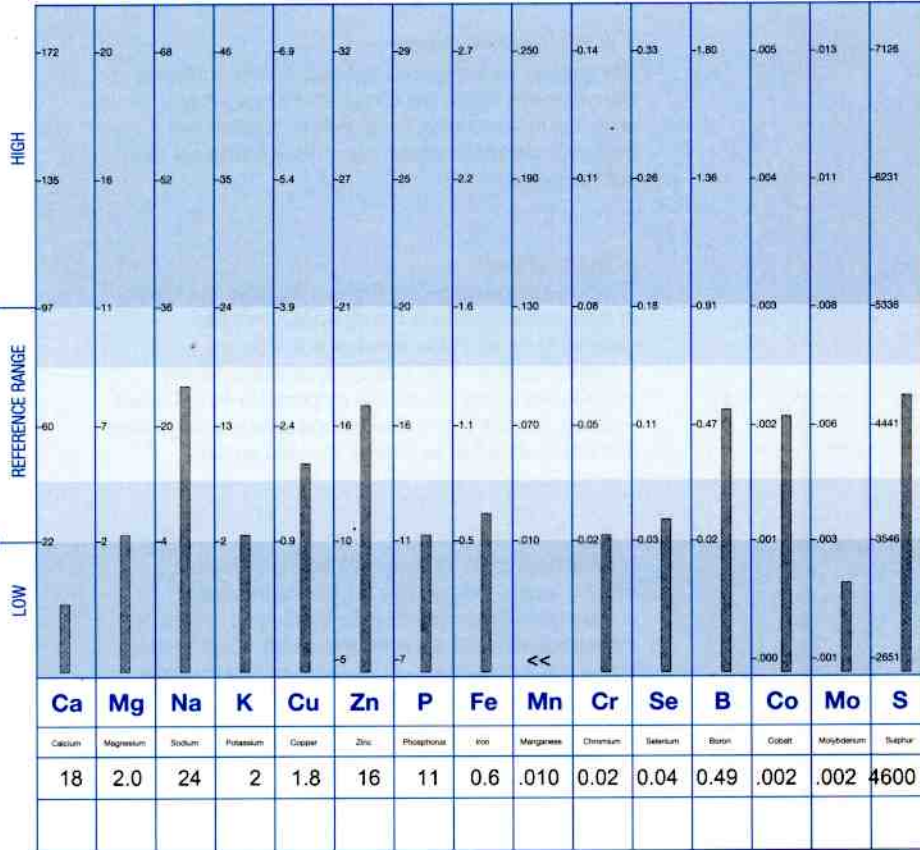
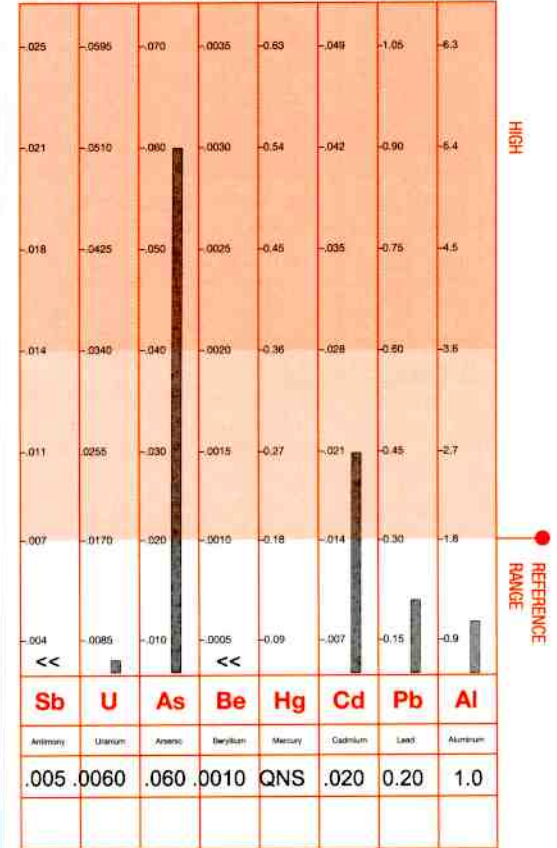


LABORATORY NO:	1		
PROFILE NO:	2	SAMPLE TYPE:	SCALP
PATIENT:	SAMPLE, SUSIE	AGE:	47
		SEX:	F
		METABOLIC TYPE:	FAST 2
REQUESTED BY:	SMITH	ACCOUNT NO:	007
		DATE:	01/05/2001

