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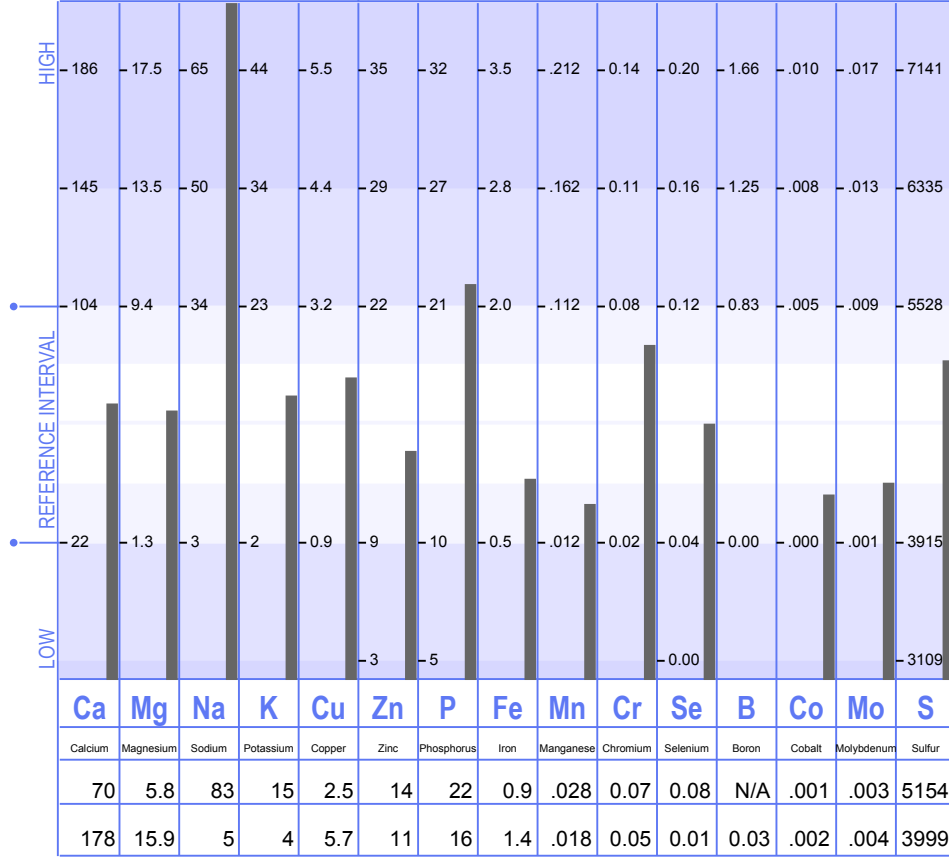
LABORATORY NO.: **XXXXX**

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

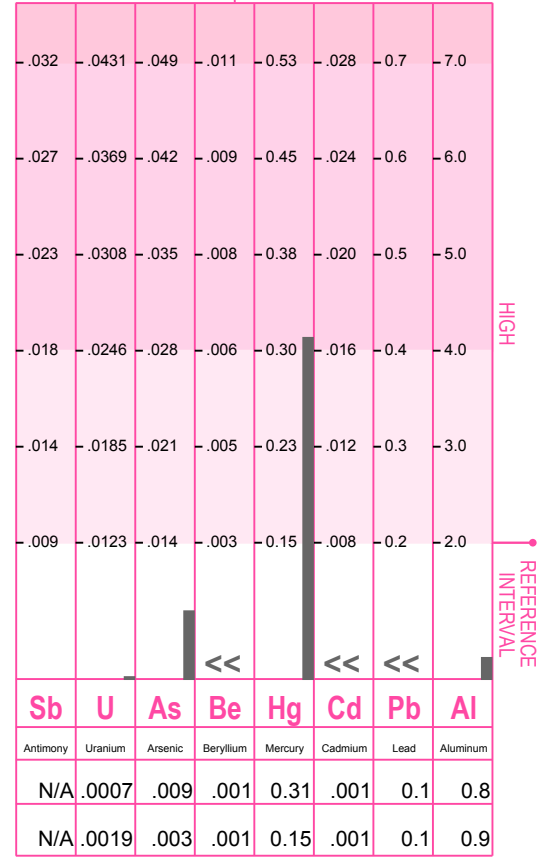
PATIENT: **XXXXX** AGE: **27** SEX: **F** METABOLIC TYPE: **SLOW 2**

