

**Elements counted as Doctors Data essentials and others, according to Andy Cutler: Hair Test Interpretation.**



**TRACE ELEMENTS, INC.**

4901 Keller Springs Rd. • Dallas, Tx • 75248 • U.S.A.

LABORATORY NO.: [REDACTED]

PROFILE NO.: 2

SAMPLE TYPE: SCALP

PATIENT: [REDACTED]

AGE: 26

SEX: M

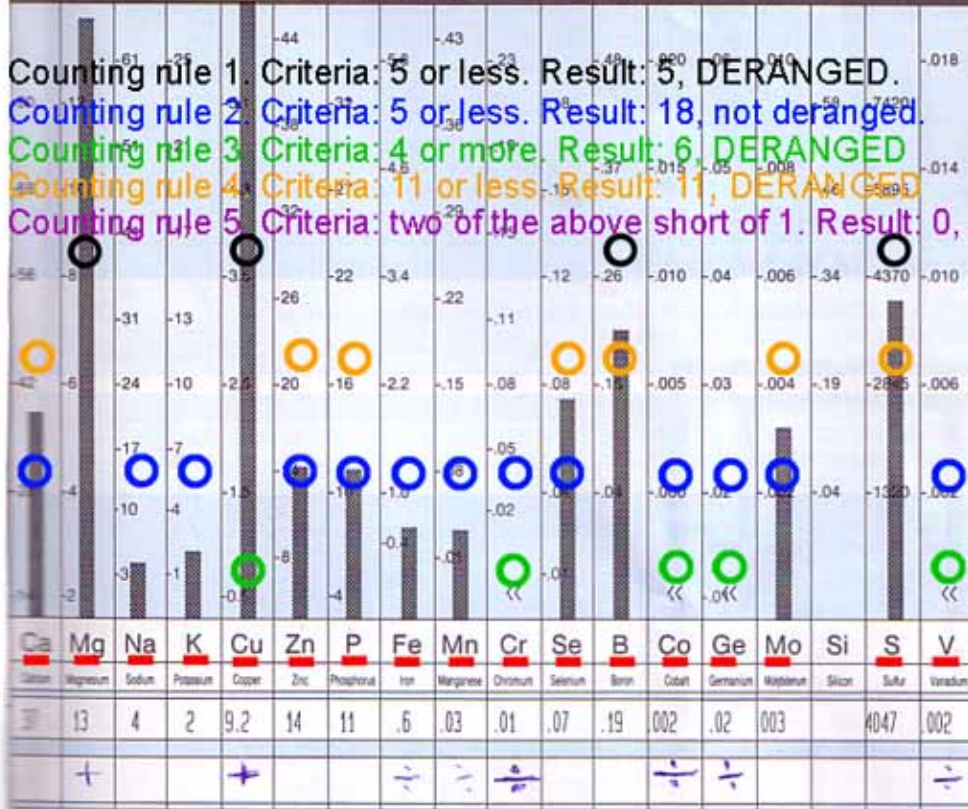
METABOLIC TYPE: SLOW 1

REQUESTED BY: [REDACTED]

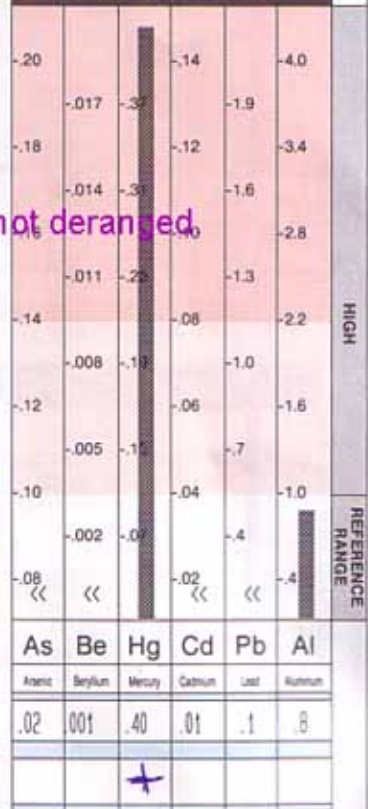
ACCOUNT NO.: [REDACTED]

