

16 HARKER STREET  
BURWOOD VIC 3125

P: 1300 688 522  
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**Dr.SAMPLE REPORT**  
**TEST HEALTH CENTRE**  
**123 TEST STREET**  
**BURWOOD VIC 3125**

LAB ID :                    3814203  
UR NO. :  
Collection Date : 09-May-2022  
Received Date:09-May-2022



3814203

**BIOCHEMISTRY**

BLOOD - SERUM	Result	Range	Units	
<b>25 OH VITAMIN D</b>	<b>212</b>	50 - 250	nmol/L	

**Vitamin D Comment**

The Working Group of the Australian and New Zealand Bone and Mineral Society, Endocrine Society of Australia and Osteoporosis Australia have recommended that the Vitamin D level should be greater than 50 nmol/L.




Recommended Target Range:	125 - 200	nmol/l
Deficient Level:	< 50	nmol/l
Insufficient Level:	50 - 74	nmol/l
Sufficient Level:	75 - 250	nmol/l
Excessive Level:	> 250	nmol/l

**COMMENT:**

25-hydroxy Vitamin represents the body's stores/reserves level. Where levels are deemed sub-optimal, consider assessing 1-25-dihydroxy Vitamin D3 (the active form of the molecule). This may be tested off the existing specimen at the laboratory within 7 days. If you wish to proceed with this test, please forward a new request form for this patient.

BLOOD - PLASMA	Result	Range	Units	
<b>HOMOCYSTEINE</b>	<b>16.0 *H</b>	5.0 - 12.0	umol/L	

**INTEGRATIVE MEDICINE**

BLOOD - SERUM	Result	Range	Units	
<b>Free Copper Index</b>				
<b>COPPER</b>	<b>18.6</b>	11.0 - 22.0	umol/L	
<b>CAERULOPLASMIN</b>	<b>0.27</b>	0.18 - 0.40	g/L	
<b>% Free Copper</b>	<b>31 *H</b>	5 - 25	%	

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang



# SAMPLE REPORT

## 09-May-1990 Female

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### Integrative Medicine Comments

Plasma Copper Reference Ranges (Additional):  
Female on Contraceptives: 20.8 - 34.8 umol/L  
ELEVATED Cu/Zn RATIO:

The ratio of copper to zinc is clinically more important than the individual levels of each analyte.

Elevated copper/Zinc ratios can be particularly serious for persons with low blood histamine (over methylation). This combination of imbalances has been associated with anxiety, panic disorders, paranoia and hallucinations.

ELEVATED FREE COPPER:  
Consider chelation therapy, Vit C, Zinc, Molybdenum, Glutamine, Histidine and threonine.

Optimal free Copper of 5-25% is recommended by Dr B Walsh.  
Retesting Zinc and Copper levels after 3 months of treatment is recommended.

Signs of Cu overload include hyperactivity, skin sensitivity to metals. Skin tags, estrogen dominance, emotional meltdowns, tinnitus, abnormal periods.

S-Adenosyl Methionine	88.0	86.0 - 145.0	nmol/L	
S-Adenosyl Homocysteine	37.0 *H	10.0 - 22.0	nmol/L	
SAM/SAH Ratio	2.4 *L	> 4.0	RATIO	

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### Methylation Comments

#### LOW S-ADENOSYL METHIONINE (SAME) LEVEL:

SAMe level may be low due to the following;

Inadequate Methionine (the chief substrate for methylation) either through;

1. Inadequate dietary intake (Poor Diet, Vegetarian/Vegan Diet, GIT dysfunction, Hypochlorhydria)

Improve dietary methionine intake (cheeses, dairy, poultry, meats, nuts) combined with magnesium,

Vit B6, folate, Betaine (TMG) and Vit B12 support.

Supplementation with Methionine (Must also include magnesium, Vit B6, folate, Betaine (TMG) and

Vit B12 support).

2. Inadequate Homocysteine metabolism

Possible causes: Use of Niacin (depletes methyl groups), Antacids (depletes Vit B12)

Assess Active B12 and Red Cell Folate levels

3. Inadequate Magnesium (chief cofactor for SAMe synthesis)

4. Inhibition of enzymic activity or

5. genetic/chemical influences.

Consider SAMe supplementation - 200-400mg daily, taken on an empty stomach (capsules should be foil packed to retain potency). Also Methionine, Magnesium, B3 and increase protein intake.

#### PRECAUTION:

Prior to considering SAMe or Methionine supplementation, ensure concurrently SAH levels are not elevated.

If SAH is elevated, consider firstly improving SAH clearance/metabolism (via

Homocysteine) towards Methionine (Methionine Synthesis pathway) or Cysteine/Glutathione (Transulphuration pathway).

Consider TMG (trimethylglycine) or Betaine to lower SAH.

Thereafter consider the use of SAMe or Methionine supplementation.

#### ELEVATED S-ADENOSYL HOMOCYSTEINE (SAH) LEVEL:

Elevated SAH levels suggest inadequate homocysteine metabolism to methionine. Check Homocysteine levels.

As SAH is a strong inhibitor of the methylation process, its levels need to be regulated.

May be due to NAD cofactor deficiency (B3) or commonly SNPs in AHCY.

Consider TMG (trimethylglycine) or Betaine to lower SAH.

#### LOW METHYLATION INDEX:

Balancing the SAMe/SAH ratio is important to facilitate optimal enzymic activities in the methylation process.

A reduction in this ratio, below the reference range, is reflective of a decrease in methylation activity.

**HISTAMINE**

**25.0 \*L** 28.0 - 51.0 ug/L



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### Histamine Comment

#### LOW WB HISTAMINE LEVELS:

Low Whole Blood Histamine is otherwise known as Histapenia. In assessing Histamine levels, Diamine Oxidase (DAO) should also be tested concurrently.

Serum/plasma copper levels in histapenic patients are often abnormally high. As copper is a brain stimulant (and also destroys histamine), the elevated serum/plasma (and presumably brain) copper level probably accounts for many visible symptoms, including the low blood histamine level.

Behavioral symptoms in high-copper histapenia include paranoia and hallucinations in younger patients. In older patients, depression may predominate. Some studies of schizophrenics have revealed high blood copper, as seen in histadelia, with low urinary copper (showing that copper is being retained) as well as low blood zinc.

#### Treatment considerations:

Treatment protocol consists of the administration of Amino Acid Histidine, (converts to histamine), a diet high in protein, supplement with B6, Folic Acid & B12 injections as they increase histamine levels while lowering the degree of symptoms. Zinc and manganese with vitamin C remove copper from the tissues. Copper destroys histamine and therefore as copper levels decrease, histamine levels should return towards normal. With this treatment the high blood copper is slowly reduced and symptoms are slowly relieved in several months' time.

Treating histadelia is not a quick process. Early noticeable results/improvements may not be seen until close to 6-10 weeks. Treatment can take more than 12 months to complete.

To find out more about this see Mental Illness: The Nutrition Connection, a book by Carl Pfeiffer. The prognosis is seen to be good if the histadelic patient cooperates with treatment and works to give up detrimental addictions.

ZINC	11.1	9.0 - 19.0	umol/L	
Copper/Zinc Ratio	1.68 *H	0.80 - 1.00	RATIO	

Tests ordered: HIAM,ZN,HOMO,IMPEI,VITD,CFee,SAMe,SAHe,SAM/SAH,Cu/Zn,FCuInd,Pfeifee-C

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