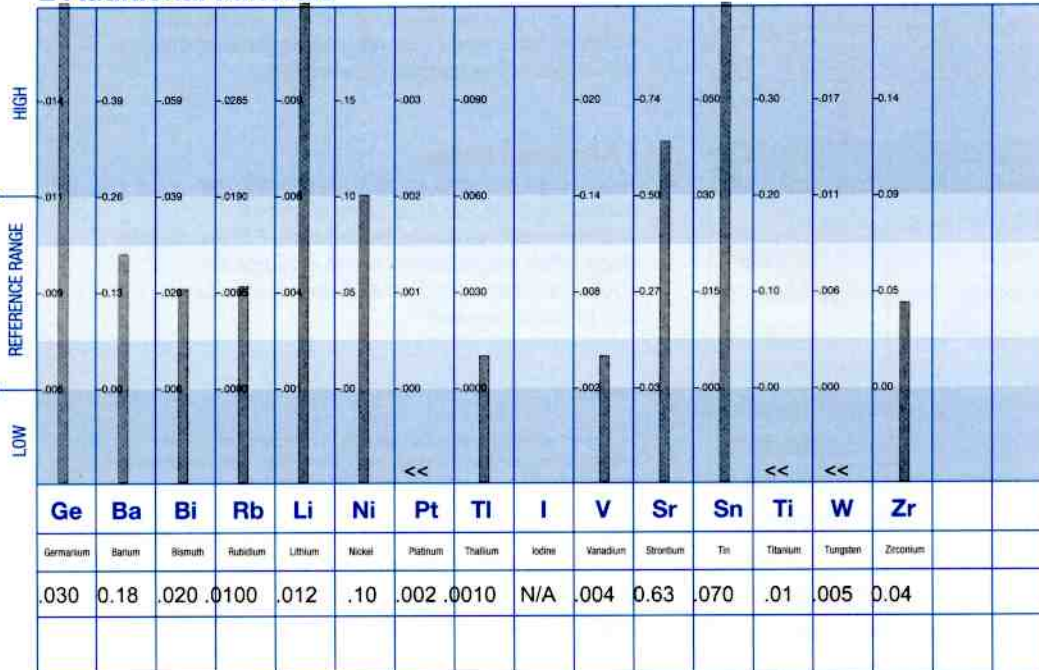
1 Nutrient Minerals



3 Toxic Minerals



2 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 D0481787

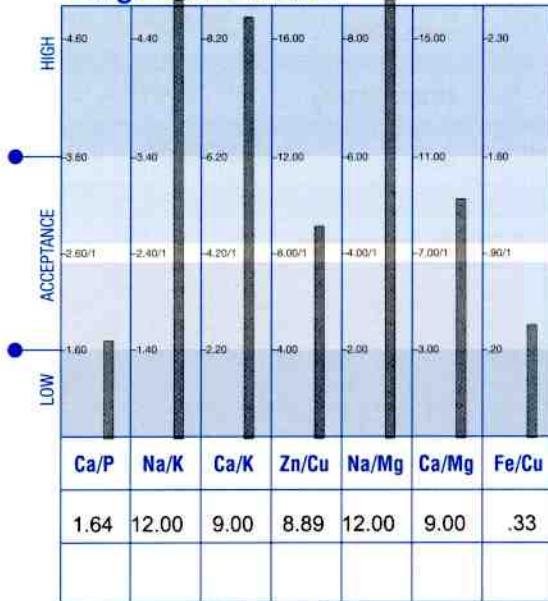
01/05/2001

CURRENT TEST RESULTS

PREVIOUS TEST RESULTS

Guide to the Graphs and Ratios

4 Significant Ratios



1 Nutrient Minerals

The first blue graph (over page) shows the levels of nutrient minerals found in the analysis. They are considered essential for many biological functions and play key roles in such metabolic functions as muscular activity, endocrine function, reproduction, skeletal integrity and overall development.