DATE: 08/17/98

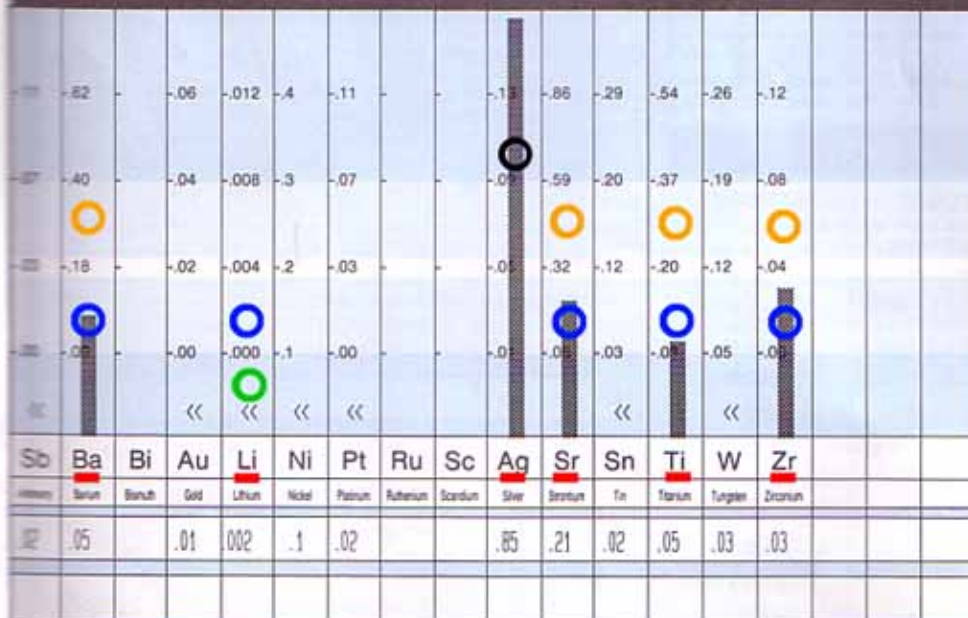
**NUTRIENT MINERALS**



**TOXIC MINERALS**



**ADDITIONAL MINERALS**



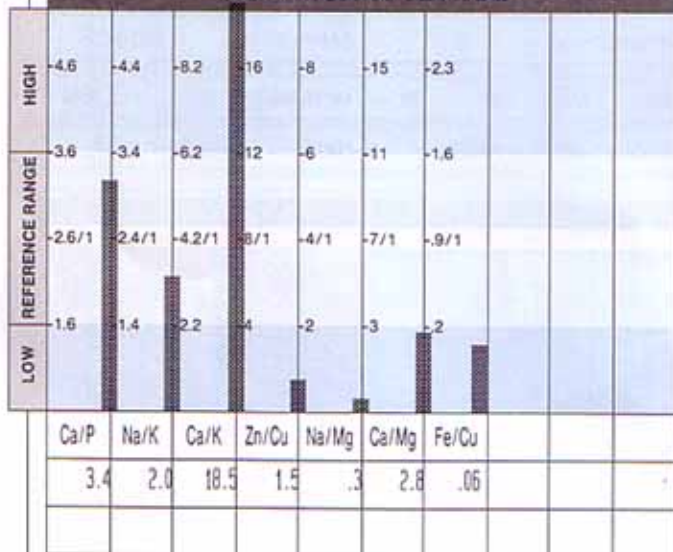
\*<<: Below Calibration Limit; Value Given Is Calibration Limit.  
 \*QNS\*: Sample Size Was Inadequate For Analysis.  
 \*NA\*: Currently Not Available  
 Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.  
 Laboratory Analysis Provided by Trace Elements, Inc., an H.H.S. Licensed Clinical Laboratory. No. 45 D0481757

08/17/98

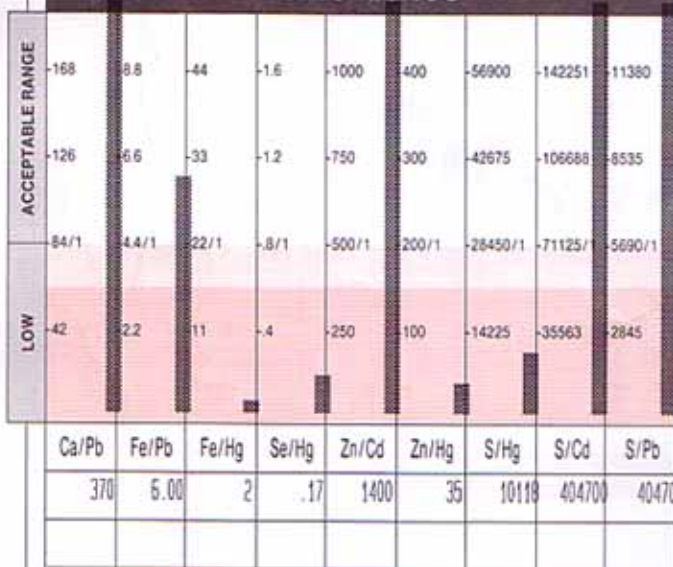
CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

