.00	- 40.00	mg/dl
Total Cholesterol / HDL Ratio	2.79	Opt	0.00		0.00	- 4.00	0.00	- 5.00	ratio
T4	6.40	lo	0.00		7.00	- 9.00	5.50	- 13.00	mcg/dl
T3	40.90	hi	0.00		36.00	- 40.00	32.00	- 43.00	%
T7	8.28	HI	0.00		2.60	- 3.60	2.10	- 4.70	
White Blood Count	13.20	HI	0.00		5.00	- 8.00	4.80	- 10.80	k/cumm
Red Blood Count	4.60	Opt	0.00		4.50	- 5.50	4.50	- 5.50	m/cumm
Hemoglobin	14.50	Opt	0.00		14.00	- 15.00	12.00	- 16.00	gm/dl
Hematocrit	43.40	Opt	0.00		40.00	- 47.00	37.00	- 47.00	%
MCV	94.20	Opt	0.00		85.00	- 97.00	82.00	- 99.00	cu.m
MCH	31.50	hi	0.00		27.00	- 31.00	27.50	- 32.50	pg
MCHC	33.30	Opt	0.00		32.00	- 34.00	32.00	- 36.00	%
Platelets	293.00	hi	0.00		175.00	- 250.00	150.00	- 450.00	k/cumm
Polys (SEGS-PMNS)	76.60	HI	0.00		55.00	- 65.00	50.00	- 70.00	%
Lymphocytes	9.20	LO	0.00		25.00	- 40.00	20.00	- 40.00	%
Monocytes	13.20	HI	0.00		3.00	- 7.00	1.00	- 8.50	%
Eosinophils	0.70	LO	0.00		0.00	- 4.00	1.00	- 5.00	%
Basophils	0.30	hi	0.00		0.00	- 0.00	0.00	- 1.00	%
Erythrocytes Sed Rate ESR	45.00	HI	0.00		0.00	- 8.00	0.00	- 9.00	mm/HR
CRP C-Reactive Protein	15.61	HI	0.00		0.00	- 0.00	0.00	- 4.90	mg /L
Creatine Kinase	75.00	Opt	0.00		50.00	- 150.00	26.00	- 174.00	u/l

**Personal Vitamin and Supplement Program
for JB 8447**

Vitamin or Supplement	Dosage Per Unit	AM	Noon	PM	Bed
Beta Carotene (A-Caro)	25000 I.U.	1		1	
Norwegian Sea Kelp (Alga K)	500 mg.	1			
Vitamin C (Ascocid 1000)	1000 mg.	1	1	1	
HCL Pepsin (Betaine Plus)	650 mg.	2	2	2	
Chlorella	335 mg.	1	1	1	
Vitamin D (D-Natural 5)	5000 I.U.	1		1	
Vitamin E-400 w/ selenium	400 I.U.	1			
B-Complex (Exstress Super)	50 mg.	1		1	
Garlic	345 mg.	1		1	
Germanium Forte	150 mg.	1			
Acidophilus (Lacto Key)	1	1		1	
Magnesium Glycinate	100 mg.	1	1	1	
Calcium (MCHC)	250 mg.	1	1	1	
EPA/DHA (MLK 1000)	1000 mg.				2
Monolaurin	300 mg.	2	2	2	
B6 (Neuro-K-500)	500 mg.	1		1	
Prostaglan	1	2		2	
Seacure	1	1	1	1	
Silymarin (Milk Thistle Extract)	150 mg.	1	1	1	
Tyrosine	500 mg.	1		1	
Ultra Preventive III (Multiple)	1	1	1	1	
GLA (Ultralinic)	240 mg.				1