REQUESTED BY: **XXXXX** ACCOUNT NO.: **2216** DATE: **2021**

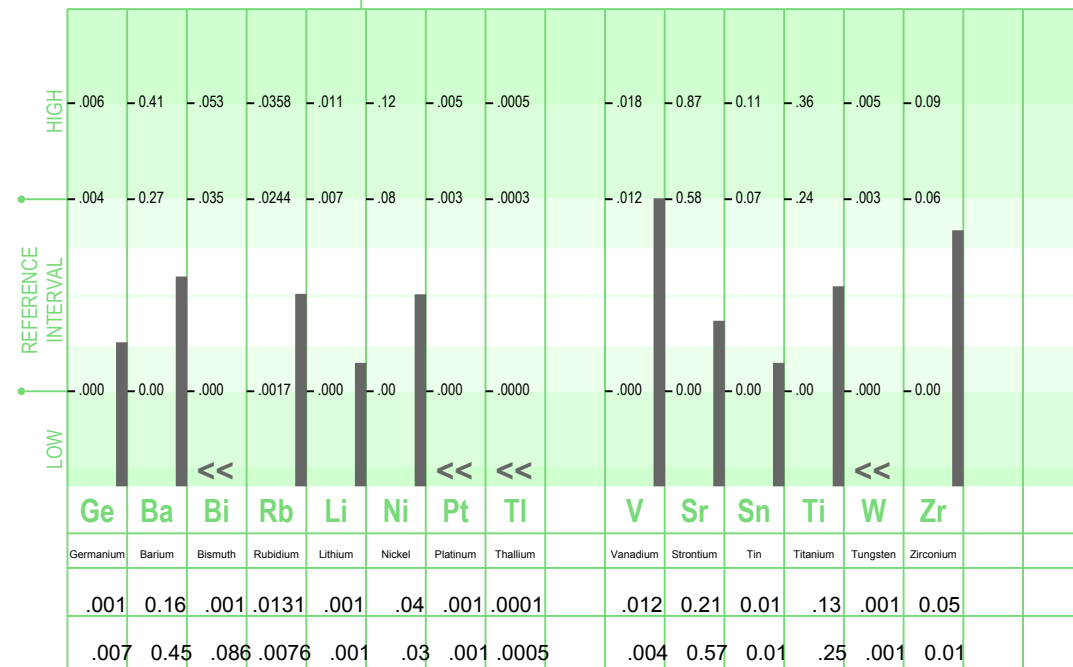
**NUTRITIONAL ELEMENTS**



**TOXIC ELEMENTS**



**ADDITIONAL ELEMENTS**



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

"QNS": Sample Size Was Inadequate For Analysis.

