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16 HARKER STREET
BURWOOD VIC 3125




Dr.SAMPLE REPORT
TEST HEALTH CENTRE
123 TEST STREET
BURWOOD VIC 3125

LAB ID : 3814144
UR NO. :
Collection Date : 09-May-2022
Received Date:09-May-2022



3814144

BIOCHEMISTRY

| BLOOD - SERUM | Result | Range | Units | |
|-----------------------|-----------------|-------------|-------|--|
| Tryptase | 17.0 *H | 0.0 - 15.0 | ng/mL |  |
| Chromogranin A | 105.0 *H | 0.0 - 93.0 | ng/mL |  |
| BLOOD - WHOLE | | | | |
| HISTAMINE | 55.0 *H | 28.0 - 51.0 | ug/L |  |

Histamine Comment

ELEVATED WB HISTAMINE:

Otherwise known as Histadelia, it is more prevalent in males and is seen in schizophrenics (15 - 20%).

In assessing Histamine levels, Diamine Oxidase (DAO) should also be tested concurrently as patients with histadelia appear to have low to normal levels of copper. Important to this is that copper is required for the enzyme Diamine Oxidase (DAO), which is involved in the metabolism of histamine.

Additional Assessments:

In evaluating copper status, serum/plasma (or Red Cell) copper, Zinc and caeruloplasmin are preferred.

Aluminium and cadmium appear to be copper antagonists, and as such it would be beneficial to also determine their levels.

Treatment recommendations:

Supplementation with the amino acid Methionine lowers blood levels of histamine by increasing histamine breakdown.

A low protein diet with high complex carbohydrates is also recommended.

Histidine, which is more common in animal proteins, should be avoided as it converts to histamine.

Supplement with Calcium, Copper, Magnesium, Manganese, Vitamin B6 and Vitamin C.

CAUTIONARY NOTE:

Histadelic patients should avoid folic acid supplementation, as it can produce excess histamine. Folic acid increases depression in histadelic patients.

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

