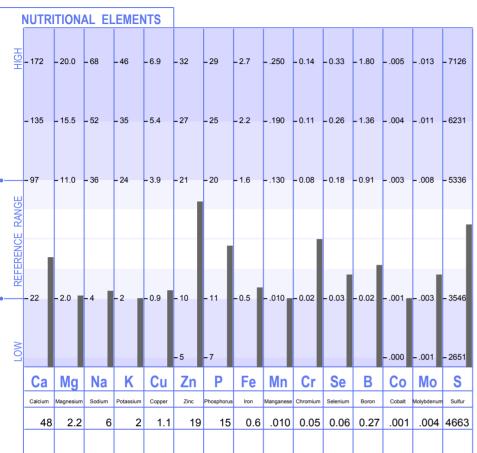
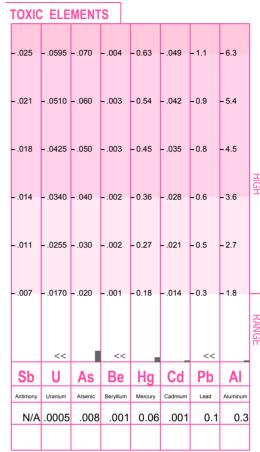


LABORATORY NO.: 1367258 PROFILE NO.: SAMPLE TYPE: **SCALP** 2

DATE:

PATIENT: <5 # 'H9 GH'%) % AGE: 40 SEX: М **METABOLIC TYPE:** SLOW 1 29544 4975 03/05/2017 REQUESTED BY: ACCOUNT NO.:







"<<": 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

> 03/05/2017 CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

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SIGNIFICANT RATIOS 4.60 4.40 8.20 - 16.00 **-** 8.00 15.00 _ 2 30 11 00 3 60 3 40 6.20 _ 12.00 - 6.00 _ 1 60 2 60 2 40 4 20 - 8.00 4 00 7 00 - 90 1.60 1.40 2.20 4.00 2.00 3.00 .20 8 Ca/P Na/K Ca/K Zn/Cu Na/Mg Ca/Mg Fe/Cu 3.00 24.00 17.27 2.73 21.82 3.20 .55

TOXIC RATIOS 168.0 8.8 44.0 - 1.6 1000.0 400.0 56900 142251 11380 126.0 6.6 33.0 1.2 750.0 300.0 42675 106688 8535 84.0 4.4 22.0 -0.8 500.0 200.0 28450 71126 5690 11.0 42.0 2.2 0.4 250.0 100.0 14225 35563 2845 Fe/Pb Fe/Hg Zn/Cd S/Cd S/Ph Ca/Pb Se/Hg Zn/Hg S/Hg 1.0 19000.0 316.7 777174663000 480.0 6.0 10.0 46630

ADDITIONAL RATIOS

ADDITIONAL NATIOS			
	Current	Previous	1
Ca/Sr	800.00		131/1
Cr/V	16.67		13/1
Cu/Mo	275.00		625/1
Fe/Co	600.00		440/1
K/Co	2000.00		2000/1
K/Li	2000.00		2500/1
Mg/B	8.15		40/1
S/Cu	4239.09		1138/1
Se/TI	120.00		37/1
Se/Sn	6.00		0.67/1
Zn/Sn	1900.00		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.

- 1) What are your current symptoms and health history Symptoms fit the description of Multiple Sclerosis – demyelination in the brain and spinal cord. Something started happening in Spring 2005, and one morning I woke up and had lost sensation in my left leg (I think this was the morning of 11th June 2005), slowly my body repaired that damage and that issue has gone away now. I then had some issues with my eyesight in mid 2011 (black spots in the centre of my vision when looking at light coloured things) - no retina issues were found when checked, and this problem no longer exists. The next issue affected the strength in my lower body, particularly the right side and that arose ore gradually during the course of Spring 2012, this has not resolved and continues to affect my daily life now. I have also, since 2012, experienced reduced libido and erectile dysfunction. I have been constipated for several years, though that has got slightly better since starting chelation. I have had toenail fungus in the big toe of my left foot since it got hurt by a rock in about 1992/93, and that has spread to most of my other toe nails in the last five years of so. In summer 2014 I felt the same sensation in my left thigh that I had felt in 2005, but that only resulted in a loss of sensation in part of my left thigh – I'd say most of the length between hip and knee, but only from the top to the left side (a quarter circle if you looked at a cross section). At times over the least five years I have noticed that my pupils dilate somewhat when I'm hot or exercise, but this has largely gone away. My symptoms are exacerbated by heat, tiredness, hunger and thirst, with heat having the most severe effect.
- **2) Dental history -** Lower two wisdom teeth removed in 1997, one other tooth removed in about 2002, no fillings
- 3) What dental work do you currently have in place? What part of the dental cleanup have you

completed? None

- 4) What dentistry did your mother have at any time before or during pregnancy?
- 5) What vaccinations have you had and when (including flu and especially travel shots)?

18/04/77 - Diptheria, Tetanus, Pertussis and Polio

25/04/78 - Measles

30/05/77 - Diptheria, Tetanus, Pertussis and Polio

29/03/78 - Diptheria, Tetanus, Pertussis and Polio

17/08/81 – Diptheria, Tetanus and Polio

08/05/82 - Diptheria, Tetanus and Polio

08/05/92 –Records say Tetanus and Polio, but it was Tuberculosis and Polio (sugar cube) and I also think this was in 1988 (earlier than it was due, due to a TB "scare" at my school")

24/06/04 – Tetanus, Typhoid, Diptheria, Hepatitis A and Hepatitis B (first one)

30/06/02 - Yellow Fever

01/07/04 – Rabies (first one), hepatitis B (second one)

09/07/04 - Rabies (second one)

29/07/04 – Rabies (third one), hepatitis B (third one)

6) Supplements and medications (including dosages) taken at time of hair test, or for the 3-6

months before the sample was taken. –iodine (1.2mg daily). Sunflower lecithin (5g daily) and magnesium citrate (200mg twice daily) at the time of the hair test, and also vitamin D3/K2 (5000iu daily) and L.Glutamine (500mg daily) in the 3-6 months prior

- 7) Other information you feel may be relevant? I stopped spending money on the Vitamin D3 supplement when it became obvious that it had no effect in the same way sunlight does. I am not stressed at all and I sleep reasonable well, not withstanding being woken up by a young daughter most nights. I have a cold shower every day as this makes me feel better
- 8) What is your location city & country Portsmouth, UK

I'm sure there is more detail I could write in a post to the group.