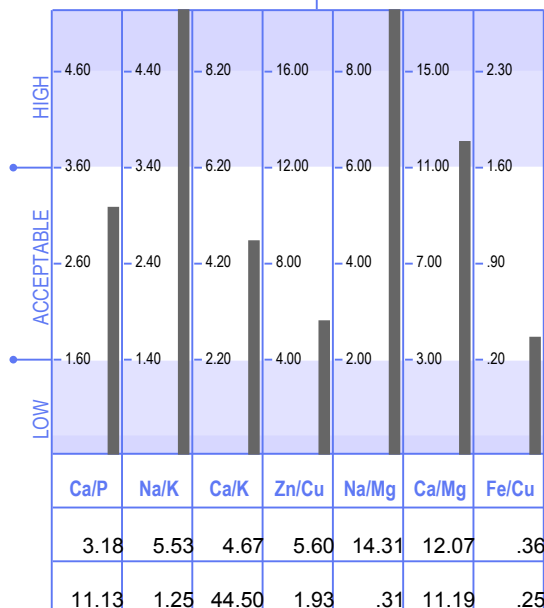
"N/A": Currently Not Available

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

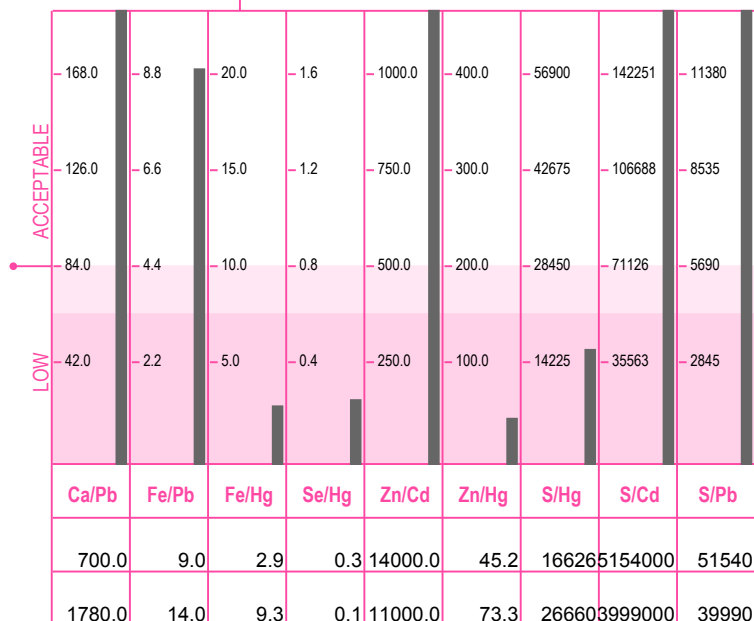
Laboratory Analysis Provided by Trace Elements, Inc. Dallas, Texas USA an H.H.S. Licensed Clinical Laboratory. No. 45 D0481787

2021  
 CURRENT TEST RESULTS  
 2012  
 PREVIOUS TEST RESULTS

### SIGNIFICANT RATIOS



### TOXIC RATIOS



### ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	333.33	312.28	263/1
Cr/V	5.83	12.50	8/1
Cu/Mo	833.33	1425.00	356/1
Fe/Co	900.00	700.00	615/1
K/Co	15000.00	2000.00	6350/1
K/Li	15000.00	4000.00	6350/1
Mg/B	N/A	530.00	21/1
S/Cu	2061.60	701.58	2668/1
Se/Tl	800.00	20.00	370/1
Se/Sn	8.00	1.00	3.2/1
Zn/Sn	1400.00	1100.00	624/1

### 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 INTERVALS

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

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

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT. IF DISCOMFORT OCCURS SUPPLEMENTATION CAN BE REDUCED TO A MINIMUM THEN INCREASED GRADUALLY.

RECOMMENDATION	AM	NOON	PM
PARA TONE	1	1	1
ADEN COMPLEX	1	0	1
MAGNESIUM PLUS	1	0	1
ACTIVATED B6 PLUS (Vitamin B6)	1	0	1
CHROMIUM PLUS	2	2	2
IRON PLUS	0	0	1
ZINC PLUS	1	0	1
MANGANESE PLUS	1	1	1
VITAMIN C PLUS	1	1	1
HCL SUPPORT	1	1	1

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THESE RECOMMENDATIONS ARE BASED UPON THE MINERAL LEVELS FOUND IN THE HAIR TISSUE MINERAL ANALYSIS AND MAY AT TIMES NEED MODIFICATION AS PER SPECIFIC NEED AND/OR INDIVIDUAL CIRCUMSTANCES. THESE RECOMMENDATIONS ARE PROVIDED ONLY AS A PROFESSIONAL GUIDE TO SUPPLEMENTAL ASSISTANCE.