### SIGNIFICANT RATIOS



### TOXIC RATIOS



### ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		OPTIMUM
	CURRENT	PREVIOUS	
Ca/Sr	176		131/1
Cr/V	5		13/1
Cu/Mo	3066		625/1
Fe/Co	300		440/1
K/Co	1000		2000/1
K/Li	1000		2500/1
Mg/B	68		40/1
S/Cu	439		1138/1
Se/Ag	.0		1.6/1
Se/Sn	3.50		0.67/1
Zn/Sn	700		167/1

### LEVELS

All mineral levels are reported in milligrams percent (milligram per one-hundred grams of hair). One milligram percent (mg%) equal to ten parts per million (ppm).

### NUTRIENT MINERALS

Extensively studied, the nutrient minerals 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 MINERALS

The toxic minerals 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 MINERALS

These minerals 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 minerals 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 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 antagonistic relationships between minerals still exist, which can indirectly affect metabolism.

### TOXIC RATIOS

It is important to note that individuals with elevated toxic levels do 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 a population of "healthy" individuals.

Important Note: The reference ranges should not be considered absolute limits for determining deficiency, toxicity or acceptance.



TRACE ELEMENTS, INC.

4501 Sunbelt Drive • Addison, TX 75001 • USA

LABORATORY NO: [REDACTED]

PROFILE NO: 2

SAMPLE TYPE: SCALP

PATIENT: [REDACTED]

AGE: 37

SEX: M

METABOLIC TYPE: FAST 2

REQUESTED BY: [REDACTED]

ACCOUNT NO: [REDACTED]

DATE: 2009-09-25

### NUTRITIONAL ELEMENTS

— Elements counted as Doctors Data essentials and others, according to Andy Cutler:Hair Test Interpretation.

### TOXIC ELEMENTS

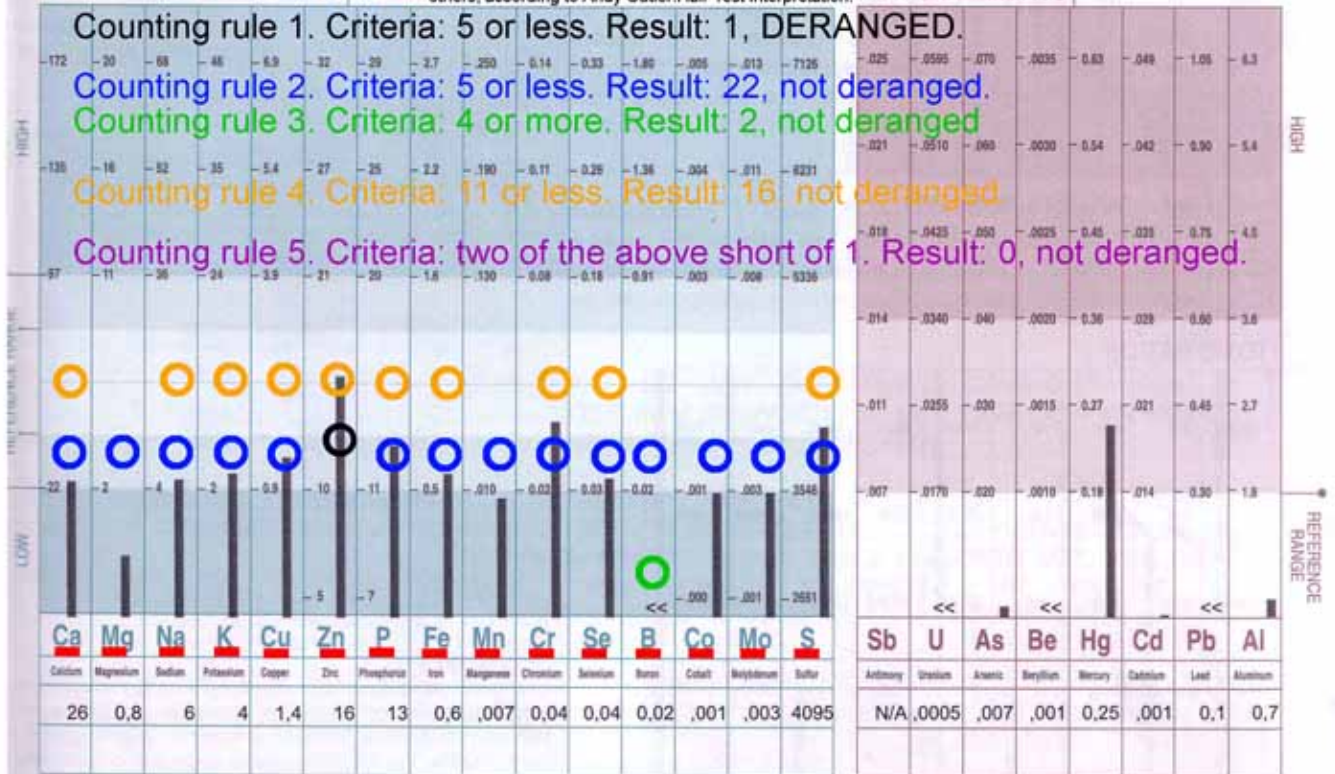
Counting rule 1. Criteria: 5 or less. Result: 1, DERANGED.

