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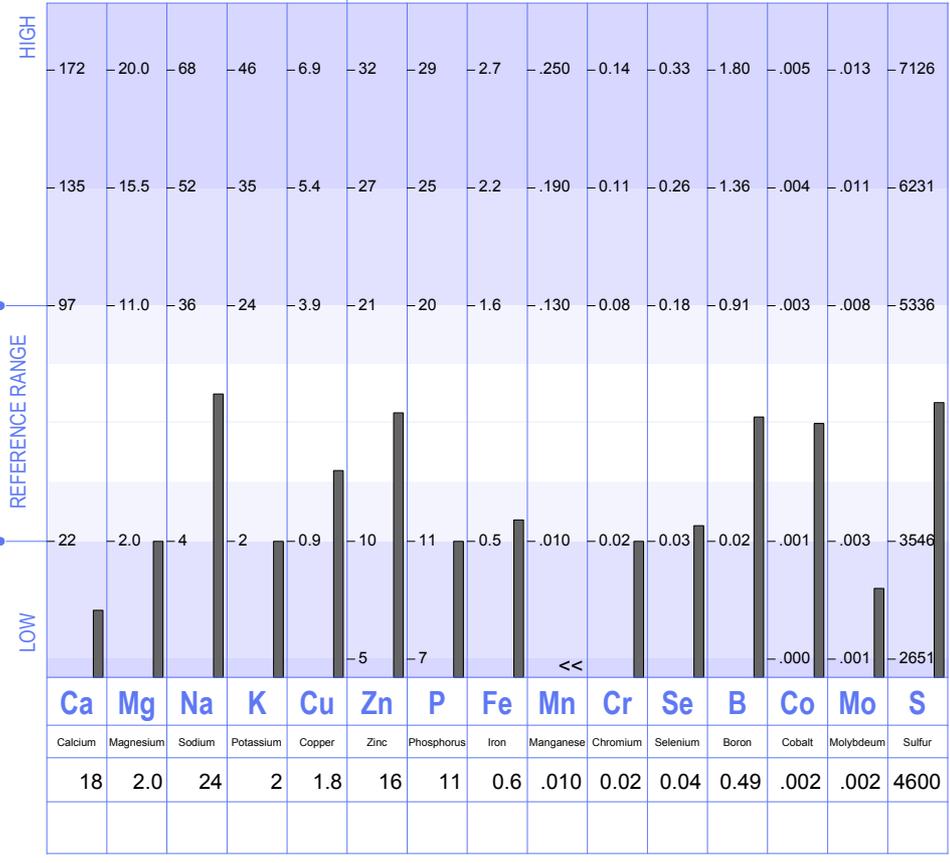
LABORATORY NO.: 1

PROFILE NO.: 2 SAMPLE TYPE: SCALP

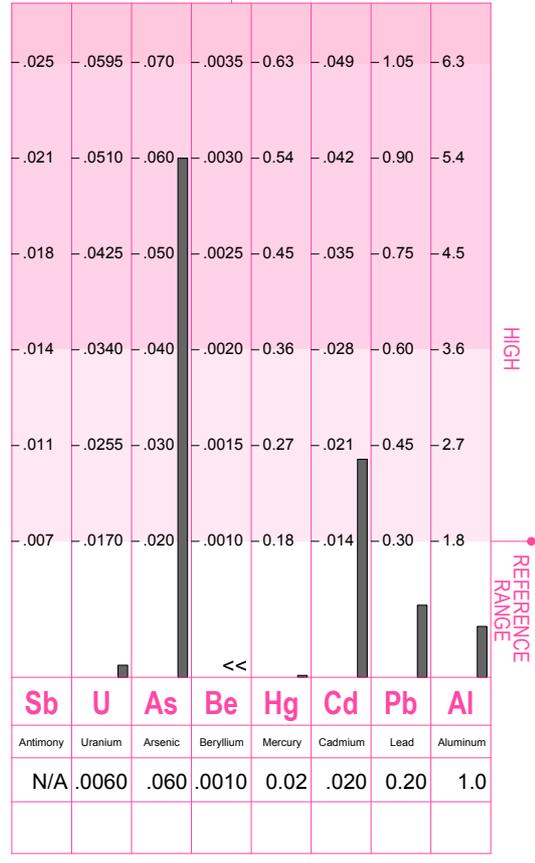
PATIENT: SAMPLE, SUSIE AGE: 47 SEX: F METABOLIC TYPE: FAST 2