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

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

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

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## INTRODUCTION

THE FOLLOWING REPORT SHOULD NOT BE CONSIDERED AS DIAGNOSTIC, BUT RATHER AS A SCREENING TOOL THAT PROVIDES AN ADDITIONAL SOURCE OF INFORMATION. THIS REPORT SHOULD ONLY BE USED IN CONJUNCTION WITH OTHER LABORATORY TESTS, HISTORY, PHYSICAL EXAMINATION AND THE CLINICAL EXPERTISE OF THE ATTENDING HEALTHCARE PROFESSIONAL.

TEST RESULTS WERE OBTAINED BY A LICENSED\* CLINICAL LABORATORY ADHERING TO TESTING PROCEDURES THAT COMPLY WITH GOVERNMENTAL PROTOCOL AND STANDARDS ESTABLISHED BY TRACE ELEMENTS, INC., U.S.A. THE FOLLOWING INTERPRETATION IS BASED UPON INTERNATIONAL DATA AND DEFINED BY EXTENSIVE CLINICAL RESEARCH CONDUCTED BY DAVID L. WATTS, PH.D.

This analysis including levels, ratios, ranges and recommendations are based upon the sample and sampling technique meeting the following requirements:

- \*\* Sample obtained from the mid-parietal to the occipital region of scalp.
- \*\* Sample is proximal portion of hair length (first 1" to 2" of hair closest to scalp.
- \*\* Sufficient sample weight (minimum of 150 mg.)
- \*\* High grade stainless steel sampling scissors.
- \*\* Untreated virgin hair (no recent perms, bleaching, or coloring agents).

\* Clinical Laboratory License

U.S. Department of Health and Human Services, State of Texas Department of Health,

Clinical Laboratories Improvement Act, 1988 No. 45-D0481787

## METABOLIC TYPE

### SLOW METABOLISM, TYPE #2

The patient, classified as a SLOW METABOLIZER TYPE #2, is experiencing para-sympathetic dominance with increased adrenal cortical activity in conjunction with low thyroid activity. Often the result of an acute stress reaction or inflammatory condition, this pattern may result in periodic energy fluctuations, followed by fatigue.

Endocrine replacement therapy, such as; thyroid, insulin, adrenal steroids (anti-inflammatory drugs), etc., as well as endocrine antagonists and in extreme cases of surgical removal of a gland, can affect the tissue mineral pattern. In these cases, the above reported indications of endocrine status should not be considered as representative of endocrine activity. Additional clinical tests and patient history should be taken into consideration.

There are several sub-classifications of each metabolic type, ranging from Type #1 to Type #4. This is taken into consideration on their supplement and dietary recommendations. The extent to which the patient is manifesting the metabolic characteristics depends upon the degree and chronicity of the mineral patterns.

### RE-EVALUATION

A re-evaluation is suggested at two months from the beginning of implementation of the supplement program. The metabolic subtypes, such as the Type #2 may result from an acute condition, and therefore, may show a metabolic response more quickly than the Type #1.

## TRENDS

The following trends may or may not be manifesting in the patient at this time. Each trend that is listed is a result of research including statistical and clinical observations. This trend analysis is advanced merely for the consideration of the health professional, and should not be considered an assessment of a medical condition. Further investigation may be indicated based upon your own clinical evaluation.

\*\*\* SPECIAL NOTE \*\*\*

It must be emphasized that the following are only trends of potential health conditions. Realistically, the probability for each trend's occurrence is based upon the degree and duration of the specific mineral imbalance. Since this analysis is not capable of determining either the previous degree of imbalance and/or previous duration, the trend analysis should only be used as an indicator to the health-care professional of potential manifestation's, particularly if the biochemical imbalance continues.

TENDENCY	1	2	3	4	5	6	7	8
CALCULUS	████████							
DERMATITIS	████							
GASTRITIS	████							
WATER RETENTION	██████████							

**COMMENTS**

**CALCULUS FORMATION:**

When the calcium to magnesium ratio is high, a relative magnesium deficiency exists. Magnesium is important for normal calcium metabolism. A magnesium deficiency relative to calcium may cause calcium to precipitate out of solution contributing to calcium deposition in the urinary tract and gall bladder. Vitamin B-6 along with magnesium aids in preventing calculus formation as a result of calcinosis.