Counting rule 2. Criteria: 5 or less. Result: 22, not deranged.

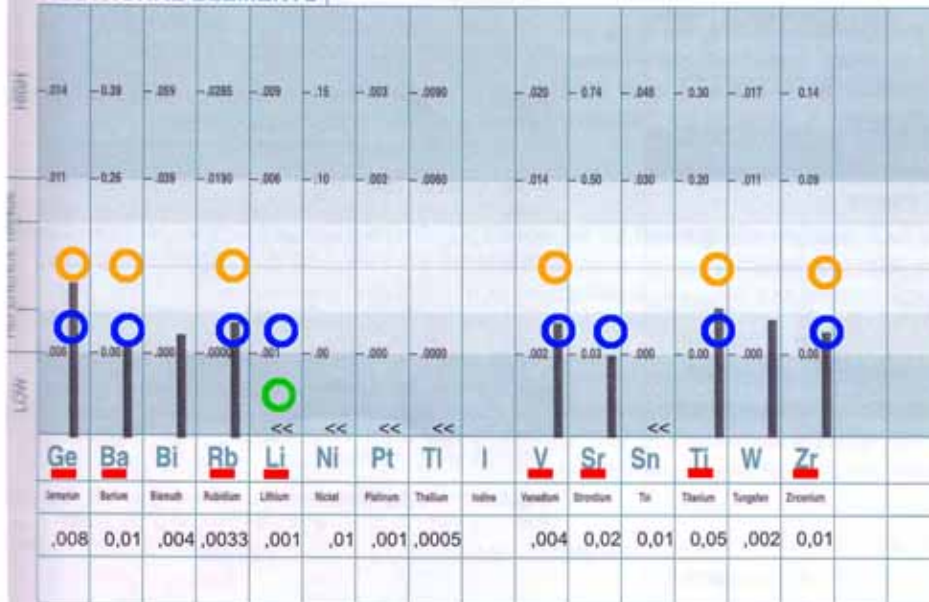
Counting rule 3. Criteria: 4 or more. Result: 2, not deranged.

Counting rule 4. Criteria: 11 or less. Result: 16, not deranged.

Counting rule 5. Criteria: two of the above short of 1. Result: 0, not deranged.



### ADDITIONAL ELEMENTS



"<" Below Calibration Limit. Value Given is Calibration Limit.

"ONS" Sample Size Was Inadequate For Analysis.

"N/A" Currently Not Available.

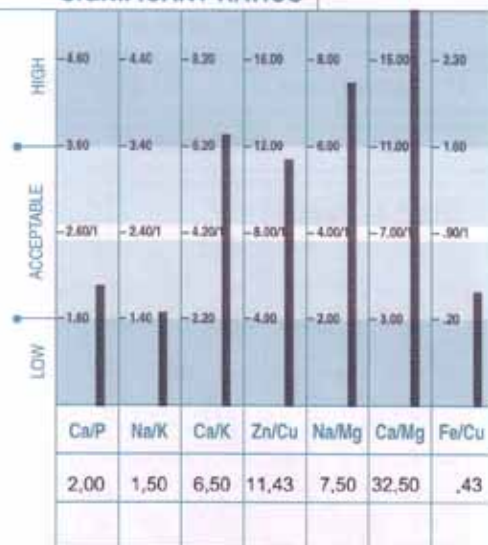
Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

