



METABOLIC PANEL PLUS

Kryptopyrrole | Zinc | Histamine | Copper | Ceruloplasmin

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DATE + TIME COLLECTED	TEST	RESULT	UNIT	LAB CORP REFERENCE RANGE	WALSH/PFEIFFER FUNCTIONAL RANGE
04-15-2017 09:30am	*Zinc, Plasma	69	ug/dL	56-134	90-135
	*Histamine Determination	18	ng/mL	12-127	40-70
	*Copper, Serum	124	ug/dL	72-166	70-110
	Ceruloplasmin	21	mg/dL	19.0-39.0	

DATE + TIME COLLECTED	TEST	RESULT	SPECIFIC GRAVITY	KRYPTOPYRROLE REFERENCE RANGES
04-15-2017 09:30am	Kryptopyrrole (Hydroxyhemopyrrolin-2-one [HPL])	29.38 ELEVATED	1.006	Optimal: 0-10 mcg/dL Bordeline: 11-15 mcg/dL Elevated: >16 mcg/dL

CALCULATION	CALCULATED RESULT	WALSH/PFEIFFER FUNCTIONAL RANGE
% of Free Copper	%49.19	Optimal: 5-20% High Norm: 20-30% Elevated: 30-50% Severely Elevated: 50% and >

NAME : Sample, Sample
DOB : 01-01-2001
GENDER : F
PRACTITIONER : Sample, Sample MD
DATE REPORTED : 04-19-2017

*The reference range(s) listed on this report are different than functional ranges. When determining biochemical imbalances based on the Carl Pfeiffer M.D./William Walsh Ph.D. model; Optimal functional ranges represent a range within a reference range that can position a patient within biochemical classes: (1) elevated histamine (2) low histamine (3) excess copper (4) zinc deficiency. Optimal functional ranges for patients may vary based on diagnosis, clinical features and response to treatment.

One-on-One Complimentary Clinical Consultation



“Biochemical imbalances exemplified by copper, zinc, histamine and pyrrole, are the cornerstone of the **new paradigm of medicine** that actually allows us to find the underlying causes for many mental health conditions like **Anxiety, Depression, Bipolar disorder and Schizophrenia**. These imbalances illustrate that we have to **dig deeper** and that we can actually **find contributors** if not causes of many mental health conditions. With

this in mind, we can now **target root causes** that lead to at least improvement in a patient’s condition if not resolution and recovery. Up until now, medicine has been limited to only **treating symptoms** with drugs that often have terrible side effects. Now we understand that recovery of a normal life is not only possible, but expected. There is no substitute for identifying the root cause so that you know exactly what to treat, and doing so in a **non-toxic fashion**. This is the key to success at Mensah Medical.”

—Albert Mensah MD



“Using the Laboratory measurements of blood and urine, recommended by the Walsh Protocol, I am able to **more effectively treat** many of my patients. The labs provide a **deeper understanding** of the biochemistry behind many of the common conditions routinely seen in the doctor’s office. Problems with **focus and inattention behaviour disorders, aggression, irritability, nervousness, insomnia, mood swings, and menstrual difficulties** are just a few of the issues that can be helped by understanding the **root causes** of these conditions. The labs are an important part of my **assessment toolbox** that allows me to more effectively understand and treat my clients with **targeted nutrients** when other therapies have failed.”

—Susan DeLaney ND



Approach Mental Health with World Renowned Experts

“For several years **I was perplexed by** the repeated presence of certain biochemical imbalances in completely different **mental disorders**. For example, **copper overload** is present in most cases of hyperactivity, **learning disability**, post-partum **depression**, autism, and paranoid **schizophrenia**. In another example, **undermethylation** is often present in antisocial personality disorder, clinical depression, anorexia, obsessive-compulsive disorder, and schizoaffective disorder. The primary repeat offenders are copper overload, B-6 deficiency, methyl/folate imbalances, **pyrrole disorder**, and amino acid imbalances. Eventually I realized these factors had **something in common—a direct role** in the synthesis or functioning of a major neurotransmitter.

—William J. Walsh, PhD

CASE STUDIES
EXCERPTED FROM

Nutrient Power: Heal Your Biochemistry and Heal Your Brain,
by William J. Walsh, PhD.

PYRROLE DISORDER

Marianne, age 32, was unmarried and living with her parents in a Chicago suburb. She reported a troubled childhood that included **special education** and treatment for **depression** and intermittent **explosive disorder**. She was mainstreamed in high school but had few friends and was at the bottom of most classes academically. She received counseling from social workers and a psychologist for several years that was helpful, but she often relapsed during stressful periods. After high school. She had several minimum wage jobs but was chronically unemployed. Her depression and **emotional outbursts** continued despite treatment by **three psychiatrists** who prescribed more than a **dozen psychiatric medications** in an attempt to help her.

Eventually Marianne's parents sought nutrient therapy that they referred to as a last resort. She exhibited several symptoms of pyrrole disorder, including abnormal menstrual cycles, inability to handle stress, wild mood swings, white spots on fingernails, and morning nausea. In addition, she wore dark sunglasses throughout daytime hours and stated that she had never experienced a dream. Her urine sample turned a reddish-purple mauve color during storage in the lab refrigerator, and her **pyrrole level** tested at **82 mcg/dl**. Marianne was diagnosed with severe pyrrole disorder and was treated with strong doses of vitamin B-6, PLP, and zinc in conjunction with augmenting nutrients aimed at **reducing oxidative stress**. She experienced early compliance problems, so her nutrients were compounded to reduce the number of capsules.

Marianne's parents reported that she underwent a transformation over the next **four months**. They were especially pleased that she appeared **much happier**, and her emotional **outbursts had ceased**. Two years later, we learned that Marianne has a steady job and was **living independently** in an apartment. She reported that she had been quite well and was faithfully continuing nutrient therapy. Marianne said that she still felt uncomfortable in social situations, and we suggested that counseling might help.

UNDERMETHYLATION

Julie, age 42, had been married and divorced three times and was living with a new boyfriend and her four children in Wisconsin. At age 16, she was diagnosed with **oppositional-defiant disorder**. She reported intermittent **depression** since her first marriage at age 19. She said her school grades were excellent until high school when she became more interested in boys than academics. She dropped out of college during her freshman year to marry an older man. Since that time, she experienced episodes of chronic depression, especially in late spring and early fall. She had worked as a hair stylist and a waitress, and was presently a sales clerk in a large department store.

Julie reported several symptoms of **undermethylated depression**, including a shopping disorder, habitual cigarette smoking, sensitivity to ragweed and grasses, and a good response to antihistamines. Julie had tried **three** separate **antidepressants** but claimed **none were effective**. The primary laboratory finding was an elevated blood **histamine** level of **82** ng/ml. Julie had limited funds and decided she couldn't afford to take SAME, a relatively expensive supplement. Her treatment involved high dosages of **methionine, calcium, and magnesium** together with **zinc, vitamins B-6, C, D and E, and chromium**. Julie returned for a follow-up evaluation after **six months** and reported that her **depression was gone** but that she still had problems with allergies and shopping binges. She expressed satisfaction with the treatment results and said her boyfriend has decided to marry her since she "had become a nicer person."



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