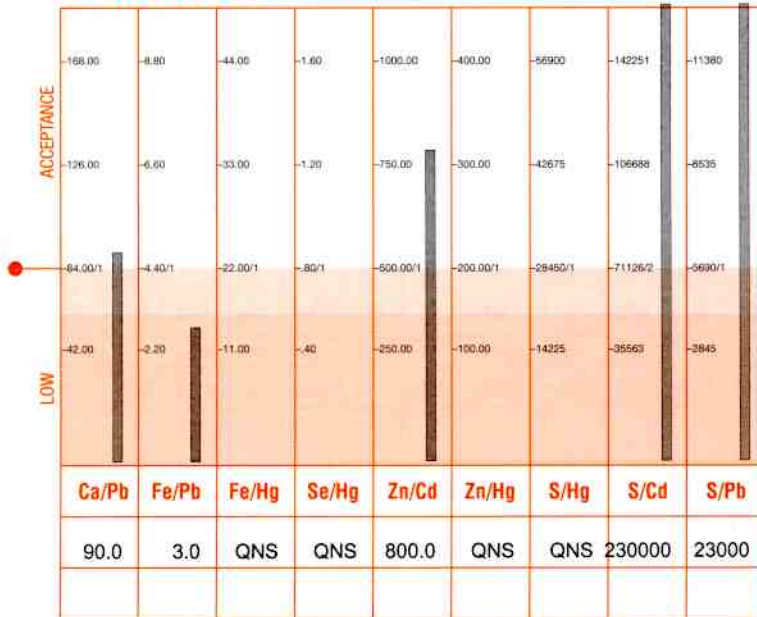
2 Additional Minerals

The second blue graph (over page) shows additional mineral levels which are considered as possibly essential to the human body. Further studies are being conducted to better define their biological and nutritional roles.

3 Toxic Metals

The first orange graph (over page) displays the levels of toxic metals found in the analysis. They are commonly found in the environment, and are, therefore, present in all biological systems. Ideally these levels should be as low as possible (in the white section). Results in the dark orange area should prompt further investigation as to why they are so high.

5 Toxic Ratios



4 Significant Ratios

Mineral balance is as important as the individual mineral levels. This section shows the important nutritional mineral relationships; calculated values of respective minerals are contrasted with 'ideal' values. These ratios reflect the critical balance that must be maintained for a healthy body.

5 Toxic ratios

This section displays the relationships between important nutritional elements and specific toxic metals. Each toxic metal ratio result should be in the white area, the higher the better. Ratios falling within the orange area may indicate an interference of a toxic metal upon another nutritional mineral. Individuals with high toxic levels may not always show symptoms associated with a particular toxic mineral.

6 Additional Ratios

Ratio	Calculated Value		Optimum
	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

6 Additional Ratios

This section provides some additional mineral relationships. At this time, there is limited documentation regarding these ratios. For this reason, these ratios are provided only as a source of additional information for healthcare professionals and to assist research.

Notes:

Levels: all minerals levels are reported in milligrammes percent (milligrammes per one hundred grammes of hair). One milligramme percent (mg%) is equal to ten parts per million (ppm).

Reference ranges: all ranges should be considered as guidelines for comparison with the reported test values. They have been statistically established for studying a population of 'healthy' individuals. They should not be considered as absolute limits for determining deficiency, toxicity or acceptance.

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
Irritability
Aggressiveness

Dental Problems
Muscle Cramps
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 prawns, 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.

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. After which, 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
Aubergine	Strawberries
Sweet Potatoes	Peanuts
Blueberries	Green Beans
Pecans	Chard
Wheat Germ	Beet Root
Cocoa	Parsley
Blackberries	

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 (grilled)	Chick Peas
Figs (dried)	Mango
Radish	

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

Mozzarella Cheese	Turnip Tops
Milk	Chinese Cabbage
Kale	Yogurt
Monterey Cheese	Cream
Almonds	Buttermilk
Swiss Cheese	Curry Leaves
Cress	

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:

Soybeans	Salami
Sausage (lean)	Ham
Roast Beef	Lamb
Skim Milk	
Beef Stew	Vegetable Stew
Cottage Cheese	Canadian bacon
Spare Ribs	Peanuts
Lentils	Bass
Heart	Cod

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.

THE FOLLOWING RECOMMENDATIONS SHOULD BE TAKEN ONLY WITH MEALS IN ORDER TO INCREASE ABSORPTION AND TO AVOID STOMACH DISCOMFORT.

RECOMMENDATION	AM	NOON	PM
SYM-PACK	1	0	1
MIN-PLEX B	1	1	1
COPPER PLUS	0	1	0
VITAMIN E PLUS	1	0	1

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.