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

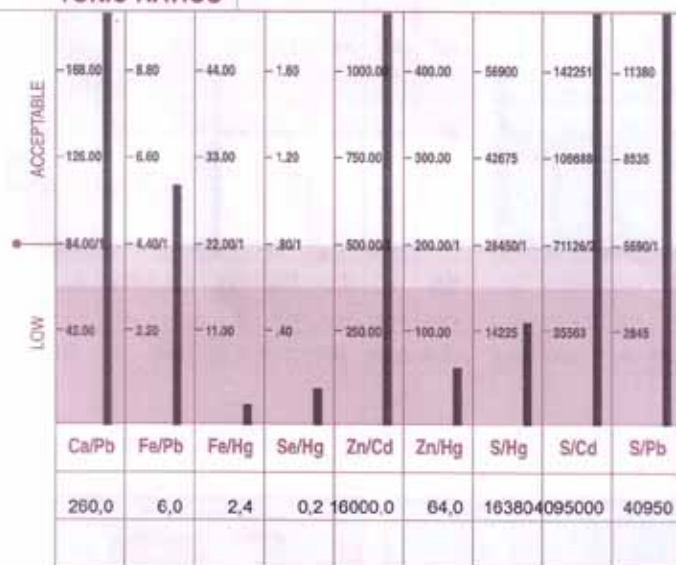
2009-09-25  
CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

## SIGNIFICANT RATIOS



## TOXIC RATIOS



## ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	1300,00		222/1
Cr/V	10,00		6,25/1
Cu/Mo	466,67		400/1
Fe/Co	600,00		550/1
K/Co	4000,00		6500/1
K/Li	4000,00		3250/1
Mg/B	40,00		14,8/1
S/Cu	2925,00		1850/1
Se/Tl	80,00		35,8/1
Se/Sn	4,00		7,3/1
Zn/Sn	1600,00		1065/1

## 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 minerals 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 minerals 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 minerals are considered as possibly essential by the human body. Additional studies are being conducted to better define the requirements and amounts needed.

## RATIOS

A calculated comparison of two minerals 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 relationship 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.



TRACE ELEMENTS, INC.

4501 Sunbelt Drive • Addison, TX 75001 • USA

LABORATORY NO: [REDACTED]

PROFILE NO: 3

SAMPLE TYPE: SCALP

PATIENT: [REDACTED]

AGE: 37

SEX: M

METABOLIC TYPE: FAST 4

REQUESTED BY: [REDACTED]

ACCOUNT NO: [REDACTED]

DATE: 2010-03-12

### NUTRITIONAL ELEMENTS

— Elements counted as Doctors Data essentials and others, according to Andy Cutler:Hair Test Interpretation.

### TOXIC ELEMENTS

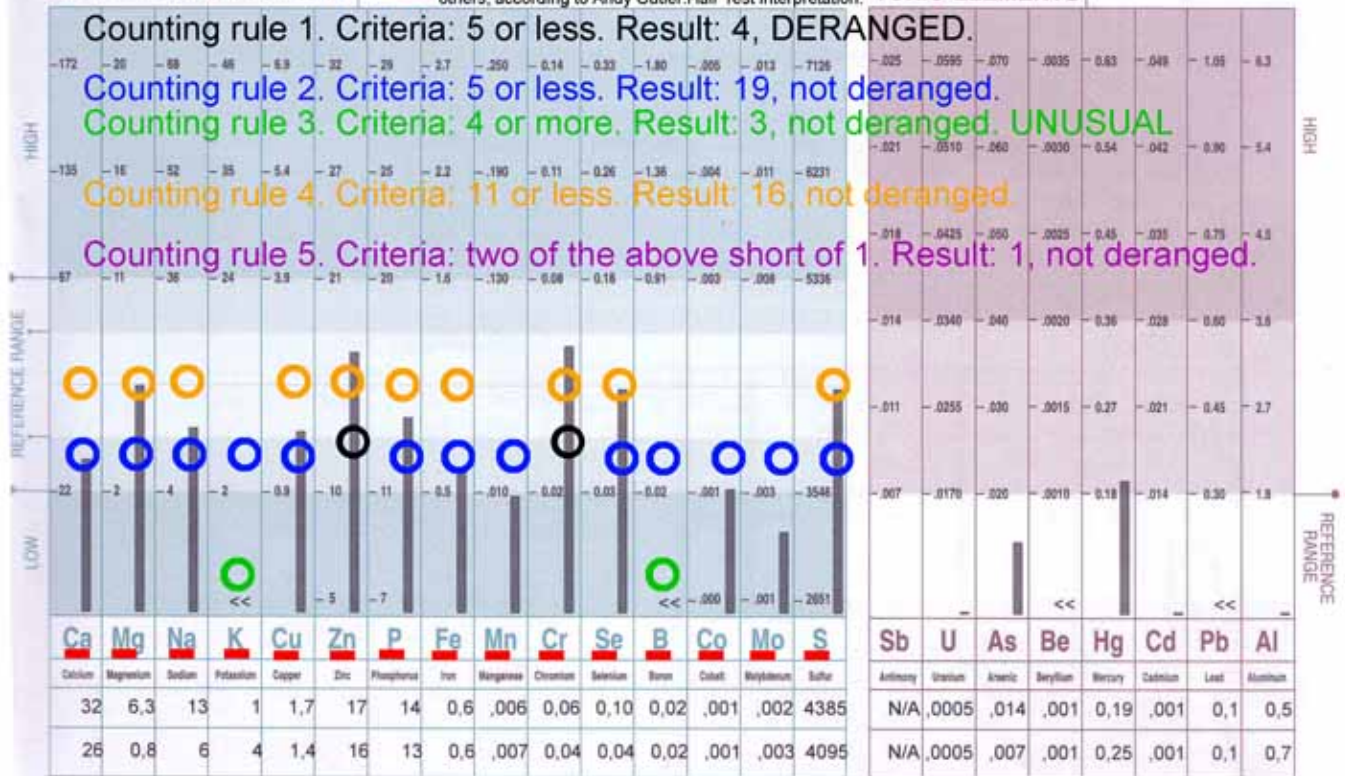
Counting rule 1. Criteria: 5 or less. Result: 4, DERANGED.