REQUESTED BY: SMITH ACCOUNT NO.: 007 DATE: 1/05/2003

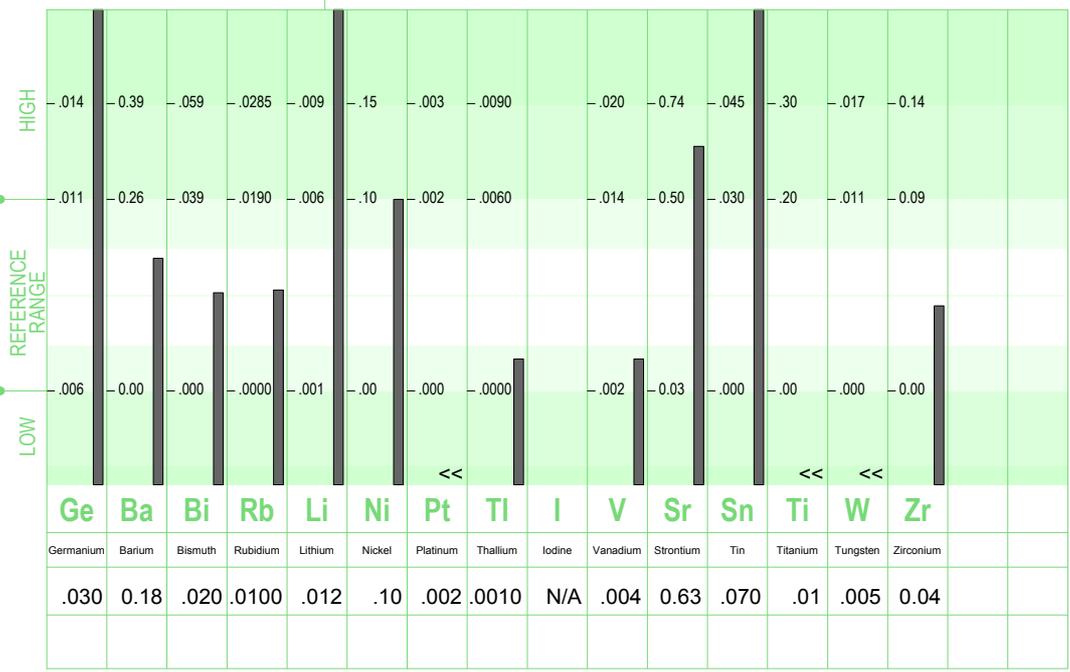
NUTRITIONAL ELEMENTS



TOXIC ELEMENTS



ADDITIONAL ELEMENTS



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

"QNS": Sample Size Was Inadequate For Analysis.

"N/A": Currently Not Available

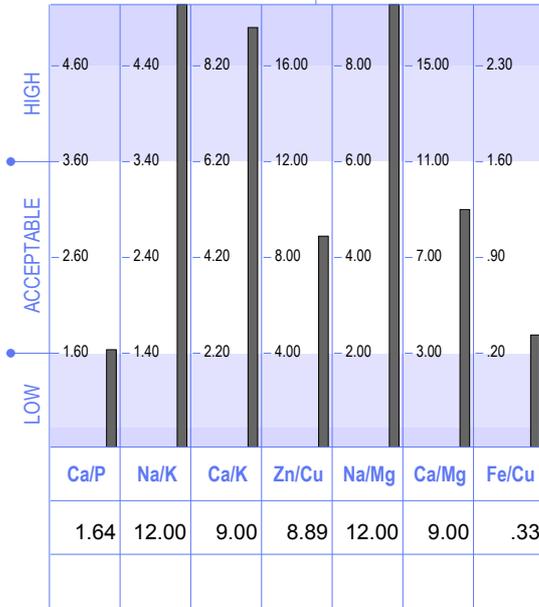
Ideal Levels And Interpretation Have Been Based On Hair Samples Obtained From The Mid-Parietal To The Occipital Region Of The Scalp.