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

END OF FIRST REPORT

SECOND REPORT

PATIENT: JB

DATE OF BLOOD TEST: 10/26/99

DATE OF ANALYSIS: 11/5/99

DATE OF PREVIOUS TEST (S): 8/17/99

SEX: M

WEIGHT: 172

AGE: 71

BLOOD TYPE: 0

Presenting Symptoms: No energy or appetite; has poor memory although not Alzheimer's; will water his flowers for 20 minutes and then has to lay down; malaise started after he had a hematoma, has been worse the last 9 months; he is a lot different; has been to Cleveland Clinic; has noticed he can't figure things out like he used to; has some ataxia, his walking is getting worse, has noticed a slow overall definite decline; drank soft water for 20 years; never gets headaches; had pneumonia 3 years ago; had appendix taken out, subdural hematoma, endoscope, and a colonoscopy; right knee is swollen; will walk 2-3 miles 6 days a week; lost 15 lbs in the last year, has been trying to lose weight; has noticed his energy is worse than it was five years ago; did have allergies, but not now; takes Metamucil daily; face is red, which is fairly common; has had several skin cancers; sleeps 6-8 hours a night and wakes 3 times a night to go to the bathroom; morning is the best time of day, although it is still not good; drinks 1 cup of decaffeinated coffee a day; used to smoke but quit 25 years ago

Previous Test Findings: High Heavy Metals; Low Minerals; Low Liver Function; Low Cholesterol; Thyroid Imbalance; Probable Infection and/or Allergies; High C-Reactive Protein; High Sed Rate

Current Test Findings: Low Minerals; Low Protein; Low HDL Cholesterol; Thyroid Imbalance; Possible Allergies and/or Infection

Medications: *[All reactions are from the PDA.1995]:* Zantac (for reflux) off and on for 4-5 years, stopped 1 year ago; Aricept (for Alzheimer's); Plavix (blood thinner for dizziness)

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 repair itself by eliminating foods and toxins which adversely affect the body and to provide nutrients that the body may lack.

Overall, JB, 19 values have improved and 15 are a little worse. The ones that are worse are grouped into two primary areas. One of them is your protein, which is a little lower. This may be associated with digestion. Make sure you get enough protein in your diet. One out of every four bites of food you eat should be a protein source (beans, seeds, nuts, and sprouts, etc.). Continue taking the Betaine Plus at 2/meal. I would like you to take 2 tbl. of Apple Cider Vinegar before each meal. Increase your Calcium to 4/day, Vitamin D at 2/day, Magnesium at 4/day and B6 500 at 2/day.

The other areas of concern are your triglycerides, HDL cholesterol, VLDL cholesterol and coronary risk. Basically, your HDL cholesterol dropped from 47 down to 40. Take Chromium Picolinate at 4/day. Be sure to exercise.

Your thyroid is still out of balance. I would like you to take Norwegian Sea Kelp at 1/day.

The infection that you appeared to have shows good improvement. Your monocytes are still a little high. This may be allergies. Be sure to avoid all dairy products. They tend to cause allergies or contribute toward them.

Overall JB, I see that you wrote back to us on October 13th that you are feeling much better. You indicated that your energy and sleep is better. You also thought that your speech is better. I can see that you have made some good improvement. We just need to make some modifications to what you were doing so we can get you to the next level. Don't be discouraged. The things that are worse are not significantly worse. Keep up the good work.

The vitamins that we want you to take now are: Beta-Carotene at 1/day, Vitamin C at 2/day, Chlorella at 3/day, Vitamin E at 1/day, B-Complex at 2/day, Garlic at 1/day, Germanium at 1/every other day, Acidophilus at 2/day, EPA/DHA at 2/day, Monolaurin at 4day, Prostaglan at 4/day, Seacure at 4/day, multiple vitamin at 3/day and GLA at 1/day.

Remember that your heavy metals were high. This may be responsible for some of the values we see. As your body gets rid of these, sometimes it will deplete your body of other nutrients.

JB, it looks like you are headed in the right direction. I'm glad you are feeling better. Look on the lab report at all the red on your test of 8/17/99 and look at the red on the test results of 10/26/99. There is a big difference. Keep up the good work. I expect to see even more continued improvement.

Please realize that as your body gets healthier, you may not need the drug(s) you are taking or may not need as much. Please contact the doctor that prescribed the drug and consult with him about getting off of the medication or lowering the dosage when the time arises.