Counting rule 2. Criteria: 5 or less. Result: 19, not deranged.

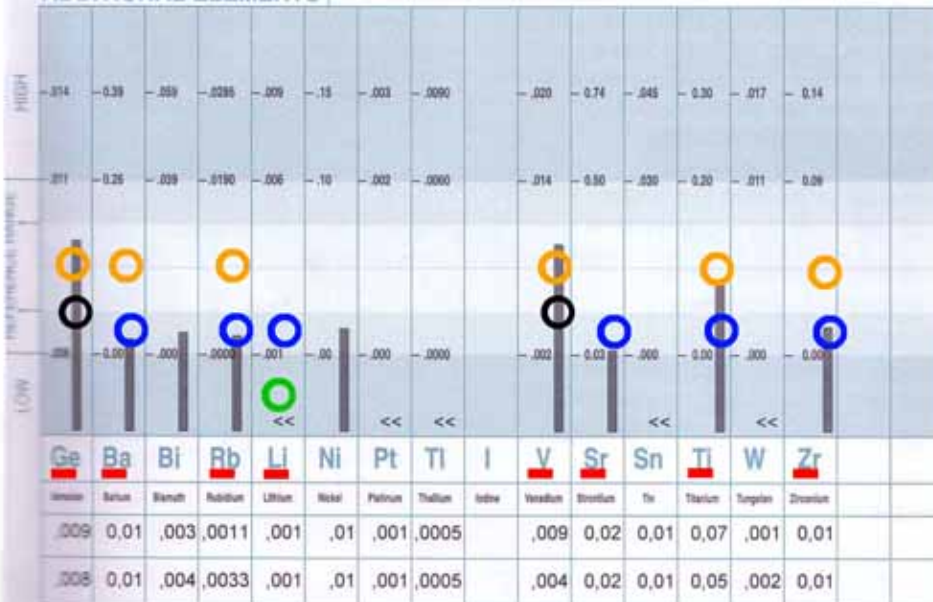
Counting rule 3. Criteria: 4 or more. Result: 3, not deranged. UNUSUAL

Counting rule 4. Criteria: 11 or less. Result: 16, not deranged.

Counting rule 5. Criteria: two of the above short of 1. Result: 1, not deranged.