**DERMATITIS AND MERCURY:**

High mercury levels have been implicated in causing dermatitis, which may affect the arms and legs. High mercury levels have also been associated with hair loss.

**GASTRITIS:**

High sodium relative to potassium has been associated with a gastritis-like condition.

**WATER RETENTION AND HIGH SODIUM:**

An increase in sodium relative to potassium can result in increased water retention. This mechanism is related to the body increasing fluid retention to compensate for the increased sodium load.

**TOXIC METALS**

**MERCURY (Hg):**

The mercury level is markedly elevated above the established reference range. Mercury is a toxic metal that can contribute to many well documented symptoms. Exposure to mercury should be limited to an absolute minimum, and accumulation of mercury should not be present in excessive amount within the body.

The major source of non-occupational exposure to mercury is dietary intake of contaminated seafood. Fish and seafood have a tendency to concentrate mercury. Following are some additional potential sources of mercury.

- |                                |                              |
|--------------------------------|------------------------------|
| Deteriorating Mercury Amalgams | Pesticides (some)            |
| Fungicides (some)              | Cosmetics (some)             |
| Medications (some)             | Germicides (some)            |
| Calomel Laxatives              | Hemorrhoid Suppositories     |
| Diuretics (some)               | Photographic Supplies (some) |

Merthiolate  
 Polluted Water  
 Coal-Fired Utility Plants  
 Soft Contact Lens Solution (containing thimerosal)  
 Burning of treated industrial building materials

Electronics Industry  
 Battery Manufacturing  
 Bleaching Skin Creams (some)  
 Water Based Paints (some)  
 Vaccines (some)

#### CHRONIC OR ACUTE MERCURY ELEVATION MAY CONTRIBUTE TO:

- \* Tremors
- \* Memory Loss
- \* Skin Irritation
- \* Excessive Salivation
- \* Ataxia (poor balance)
- \* Kidney Disturbance
- \* Difficult Swallowing
- \* Neurological Disturbance
- \* Tingling Sensations (especially around the lips)
- \* Burning Sensation (usually noticed in the hands and feet)
- \* Uncontrollable or Excessive Blushing

#### ADDITIONAL TEST(S):

- \* Pubic Hair Mercury...to confirm endogenous accumulation and/or exogenous contamination.
- \* Blood Mercury...to determine acute exposure.
- \* Glutathione Peroxidase

#### TOXIC METAL RETENTION AND NUTRITIONAL STATUS:

Every individual is constantly being exposed to sources of heavy metals. However, the main factor contributing to the absorption and retention of these metals in the body, is influenced by one's own nutritional status. For instance, a lack of nutrients that will combat the accumulation of lead, will then allow tissue lead level's to rise. This accumulation can occur even if lead exposure is minimal. Improving your nutritional status can help in reducing toxic metal burden as well as reducing the adverse effects that toxic metal accumulation can produce in the body.

#### IMPORTANT NOTE ON TOXIC METAL ELIMINATION:

As toxic metals are mobilized from storage tissues for removal from the body, the patient may experience an exacerbation of his/her present symptoms or new symptoms associated with a particular mineral. If this occurs, or if the symptoms become too uncomfortable have the patient discontinue supplementation for three days, during which symptoms should be relieved. Have the patient then resume the program at one-third the recommended dosage, usually the PM portion, then gradually build up to twice per day and back to the full program. This may be done over a one to two-week period. If symptoms again arise, have the patient continue on only the PM portion for one week before increasing.

#### NOTE:

At this time, further confirmation of toxic metal exposure using a blood test may or may not reveal an elevated level. This is due to the protective response of the body, in which following a toxic metal exposure, the element is sequestered from the blood and stored in various other tissues. Therefore, if the exposure is not ongoing or chronic, elevated blood levels may not be present.