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

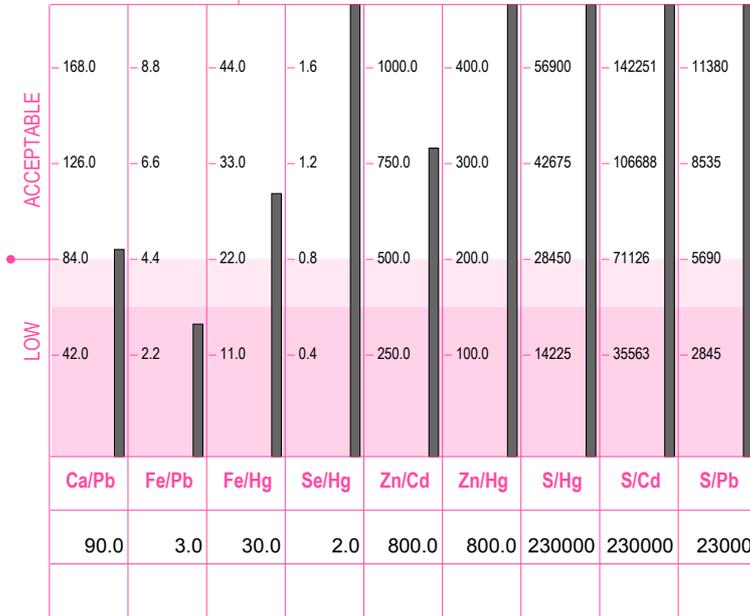
1/05/2003
 CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

SIGNIFICANT RATIOS



TOXIC RATIOS



ADDITIONAL RATIOS

RATIO	CALCULATED VALUE		EXPECTED
	Current	Previous	
Ca/Sr	28.57		131/1
Cr/V	5.00		13/1
Cu/Mo	900.00		625/1
Fe/Co	300.00		440/1
K/Co	1000.00		2000/1
K/Li	166.67		2500/1
Mg/B	4.08		40/1
S/Cu	2555.56		1138/1
Se/Tl	40.00		37/1
Se/Sn	.57		0.67/1
Zn/Sn	228.57		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 MINERALS

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.

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 DOCTOR.

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

FAST METABOLISM, TYPE #2

The patient's tissue mineral pattern indicates a FAST METABOLIZER TYPE #2 characterized as being sympathetic dominant with high adrenal activity in conjunction with decreased thyroid function. This pattern is indicative of acute stress and a possible inflammatory condition. This condition may result in a lack of sustained energy production and can lead to mood swings and fluctuations in energy levels.

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 these 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
ANEMIA	██████████							
ANXIETY	██████████████████							
GASTRITIS	██████████████████████							
HYPERACTIVITY	██████████████████████							

COMMENTS

ANEMIA AND LEAD:

The iron to lead ratio is low. Lead has an antagonistic effect upon iron. Iron deficiency can contribute to excessive lead accumulation. Lead interferes with hemoglobin formation and may produce lead-induced iron deficiency anemia.

ANXIETY:

Low tissue calcium is associated with increased central nervous system sensitivity and increased serum lactic acid levels, both of which may contribute to increased anxiety states. Anxiety may be contributed to by any factor that interferes with normal calcium metabolism such as stress or accumulation of toxic metals such as lead and mercury.

