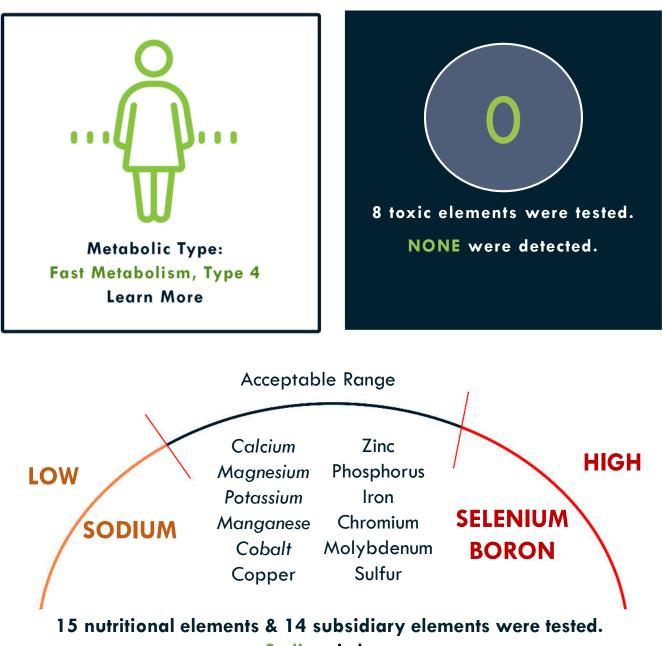
Hello Makayla. Your HTMA result from May 2019 are in.



Sodium is low.

Calcium, Magnesium, Potassium, Manganese and Cobalt are borderline low. Selenium and Boron are high.

These nutritional mineral levels that reveal moderate or significant deviations from normal based on statistical data that identifies the reference range for a healthy individual. The following sections, however, are based on clinical data. As such, an element that is moderately outside the reference range may not be commented on unless determined to be clinically significant. In contrast, a level that indicated it is within the reference range may be commented on based on level or ratio with other elements. This report is for self-educational and informational purposes only and in no way is intended as medical counseling or medical advice concerning any medical condition, disorder or disease.

Hello Makayla. Your HTMA result from May 2019 Page 2.

High Selenium - Your selenium level is moderately elevated; it should not be considered as clinically significant at this time.

High Boron - Your profile shows elevated levels of boron. While this is not particularly high, it should be noted that boron has been found to antagonize vitamin B2, thereby increasing vitamin B2 requirements when boron is elevated. Sources of boron include antacids, antihistamines, antibiotics, dental hygiene products, borax cleaning solution, laxatives, decongestants, analgesics, insecticide dusts, boric acid, legumes, fruits, alcoholic products, and vegetables.

Low Germanium - Your current levels are below the reference range. However deficiency signs and conditions have not been identified. At this time the clinical significance can not be established.

Low Calcium/Phosphorus - Calcium and phosphorus are closely related to on another and are needed to support the proper balance for normal metabolism of each element. When phosphorus is in excess relative to calcium, dental problems and behavior associated with a Type A personality have been noted with greater frequency.

Low Sodium/Potassium - When sodium is low in relation to potassium, emotional mood swings, including depression have been cited in greater frequency. A low sodium-to-potassium ratio may also be related to phobias, withdrawal, repression and indecision.

High Calcium/Potassium - this ratio indicates a trend toward an under-active thyroid. Calcium antagonizes the retention of potassium in the cell that are necessary to sensitize the tissue to the effects of thyroid hormones. High Ca/K ratio suggest reduced thyroid function and/or cellular response to thyroxine. If the imbalance is present for an extended period of time, you may experience fatigue, dry skin, constipation, cold sensitivity, weight gain, and/or depression.

Low Sodium/Magnesium - This ratio is below normal. The adrenal glands play an essential role in regulating sodium retention and excretion. Studies have also shown that magnesium will affect adrenal cortical activity and response and reduced adrenal activity results in increased magnesium retention. You may notice fatigue, dry skin, allergies, constipation, low blood pressure, and/or lowered immunity function.

Hello Makayla. Your HTMA result from May 2019 Page 3.

These dietary and supplement recommendations are not intended to be a permanent recommendation plan. These recommendations are made based on your existing HTMA results. Periodic reevaluation is recommended as desired.



Dietary Recommendations Optimize your body chemistry

High Purine Protein – liver, kidney, heart, sardines, tuna, clams, crab, lobster, and more...

Milk & milk products - cheese, yogurt, cream to once every 3-4 days a week..

Daily carbohydrates - preference for unrefined carbs - vegetables, legumes, whole grains.

Avoid Sugar and Unrefined Carbs – white and brown sugar, honey, candy, pastries, alcohol and white bread

Ø

Supplement Recommendations

TAKE:

lodine RePlenish Daily Multiple Digestive Support (prebiotic and probiotic)

DON'T TAKE: Vitamin A

The above nutrient levels should be met through dietary recommendations without additional supplementation that may contribute to mineral ratio imbalances.



Hello Makayla. Your HTMA result from May 2019 Page 4.