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. Occasionally, you will hear rumors regarding vitamin toxicity. Rest assured that I have researched these issues and would not recommend them if they could do harm. 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. We will be happy to provide you with extra copies or fax/send your report to any other doctors at your request for \$20.00 per copy or fax.

A re-test is desired in three months.

Test Description	Current Result	Current Rating	Prior Result	Delta	Homeostatic	Clinical	Units
	10/26/99		08/17/99				
Glucose	90.00	Opt	98.00		85.00 - 100.00	65.00 - 110.00	mg/dl
Hemoglobin A1C(Gly-Hgh)	5.40	Opt	5.20		4.00 - 5.40	3.40 - 6.10	%
Uric Acid	5.00	Opt	4.20		4.00 - 6.00	2.50 - 8.00	mg/dl
Blood Urea Nitrogen (BUN)	20.00	hi	17.00	☹	13.00 - 18.00	10.00 - 20.00	mg/dl
Creatinine	1.30	hi	1.40	☺	0.60 - 1.00	0.50 - 1.50	mg/dl
BUN / Creatinine Ratio	15.00	Opt	12.00	☺	13.00 - 17.00	7.50 - 18.50	ratio
Sodium	138.00	lo	138.00	☺	140.00 - 144.00	138.00 - 146.00	meq/dl
Potassium	4.40	Opt	4.60		4.00 - 4.60	3.50 - 5.50	meq/dl
Chloride	102.00	Opt	100.00		100.00 - 106.00	96.00 - 110.00	meq/dl
Magnesium	2.00	lo	2.10	☹	2.20 - 2.60	1.70 - 2.40	mg/dl
Calcium	8.90	lo	8.80	☺	9.70 - 10.10	8.60 - 10.70	mg/dl
Phosphorus	3.00	lo	2.50	☺	3.40 - 4.00	2.40 - 4.60	mg/dl
Calcium / Albumin Ratio	1.89	LO	2.15	☹	2.20 - 2.50	2.03 - 2.71	ratio
Usable Calcium	7.50	lo	6.25	☺	7.90 - 10.10	7.00 - 10.11	
Calcium-Phosphorus Index	22.50	lo	15.63	☺	30.00 - 40.00	20.00 - 40.20	ratio
Total Protein	6.90	lo	7.00	☹	7.10 - 7.60	6.00 - 8.00	gm/dl
Albumin	4.70	hi	4.10	☹	4.00 - 4.50	3.50 - 5.00	gm/dl
Globulin	2.20	lo	2.90	☹	2.80 - 3.50	1.90 - 3.70	gm/dl
A / G Ratio	2.10	hi	1.40	☹	1.20 - 1.60	1.10 - 2.30	ratio
Total Bilirubin	0.90	hi	1.50	☺	0.50 - 0.70	0.20 - 1.00	mg/dl
Alkaline Phospatase	60.00	Opt	62.00		60.00 - 80.00	41.00 - 138.00	mu/ml
LDH	141.00	Opt	145.00		120.00 - 160.00	100.00 - 225.00	mu/ml
SGOT (AST)	21.00	Opt	13.00	☺	18.00 - 26.00	0.00 - 40.00	mu/ml
SGPT (ALT)	25.00	Opt	14.00	☺	18.00 - 26.00	0.00 - 47.00	mu/ml
GGT	19.00	Opt	21.00		1.00 - 36.00	0.00 - 65.00	mu/ml
Serium Iron	117.00	Opt	25.00	☺	85.00 - 120.00	50.00 - 180.00	mcg/dl
Ferritin	50.10	Opt	219.80		25.00 - 225.00	10.00 - 325.00	ng/ml
Cholesterol	166.00	Opt	131.00	☺	150.00 - 180.00	140.00 - 200.00	mg/dl
Triglyceride	130.00	hi	52.00	☹	80.00 - 115.00	10.00 - 195.00	mg/dl
HDL Cholesterol	40.00	lo	47.00	☹	55.00 - 120.00	35.00 - 55.00	mg/dl
LDL Cholesterol	96.00	Opt	68.00		50.00 - 110.00	65.00 - 130.00	mg/dl
VLDL	26.00	hi	10.00	☹	5.00 - 20.00	5.00 - 40.00	mg/dl
Total Cholesterol / HDL Ratio	4.15	hi	2.79	☹	0.00 - 4.00	0.00 - 5.00	ratio
T4	5.90	Opt	6.40		5.40 - 9.69	4.70 - 11.40	mcg/dl
T3	36.80	hi	40.90	☺	27.60 - 33.06	24.00 - 38.90	%
T7	6.87	Opt	8.28		5.80 - 11.80	3.60 - 14.00	
White Blood Count	5.90	Opt	13.20	☺	5.00 - 8.00	4.80 - 10.80	k/cumm
Red Blood Count	4.70	Opt	4.60		4.50 - 5.50	4.50 - 5.50	m/cumm
Hemoglobin	15.10	hi	14.50	☹	14.00 - 15.00	12.00 - 16.00	gm/dl
Hematocrit	43.90	Opt	43.40		40.00 - 47.00	37.00 - 47.00	%
MCV	93.50	Opt	94.20		85.00 - 97.00	82.00 - 99.00	cu.m
MCH	32.20	hi	31.50	☹	27.00 - 31.00	27.50 - 32.50	pg
MCHC	34.40	hi	33.30	☹	32.00 - 34.00	32.00 - 36.00	%
Platelets	188.00	Opt	293.00	☺	175.00 - 250.00	150.00 - 450.00	k/cumm
Polys (SEGS-PMNS)	55.00	Opt	76.60	☺	55.00 - 65.00	50.00 - 70.00	%
Lymphocytes	31.10	Opt	9.20	☺	25.00 - 40.00	20.00 - 40.00	%
Monocytes	11.40	HI	13.20	☺	3.00 - 7.00	1.00 - 8.50	%
Eosinophils	2.00	Opt	0.70		0.00 - 4.00	1.00 - 5.00	%
Basophils	0.50	hi	0.30	☹	0.00 - 0.00	0.00 - 1.00	%
Erythrocytes Sed Rate ESR	2.00	Opt	45.00	☺	0.00 - 8.00	0.00 - 9.00	mm/HR
CRP C-Reactive Protein	0.50	hi	15.61	☺	0.00 - 0.00	0.49 - 0.51	mg /L
Creatine Kinase	121.00	Opt	75.00		50.00 - 150.00	26.00 - 174.00	u/l