GASTRITIS:

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

HYPOTHYROID:

High calcium relative to potassium indicates a tendency toward a low thyroid function. It has been found that an elevated TSH, even when circulating T-3 and T-4 are normal, is an early indication of hypothyroidism.

TOXIC METALS

ELEVATED ARSENIC (As):

The arsenic level is above the established reference range for this toxic element. Arsenic is antagonistic to selenium and may therefore contribute to free-radical formation.

SOURCES OF ARSENIC

Arsenic has been found high in some seafood obtained from coastal waters, particularly shrimp, oysters, and muscles. Other sources include arsenic rich soils, herbicides, arsenic containing insect sprays, burning of arsenate treated building materials in fireplaces, coal combustion, and smelters.

CADMIUM (Cd):

The cadmium level is within the cautionary range. The following are some fairly common sources of cadmium:

Tobacco	Zinc Smelters
Burning Plastics	Galvanized Water Pipes
Superphosphate Fertilizers	Auto Exhaust
Electronics Industry	

NOTE:

At this time, further confirmation of heavy metal toxicity 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 levels in the blood may not be present. It is recommended that another analysis be performed in at least one year to monitor any changes in toxic metal accumulation.

CONTRAINDICATIONS

It is suggested that additional supplementation and/or intake of the following nutrients and food substitutes should be avoided by the patient until re-evaluation.

DIETARY SUGGESTIONS

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

GENERAL DIETARY GUIDELINES FOR THE FAST METABOLIZER

- * INCREASE INTAKE OF HIGH PURINE PROTEIN FOODS...high purine protein sources include liver, kidney and heart. Other good sources include sardines, tuna, clams, crab, lobster and oysters. Unless notified otherwise, high purine and moderate purine protein intake should constitute approximately 30% of total daily caloric intake.
- * INCREASE INTAKE OF MILK AND MILK PRODUCTS...such as cheese, yogurt, cream, butter (unsalted). Increase intake of nuts and seeds such as almonds, walnuts, peanuts, peanut butter and sunflower seeds. Foods high in fat unless notified otherwise should constitute approximately 30% of total daily caloric intake.
- * REDUCE CARBOHYDRATE INTAKE...including unrefined carbohydrates. Sources such as cereals, whole grains and whole grain products are contraindicated for frequent consumption until the next evaluation. Carbohydrate intake in the form of unrefined carbohydrates should be approximately 30% of total daily caloric intake.
- * AVOID ALL SUGARS AND REFINED CARBOHYDRATES...this includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

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
SYM-PACK VEGAN	1	0	1
THIMAX	1	0	1
MAGNESIUM PLUS	1	0	1
PYRIDOX PLUS	1	0	1
COPPER PLUS	0	1	0
VITAMIN E PLUS	1	0	1

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.

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.

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.

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.

INTRODUCTION TO HAIR TISSUE MINERAL ANALYSIS (HTMA)

Hair is formed from clusters of matrix cells that make up the follicles. During the growth phase, the hair is exposed to the internal metabolic environment such as the circulating blood, lymph, and extracellular fluids. As the hair continues to grow and reaches the surface of the skin, its outer layers harden, locking in the metabolic products accumulated during this period of hair formation. This biological process provides us with a blueprint and lasting record of nutritional metabolic activity that has occurred during this time.

Determining the levels of the elements in the hair is a highly sophisticated analytical technique; when performed to exacting standards and interpreted correctly, it may be used as a screening aid for mineral deficiencies, excesses, and/or biochemical imbalances. Hair tissue mineral analysis (HTMA) provides the doctor with a sensitive indicator of the long-term effects of diet, stress, and toxic metal exposure.

The laboratory test results and the comprehensive report that follows should not be construed as diagnostic. This analysis is provided only as an additional source of information to the attending doctor.

Test results were obtained by a licensed clinical laboratory adhering to analytical procedures that comply with governmental protocol and standards established by Trace Elements, Inc. U.S.A. The interpretive data based upon these results is defined by research conducted by David L. Watts, Ph.D.