## DIETARY SUGGESTIONS

The following dietary suggestions are defined by several factors: the individual's metabolic type, mineral levels, mineral ratios, as well as the nutrient content of each food including protein, carbohydrate, fat, vitamins and minerals. Based upon these determinations, it may be suggested that foods be avoided or increased temporarily to aid in the improvement of the patient's chemistry.

#### GENERAL DIETARY PRINCIPLES FOR THE SLOW METABOLIZER:

A low protein, high carbohydrate, and high fat diet in addition to increased consumption of refined sugars and dairy products have a slowing-down effect upon metabolism and energy production.

\* EAT A HIGH PROTEIN FOOD AT EACH MEAL...Lean protein is recommended and which should constitute at least 40% of the total caloric value of each meal. Recommended sources are lean beef, fish and fowl. Other good sources of protein include bean and grain combinations and eggs. Increased protein intake is necessary in order to increase the metabolic rate and energy production.

\* INCREASE FREQUENCY OF MEALS...while decreasing the total caloric intake for each meal. This is suggested in order to sustain the level of nutrients necessary for energy production, and decrease blood sugar fluctuations.

\* EAT A MODERATE AMOUNT OF UNREFINED CARBOHYDRATES...Carbohydrate intake should not exceed 40% of total daily caloric intake. Excellent sources of unrefined carbohydrates include whole grain products, legumes and root vegetables.

\* AVOID ALL SUGARS AND REFINED CARBOHYDRATES...This includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

\* AVOID HIGH PURINE PROTEIN...Sources of high purine protein include: liver, kidney, heart, sardines, and mackerel.

\* REDUCE INTAKE OF FATS AND OILS...Fats and oil include fried foods, cream, butter, salad dressings, mayonnaise, etc... Fat intake should not exceed 20% of the total daily caloric intake.

\* REDUCE OR AVOID MILK AND MILK PRODUCTS...such as cheese, yogurt, cream, etc... These foods should be reduced to no more than once every three to four days.

\* REDUCE FRUIT JUICE INTAKE...until the next evaluation. This includes orange juice, apple juice, grape juice and grapefruit juice. Vegetable juices are acceptable.

\* AVOID CALCIUM AND/OR VITAMIN D SUPPLEMENTS

#### THE FOLLOWING HIGH SODIUM FOODS SHOULD BE REDUCED UNTIL THE NEXT EVALUATION:

Table Salt	Corn Chips
White Bread	Snack Dips
Potato Chips	Ritz Crackers
Canned Foods	Pickles
Margarine	Butter (salted)
Biscuit Mix	Baking Powder
Frankfurter	Ham (cured)
Bacon	Chipped Beef
Soups (most)	Corned Beef

#### HIGH SODIUM AND SALT CONSUMPTION:

Reduction of sodium intake if high in the diet, is suggested at this time. Consumption of table salt should not exceed 1/2 TSP per day.

#### METHIONINE RICH FOODS:

The following foods are a rich source of the essential amino acid methionine, which supplies sulfur to the cells for the activation of enzymes, and energy metabolism. Sulfur is also involved in detoxification processes. Toxic substances are combined with sulfur, converted to a nontoxic form and then excreted. The following foods may be consumed liberally during course of therapy:

Bass	Turkey
Trout	Short Ribs
Round Steak	Sirloin
Flounder	Pumpkin Seeds

The above list of foods are also high in glutamic and aspartic acid. These amino acid proteins help to improve tissue alkalinity.

#### SPECIAL NOTE:

This analysis will list only a limited number of dietary foods to avoid or to increase in the diet. For those foods not specifically mentioned in this section, continued consumption on a moderate basis may be considered appropriate unless recommended otherwise.

NO PART OF THIS INTERPRETIVE REPORT MAY BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR ANY INFORMATION STORAGE OR RETRIEVAL SYSTEM WITHOUT PERMISSION IN WRITING FROM TRACE ELEMENTS, INC., U.S.A.

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