**Personal Vitamin and Supplement Program
for JB 8447**

Vitamin or Supplement	Dosage Per Unit	AM	Noon	PM	Bed
Beta Carotene (A-Caro)	25000 I.U.	1			
Norwegian Sea Kelp (Alga K)	500 mg.	1			
Vitamin C (Ascocid 1000)	1000 mg.	1		1	
HCL Pepsin (Betaine Plus)	650 mg.	2	2	2	
Chlorella	335 mg.	1	1	1	
Chromium Picolinate w/ boron	200 mcg.	2		2	
Vitamin D (D-Natural 5)	5000 I.U.	1		1	
Vitamin E-400 w/ selenium	400 I.U.	1			
B-Complex (Exstress Super)	50 mg.	1		1	
Garlic	345 mg.	1			
Germanium Forte	150 mg.	1			
Acidophilus (Lacto Key)	1	1		1	
Magnesium Glycinate	100 mg.	2		2	
Calcium (MCHC)	250 mg.	2		2	
EPA/DHA (MLK 1000)	1000 mg.				2
Monolaurin	300 mg.	2		2	
B6 (Neuro-K-500)	500 mg.	1		1	
Prostaglan	1	2		2	
Seacure	1	2		2	
Ultra Preventive III (Multiple)	1	1	1	1	
GLA (Ultralinic)	240 mg.				1

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

Doctors Observations: If the body isn't healthy, is it any wonder the brain doesn't function properly. The brain is the most sensitive organ in the body to nutritional and biochemical imbalances. It is exciting to see how quickly one can respond after following the proper program for just a few weeks.

END OF REPORT