UNDERSTANDING THE GRAPHICS

NUTRITIONAL ELEMENTS

This section of the cover page graphically displays the test results for each of the reported nutritional elements and how they compare to the established population reference range. Values that are above or below the reference range indicate a deviation from "normal". The more significant the deviation, the greater the possibility a deficiency or excess may be present.

TOXIC ELEMENTS

The toxic elements section displays the results for each of the reported toxic elements. It is preferable that all levels be as low as possible and within the lower white section. Any test result that falls within the upper dark red areas should be considered as statistically significant, but not necessarily clinically significant. Further investigation may then be warranted to determine the possibility of actual clinical significance.

ADDITIONAL ELEMENTS

This section displays the results of additional elements for which there is limited documentation. These elements may be necessary for biochemical function and/or may adversely effect biochemical function. Further study will help to reveal their function, interrelationships and eventually their proper therapeutic application or treatment.

SIGNIFICANT RATIOS

The significant ratios section displays the important nutritional mineral relationships. This section consists of calculated values based on the respective elements. Mineral relationships (balance) is

as important, if not more so, than the individual mineral levels. The ratios reflect the critical balance that must be constantly maintained between the minerals in the body.

TOXIC RATIOS

This section displays the relationships between the important nutritional elements and toxic metals. Each toxic metal ratio result should be in the white area of the graph, and the higher the better. Toxic ratios that fall within the darker red area may indicate an interference of that toxic metal upon the utilization of the nutritional element.

ADDITIONAL RATIOS

The additional ratios section provides calculated results on some additional mineral relationships. At this time, there is limited documentation regarding these ratios. For this reason, these ratios are only provided as an additional source of research information to the attending health-care professional.

METABOLIC TYPE

This section of the report will discuss the metabolic profile, which is based on research conducted by Dr. D. L. Watts. Each classification is established by evaluating the tissue mineral results and determining the degree to which the minerals may be associated with a stimulating and/or inhibiting effect upon the main "energy producing" endocrine glands. These glands regulate nutrient absorption, excretion, metabolic utilization, and incorporation into the tissues of the body: the skin, organs, bone, hair, and nails. How efficiently each nutrient is utilized depends largely upon proper functioning of the endocrine glands.

FAST METABOLISM (TYPE #2)

- ** Sympathetic Dominance
- ** Tendency Toward Decreased Thyroid Function (decreased secretion of hormones)
- ** Tendency Toward Increased Adrenal Activity (increased secretion of hormones)

The current mineral pattern is indicative of a fast metabolic rate (Fast Metabolism, Type #2). The glandular imbalance associated with Fast Metabolism (Type#2) is usually the result of an acute stress reaction or possible inflammatory condition. Type #2 Fast Metabolism is often associated with high energy. However, energy levels may fluctuate particularly when under stress. It should be noted that stress is a normal part of life and serves a useful purpose when it is controlled. However, chronic uncontrolled stress will eventually contribute to various vitamin and mineral imbalances, and the ability to maintain adequate energy levels and optimum health will decrease.

NUTRIENT MINERAL LEVELS

This section of the report may discuss those nutritional mineral levels that reveal moderate or significant deviations from normal. The light blue area's of each graph section represent the reference range for each element based upon statistical analysis of apparently healthy individuals. The following section, however, is based upon clinical data, therefore an element that is

moderately outside the reference range may not be commented on unless determined to be clinically significant.

NOTE:

For those elements whose levels are within the normal range, it should be noted that nutritional status is also dependent upon their critical balance with other essential nutrients. If applicable, discussion regarding their involvement in metabolism may be found in the ratio section(s) of this report.

