

## Nutrition-Match Report

Jane Doe

8/1/16

1. Overall your symptoms and testing indicates a picture of inflammation, and a need to detoxify and this may be caused by a tendency towards undermethylation, hormone imbalances, and toxicity.

### a. Main blood chemistry findings

#### Metabolic Panel

Blood Urea Nitrogen (BUN) (SI) 4.28 - 6.43 mmol/L (L) 3.8

Potassium 4 - 4.5 mmol/L (H) 4.8

Phosphorus (SI) 0.97 - 1.29 mmol/L (L) 0.96

Total Protein (SI) 67 - 74 g/L (L) 64

Globulin (SI) 23 - 28 g/L (L) 20

Alkaline Phosphatase (ALP) 60 - 100 IU/L (L) 43

Gamma-Glutamyl Transferase 15 - 35 IU/L (L) 10

#### CBC (complete blood count)

White Blood Cells 5 - 7.5 x10E3/uL (L) 4.51

Hemoglobin (SI) 135 - 150 g/L (L) 133

Hematocrit (SI) 0.38 - 0.48 % (L) 0.374

Mean Corpuscular Hemoglobin

Concentration (MCHC) 32 - 35 g/dL (H) 35.6

Lymphocytes (percent of total) 30 - 45 % (L) 26.2

Eosinophils (percent of total) 0 - 3 % (H) 4

Monocytes (percent of total) 0 - 7 % (H) 10.4

### b. Pattern overview

**Primary** - Electrolyte Balance, GI Inflammation, Protein, B6, Glutathione, Zinc.

**Secondary** - Liver, Intestinal Parasites, Adrenal, Immune, Iron, B12/folate.

## **2. Main Symptoms**

- 1 Severe joint pain
2. Constant tiredness
3. Palpitations
4. Restlessness
5. Panic attacks
6. susceptible to infection

## **3. Recommendations**

The priority in this phase is to assist in methylation, which will aid detoxification of heavy metals (especially copper), and estrogen metabolites, decrease inflammation, along with supporting estrogen metabolism directly, and mopping up inflammation. Protein levels need to be improved and this is best achieved by determining your specific ratio of macro nutrient needs with Metabolic Typing. Gastro intestinal inflammation is an important factor to be considered in follow up, according to its current severity.

**a. Diet** - Eliminate histamine from diet along with wheat and dairy.

### **Primary Histamine-Containing Foods**

- Alcohol, especially red wine
- Pickled, fermented foods
- Aged cheeses
- Legumes & pulses
- Vinegar
- Smoked meats
- Citric fruits
- Chocolate
- Walnuts, cashews

### **b. Supplement Protocol -**

[\(B6\) p5p 100 mg](#)

[Zinc picolinate 50 mg](#)

[D-toxol accelerator](#) - methylation support

[DIM - 400 mg](#) estrogen metabolism

[Calcium magnesium 1000/500mg](#) - high histamine

[molybdenum - 500 mcg](#) (high Cu)

### **c. Additional Considerations –**

B1 – Benfotiamine supplementation - depletion can result in heart palpitations, panic attacks, fatigue.

SAMe 200-1000mg - methyl group boost

Copper ½-2mg

Agnus Castus in luteal phase – PMS

### **d. Further Tests**

In order to determine the deeper root of your symptoms I advise the following tests to determine your genetic predispositions and accurately determine your current hormone status.

23andme

DUTCH test

### **Next phase (2-4 weeks)**

NAC

Gut cleanse

Adrenal support – exact support determined by DUTCH/ 23andme test.

B12 need - Co (HTMA) and FBCA

Coenzymated B vitamin complex

Multi mineral and vitamin

**IMPORTANT -Monitor for 8 weeks, titrate and layer each supplement, only introducing one at a time in the order detailed above beginning at the lowest dose and working up to the maximum before starting the next supplement. Feedback daily via email – supplement/ dose/ symptoms – good or bad.**

Feedback, assess, modify, and use data from further testing to further refine protocol.

e. Retest blood chemistry in 8 weeks and review symptom and agree next steps -Follow up work on other symptoms/issues.