### ADDITIONAL ELEMENTS



<<< Below Calibration Limit  
Value Given Is Calibration Limit

"ONS": Sample Size Was Inadequate For Analysis

"NA": 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

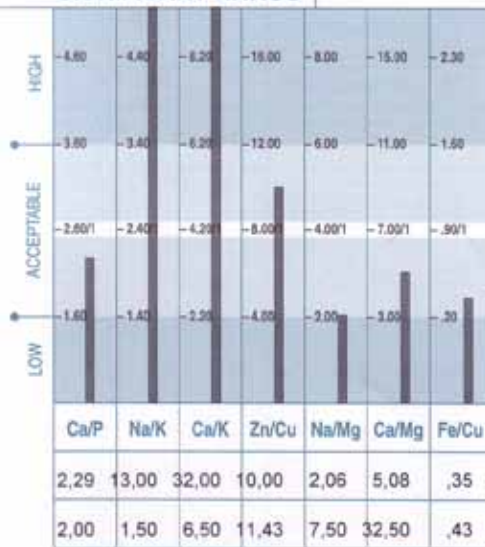
2010-03-12

CURRENT TEST RESULTS

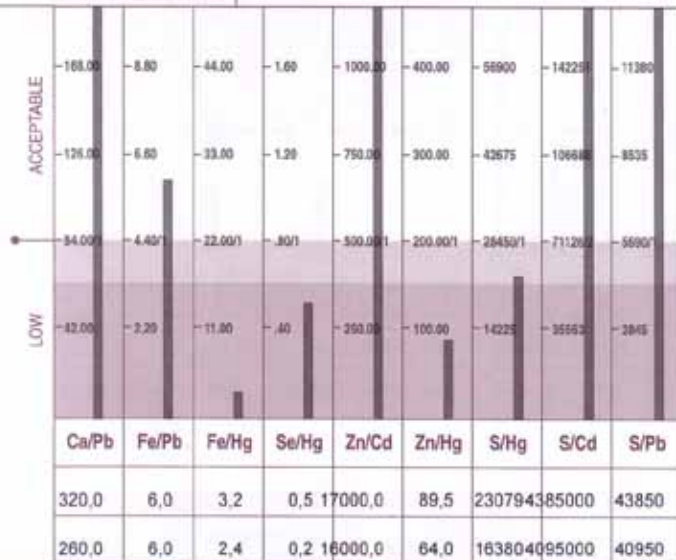
2009-09-25

PREVIOUS TEST RESULTS

## SIGNIFICANT RATIOS



## TOXIC RATIOS



## ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	1600,00	1300,00	222/1
Cr/V	6,67	10,00	6,25/1
Cu/Mo	850,00	466,67	400/1
Fe/Co	600,00	600,00	550/1
K/Co	1000,00	4000,00	6500/1
K/Li	1000,00	4000,00	3250/1
Mg/B	315,00	40,00	14,8/1
S/Cu	2579,41	2925,00	1850/1
Se/Tl	200,00	N/A	35,6/1
Se/Sn	10,00	4,00	7,3/1
Zn/Sn	1700,00	1600,00	1065/1

## 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 minerals 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 minerals 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 minerals 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 minerals 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 relationship 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 absolute limits for determining deficiency, toxicity or acceptance.

Hi,

These are 3 hair-tests. Taken in 1998, 2009 and 2010.

### **1) What are your current symptoms and health history?**

I am somewhat electro-sensitive and believe that my symptoms stem from a combination of electro-sensitivity and mercury. I also think that mercury has been a necessary ingredient in the development of my electro-sensitivity.

I am born in 1972 so today I am 38 years old. Since I was about 18 I have had various diffuse symptoms. Some have come, lasted for a year or a few years, then disappeared. Some have persisted and have got worse. I have never been too sick to work, so I am probably not the hardest hit person. I have been living in Norway, the city of Oslo for 12 years, and have recently relocated to a place in the woods (countryside).

The symptoms:

Incomplete sleep. For the last 7 years, when living in the city, I did sleep, but did not get restituted. If I went to bed early, next day would be good. However, a small mis-step, like going to bed 11:30pm would mean next day, and maybe the day after, would be terrible. I would feel burnt-out, like my batteries were empty. When I moved out of the city this problem disappeared. I could go to bed late, and still be feeling good the next day. I think it has to do with radiation from mobile base stations. When I go out of the city, my sleep is totally different, my body gets rested.

My nose gets jammed (feels a bit like sinusitis, I think). In the city. Started spring 2007. Disappeared when I moved to the countryside. I think it comes when I am nearby high-frequent electromagnetic radiation (mobile base stations, wireless router). Maybe other things trigger it too. It may come and go on an hourly, or daily, basis.

Testicular pain. Started about 2002. It is on and off, it may last for an hour or two, then go away. Recently I have experienced more pain in a particular car. I have measured magnetic fields in this car and in cars which are good. I believe that higher magnetic fields makes it worse. I also think electromagnetic radiation from routers etc can trigger it. And maybe other things as well. It is "on and off" in the city, less "on" in the countryside.

Can not use a mobile phone without hands-free. Without handsfree I get pain in my head after 10 seconds, and it lasts for one hour or more after having finished the call. With handsfree I am fine, can talk for long periods without pain. (Now I have got myself a home-phone and use the mobile phone as little as possible).

Sensitive for eating too much. One bite too much can make me feel really terrible for several days. A little bit like the sleep - I need to be very cautious, a small miss-step can make me feel really bad for days.