CALCIUM (Ca)

The tissue calcium level is below the normal level. This is not uncommon for this age and fast metabolism (Type #2). However, if this profile worsens or continues for an extended period of time, a tendency toward experiencing one or more of the following symptoms will increase:

Anxiety	Insomnia
Allergies	Dental Problems
Irritability	Muscle Cramps
Aggressiveness	Mood Swings

SOME FACTORS THAT MAY CONTRIBUTE TO A LOW TISSUE CALCIUM LEVEL

- * Increased Adrenal Activity
- * Hypoparathyroid Activity
- * Excess Phosphorus Retention
- * Toxic Metal Accumulation
- * Inadequate Calcium Intake

MAGNESIUM AND PARATHYROID HORMONE

Magnesium, along with calcium regulates the synthesis and/or release of parathyroid hormone. Together, low tissue levels of magnesium and calcium may be indicative of decreased parathyroid activity, which can result in decreased calcium and magnesium absorption from the diet.

MANGANESE (Mn) AND BLOOD SUGAR REGULATION

The mineral manganese in combination with certain vitamins and minerals is essential for many biochemical reactions, including carbohydrate metabolism and energy production. Manganese deficiency is frequently related to such manifestations as, low blood sugar levels, ligamentous problems and reproductive dysfunction.

GERMANIUM (Ge)

Your germanium level of 0.03 mg% is above the established reference range for this element. Excessive intake of germanium has been reported to adversely affect kidney function and cause disturbance in skeletal muscle function. Long-term intake of germanium has been reported to cause:

Anemia	Weight Loss
Neuropathy	Myopathy
Autonomic Dysfunction	Nerve Palsies
Kidney Dysfunction	Vomiting

HERBAL SOURCES OF GERMANIUM

Some herbs naturally contain significant levels of germanium. At this time, the following herbs should be discontinued if presently being consumed.

Garlic	Aloe
Comfrey	Ginseng
Watercress	Chlorella
Reishi Mushrooms	Shiitake Mushrooms

LITHIUM (Li)

Although your lithium level is moderately elevated, it should not be considered as clinically significant at this time. However, if a disturbance between this element and another mineral exists, clinical significance may be noted in the appropriate ratio section of this report.

TIN (Sn)

Your tin level of 0.07 mg% is above the established reference range. It has been reported that an excessive level of tin can interfere with iron metabolism and will produce heme breakdown. Elevated tin also increases the excretion of selenium and zinc from the body.

NUTRIENT MINERAL RATIOS

This section of the report will discuss those nutritional mineral ratios that reveal moderate or significant deviations from normal.

Continuing research indicates that metabolic dysfunction occur not necessarily as a result of a deficiency or excess of a particular mineral level, but more frequently from an abnormal balance (ratio) between the minerals. Due to this complex interrelationship between the minerals, it is extremely important that imbalances be determined. Once these imbalances are identified, corrective therapy may then be used to help re-establish a more normal biochemical balance.

NOTE: The "Nutritional Graphic" developed by researchers at Trace Elements, and presented on the cover of this report shows the antagonistic relationships between the significant nutrients, including the elements (arrows indicate antagonistic effect upon absorption and retention).

HIGH SODIUM/POTASSIUM (Na/K) RATIO AND STRESS

Stress produces an indirect affect upon your body's mineral patterns. The body responds to stress by increasing and/or decreasing the release of certain hormones from the endocrine glands. The hormones in turn will influence the body's absorption, retention and excretion of nutrients, including the minerals. The early stage of stress is known as the alarm stage, and the hormones initiating an alarm reaction will produce an increase in sodium retention relative to potassium. Therefore, this pattern is indicative of the alarm stage of stress. This pattern may also be associated with an inflammatory reaction or increased histamine production.

HIGH SODIUM/MAGNESIUM (Na/Mg) RATIO

The sodium level is high relative to magnesium (see high Na/Mg ratio). These two minerals should be in balance (4.2/1), and when sodium is excessive relative to magnesium, there is frequently an increase in magnesium requirements.

TOXIC METAL LEVELS

Hair is used as one of the tissue's of choice by the Environmental Protection Agency in determining toxic metal exposure. A 1980 report from the E.P.A. stated that human hair can be effectively used for biological monitoring of the highest priority toxic metals. This report confirmed the findings of other studies which concluded that human hair may be a more appropriate tissue than blood or urine for studying community exposure to some trace metals.

A heavy metal may be elevated in this HTMA and yet no known environmental exposure can be ascertained at this time. This is not unusual, as exposure may have originated years earlier. Additionally, research has found that heavy metals can be inherited by the fetus during pregnancy. Heavy metals can be found in the body for years following the original exposure and will remain in body tissues until removal is initiated. For example, the half-life of cadmium in some tissues will range from ten to thirty years.

ARSENIC (As)

Your arsenic level of 0.06 mg% is above the established reference range. Arsenic has been found high in some seafood obtained from coastal waters, particularly shrimp, oysters, and mussels. Other sources include arsenic rich soils, herbicides, arsenic containing insect sprays, burning of arsenate treated building materials in fireplaces, coal combustion, and smelters.

CADMIUM (Cd)

The cadmium level is within the cautionary range. The following are some fairly common sources of cadmium:

Tobacco	Zinc Smelters
Burning Plastics	Galvanized Water Pipes
Superphosphate Fertilizers	Auto Exhaust
Electronics Industry	

NOTE:

At this time, further confirmation of heavy metal toxicity 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 levels in the blood may not be present. It is recommended that another analysis be performed in at least one year to monitor any changes in toxic metal accumulation.

TOXIC METAL RATIOS

Every person is exposed to toxic metals to some degree. The retention of these toxic metals, however, is dependent upon the individual's susceptibility. The balance of the protective nutrient minerals within the body in relation to the heavy metals can frequently be the determining factor to this susceptibility. As an example, the accumulation of lead will have a more detrimental effect upon body chemistry when sufficient levels of calcium and iron are not available. By examining the toxic metal levels in relation to the protective minerals, the extent

to which the heavy metals may be involved in abnormal chemistry can frequently be seen.

DIETARY SUGGESTIONS

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

GENERAL DIETARY GUIDELINES FOR THE FAST METABOLIZER

- * INCREASE INTAKE OF HIGH PURINE PROTEIN FOODS...high purine protein sources include liver, kidney and heart. Other good sources include sardines, tuna, clams, crab, lobster and oysters. Unless notified otherwise, high purine and moderate purine protein intake should constitute approximately 33% of total daily caloric intake.
- * INCREASE INTAKE OF MILK AND MILK PRODUCTS...such as cheese, yogurt, cream, butter (unsalted). Increase intake of nuts and seeds such as almonds, walnuts, peanuts, peanut butter and sunflower seeds. Foods high in fat unless notified otherwise should constitute approximately 33% of total daily caloric intake.
- * REDUCE CARBOHYDRATE INTAKE...including unrefined carbohydrates. Sources such as cereals, whole grains and whole grain products are contraindicated for frequent consumption until the next evaluation. Carbohydrate intake in the form of unrefined carbohydrates should be approximately 33% of total daily caloric intake.
- * AVOID ALL SUGARS AND REFINED CARBOHYDRATES...this includes white and brown sugar, honey, candy, soda pop, cake, pastries, alcohol and white bread.

FOOD ALLERGIES

In some individuals, certain foods can produce a maladaptive or "allergic-like" reaction commonly called "food allergies". Consumption of foods that one is sensitive to can bring about reactions ranging from drowsiness to hyperactivity in children, itching and rashes, headaches, high-blood pressure and arthritic pain.

Sensitivity to foods can develop due to biochemical (nutritional) imbalances, and which stress, pollution, and medications can aggravate. Nutritional imbalance can further be contributed to by restricting food variety, such as eating only a small group of foods on a daily basis. Often a person will develop a craving for the food they are most sensitive to and may eat the same food or food group more than once a day.