Period of depression (about 1 1/2 years, 2003 to end of 2004). Light, but enough to use anti-depressants. Sensitive to light - daylight made it better.

Period of social withdrawal, negative thoughts (for several years, up until now, 2010).

Hair-loss. Started about fall 2003, got worse and worse. January 2006 I started on propecia, and May 2006 I added Minoxidil. A few months later the hairloss stopped and I also experienced permanent regrowth.

Period of fatigute. About 1 year, 2004. I worked - but lay on the couch all evening, all weekend and all christmas holiday.

Period of cold hands and feet. Also pain combined with the coldness, especially for the feet.

Period of joint pain.

## **2) Dental history (wisdom teeth removed? First root canal placed? Braces? First amalgam etc...)**

Two years ago I removed 2 wisdom teeth. None had amalgam or other filling in them.

I have never had a root canal.

Braces: I got braces when I was about 12 years old. However, I only kept them on for about 1 week. Then they were removed. I never had braces again after that.

I had a total of 8 amalgams - 5 were of normal size, 3 were very small. One tooth had 2 or three small fillings, if i remember correctly. (I think of this as 6 normal size fillings.) I got my first amalgam when I was a kid, I guess maybe 10 years old. I think I got my last amalgam when I was about 16. I have had no fillings after that.

## **3) What dental work do you currently have in place? What part of the dental cleanup have you completed?**

During 2009 and 2010 I was at the dentist 3 times and replaced all amalgams with composites (Tetric EvoCeram), last ones in April. I dont have any other dental work in my mouth. I think the removal was somewhat semi-safe. He is an experienced dentist, and I think he used some ventilation. Amalgam is by the way forbidden in Norway now. But he did not use coffer-dam or breathing mask. After removal I have felt no difference: didnt get worse, didnt get better. (Until I started chelating at the end of July 2010).

## **4) What dentistry did your mother have at any time before or during pregnancy?**

I think she had amalgams. My mother died from lung cancer when I was 7. She was a lawyer, never smoked and lived healthily.

## **5) What vaccinations have you had and when (including flu and especially travel shots)?**

1972:

3 times Diphtheria(Difteri)-vaccination (aug. 22, sept. 26, oct. 24).



3 times Tetanus(Stivkrampe)-vaccination (aug. 22, sept. 26, oct. 24).

1 times Smallpox(Kopper, Koppevaksine)-vaccination (Nov. 16).

1977:

1 times Diphtheria-vaccination (june 22).

1 times Tetanus-vaccination (june 22).

3 times Polio (poliomyelitis) (june 22, aug. 17, sept. 29).

1979:

1 times Polio (poliomyelitis) (sept. 21).

1983:

1 times Diphtheria-vaccination (april 15) (vaccination card says: OT 0.2ml, dont know what that means).

1 times Tetanus-vaccination (april 15) (vaccination card says: OT 0.2ml, dont know what that means).

1984:

1 times BCG (oct. 24)

1985:

1 times Smallpox-vaccination (april 15).

1986:

1 times Polio (poliomyelitis) (jan. 14).

This information is from old records that I incidentally found. I might have gotten even more shots than those listed. I think I got all the "regular" shots.

I traveled to Tanzania, Kilimanjaro around the year 2000. As far as I can remember I got a shot before leaving. For Yellow fever, I think.

No flu shots.

## **6) Supplements and medications (including dosages) taken at time of hair test, or for the 3-6 months before the sample was taken.**

Hairtest 1 (1998-08-17): no supplements or medication prior to hairtest.

Hairtest 2 (2009-09-25): no supplements prior to hairtest. I took propecia as a medication, it is a pill against hair-loss, and minoxidial (see 1).

Hairtest 3 (2010-03-12): prior to this hairtest I took lots of supplements. After hairtest 2, my natural doctor put me on a supplement regime. I took 200 mg magnesium in the morning and 400 mg magnesium in the evening. This had a very favorable effect. I also took lots of other supplements but dont remember exactly what it was. It was about 4 pills, 3 times a day. I also took propecia.

I did not do any chelation prior to any of these 3 hair tests.

So the 1. and 2. hairtest sort of describes what happens when you let mercury do its thing for 12 years without intervening (except for eating healthily).

The 3. hairtest sort of describes what happens in 6 months when you add supplements.

**7) What is your age, height and weight?**

I am 38 years old, born in 1972. My height is 181 cm (5 feet, 11 inches). My weight is 75 kilos (165 pounds).

**8) What is your location - city & country (so that we can learn where certain toxins are more prevalent).**

City of Oslo in the country of Norway.