The following section may contain foods that are recommended to avoid. These foods should be considered as potential "allergy foods", or as foods that may impede a rapid and effective response. Consumption of these foods should be avoided completely for four days. Afterwhich, they should not be eaten more frequently than once every three days during course of therapy.

FOODS THAT STIMULATE HISTAMINES

Consumption of the following foods can stimulate histamine release in certain metabolic types and may contribute to respiratory-type allergy reactions. These foods are to be avoided until the next evaluation or until notified otherwise by attending doctor.

Beet Greens	Rhubarb
Apples	Chocolate
Spinach	Black Tea
Eggplant	Strawberries
Sweet Potatoes	Peanuts
Blueberries	Green Beans
Pecans	Chard
Wheat Germ	Concord Grapes
Cocoa	Collards
Parsley	Blackberries
Beets	

FOODS HIGH IN MAGNESIUM

The following foods are high in magnesium content relative to calcium and sodium. These foods may be increased in the diet until the next evaluation.

Blackstrap Molasses	Corn
Prunes	Cashews
Avocados	Wild Rice
Bananas	Tofu
Bass (broil)	Garbanzo Beans
Figs (dried)	

THE FOLLOWING FOODS MAY BE INCREASED IN THE DIET UNTIL THE NEXT EVALUATION

Mozzarella Cheese	Turnip Greens
Milk	Mustard Greens
Kale	Yogurt
Monterey Cheese	Cream
Almonds	Buttermilk
Swiss Cheese	

AMINO ACIDS THAT IMPROVE CALCIUM ABSORPTION

Calcium absorption is greatly enhanced when the diet is high in the amino acids, lysine, arginine and histadine. These proteins also help to reduce acidity of the tissues. Both effects are favorable for the fast metabolizer, therefore addition of any of the following foods to the diet is recommended at this time:

Lima Beans	Soybeans
Garbanzo Beans	Sausage (lean)
Rumproast	Lamb
Skim Milk	Smelt
Beef Stew	Vegetable Stew
Cottage Cheese	Canadian bacon
Spare Ribs	Peanuts
Lentils	Bass
Flounder	Heart

Cod
Ham
Salami

Chuck Roast
Liverwurst

SPECIAL NOTE

This report contains only a limited number of foods to avoid or to increase in the diet. FOR THOSE FOODS NOT SPECIFICALLY INCLUDED IN THIS SECTION, CONTINUED CONSUMPTION ON A MODERATE BASIS IS ACCEPTABLE UNLESS RECOMMENDED OTHERWISE BY YOUR DOCTOR. Under some circumstances, dietary recommendations may list the same food item in the "TO EAT" and the "TO AVOID" categories at the same time. In these rare cases, always follow the avoid recommendation.

CONCLUSION

This report can provide a unique insight into nutritional biochemistry. The recommendations contained within are specifically designed according to metabolic type, mineral status, age, and sex. Additional recommendations may be based upon other supporting clinical data as determined by the attending health-care professional.

OBJECTIVE OF THE PROGRAM:

The purpose of this program is to re-establish a normal balance of body chemistry through individually designed dietary and supplement suggestions. Properly followed, this may then enhance the ability of the body to more efficiently utilize the nutrients that are consumed, resulting in improved energy production and health.

REMOVAL OF HEAVY METALS:

Re-establishing a homeostatic balance or equilibrium of body chemistry will enhance the body's ability to remove heavy metals naturally. The elimination of a heavy metal involves an intricate process of attachment of the metal to proteins, removal from storage areas, and transport to the eliminative organs for excretion. Improvement in ones nutritional balance will improve the capability of the body to perform these tasks and eliminate toxins more easily.

However, the mobilization and elimination of metals may cause temporary discomfort. As an example, if an excess accumulation of iron or lead is contributing to arthritic symptoms, a temporary flare-up of the condition may occur from time to time. This discomfort can be expected until removal of the excess metal is complete.

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