Your Customized Supplement Plan

Keeping Your Nutritional Health on Target

Not all supplements are created equal. We create high-quality professional-grade mineral supplements that are uniquely formulated for maximum bio-availability and rapid absorption. Our liquid base formulas enhanced with CHD-FA Fulvic Acid increases nutrient availability up to 99.9%.

Daily Multiple – 1x daily AM or PM

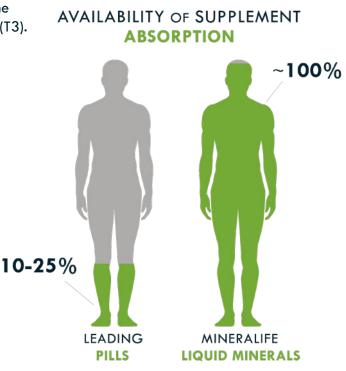
Fill in nutritional gaps with a wholefood supplement rich in Vitamins, Minerals, Amino Acids and Enzymes.

lodine – 2-3 drops, 3-4 days/week

an essential mineral for thyroid health stimulating the thyroid hormones: thyroxin (T) and trriodothyronine (T3).

RePlenish – 2-3x daily

obtain healthy sodium and potassium levels in the body and encourages muscle endurance while preventing cramping.



Are You Ready for Better Health?

Start resolving nutrient shortfalls, balance your nutrition, and optimize

your metabolism with our supplement recommendation plan.

Get your supplement program and Save 30% and Get FREE shipping!



MINERALIFE

MAKAYLA

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PATIENT:

REQUESTED BY:

	1 K.M. 191751 (2018)							
	PROFILE NO.: 2		SAMPLE TYPE: S	SCALP				
ањ. -	AGE: 25 SEX:	F	METABOLIC TYPE:	FAST 4				
K.,	342,5770 678		201 803					

	NUTR	ITION	AL EL	EMEN	ITS	1										TOXIC	ELE	MENT	S					
HOH	- 172	- 20.0	- 68	- 46	- 6.9	- 32	- 29	- 2.7	250	- 0.14	- 0.33	- 1.80	005	013	- 7126	025	0595	070	004	- 0.63	049	- 1.1	- 6.3	
	- 135	- 15.5	- 52	- 35	- 5.4	- 27	- 25	- 2.2	190	- 0.11	- 0.26	- 1.36	004	011	- 6231	021	0510	060	003	- 0.54	042	- 0.9	- 5.4	
					23						1					018	- 0425	050	003	- 0.45	035	- 0.8	- 4.5	
RANGE	-	- 11.0	- 36	- 24	- 3.9	- 21	- 20	- 1.6	130	- 0.08	- 0.18	- 0.91	003	008	- 5336	014	0340	040	002	- 0.36	028	- 0.6	- 3.6	HIGH
REFERENCE																011	0255	030	002	- 0.27	021	- 0.5	- 2.7	
ow RE	- 22	- 2.0	- 4	- 2				- 0.5	010	- 0.02	- 0.03	- 0.02				007	0170	020	001	- 0.18	- 014	- 0.3	- 1.8 H	REFERENCE
		D.A.		I/			- 7		D.A.	0.	C			001		Ch			<<	11.	<< C d	<<		m
	Ca	Марлезил		K Potassium	Cu	Zn	Phosphorus	Fe	Margarese	Cr	Se	Boron	Coball	Mo		Sb	Uranium	As	Beryllium	Hg	Cd	Pb	Aluminum	
	23	-	2		1.5	18	17	0.7		0.06				1	5271		.0017	.005		0.01		0.1	0.5	

ADDITIONAL ELEMENTS

.004	0.02	.013	.0015	.001	.01	.001	.0005	.003	0.04	0.01	.12	.001	0.04	5/10/2019 CURRENT TEST RESULTS
Germanium	Barium	Bismuth	Rubidsum	Lillhium	Nickel	Platinum	Thalium	Vanadium	Strontium	Tin	Teanson	Tungsten	Zirconium	
Ge	Ba	Bi	Rb	Li	Ni	Pt	TI	V	Sr	Sn	Ti	W	Zr	18
000	- 0.00	000	000	001	- 00	000	0000	002	- 0.03	- 0.00	00	000	- 0.03	
006	- 0.00	000	0000	001	00	000	0000	002	0.03	0.00	00	000	- 0.02	Laboratory Analysis Provided by Trace Element an H. H. S. Licensed Clinical Laboratory. No. 45 D0481787
														Ideal Levels And Interpretation Have Been Base Hair Samples Obtained From The Mid-Parietal T Occipital Region Of The Scalp.
011	- 0.26	- 039	0190	006	10	002	0060	014	- 0.50	- 0.03	20	011	- 0.09	"N/A": Currently Not Available
.014	- 0.39	059	0285	009	15	003	0090	- 020	- 0.74	- 0.05	30	017	- 0.14	"QNS": Sample Size Was Inadequate For Anal
														"<<": Below Calibration Limit; Value Given Is Calib Limit

	SIGNI	FICAN	T RATI	OS			
HIGH	- 4.60	- 4.40	- 8.20	- 16.00	- 8.00	- 15.00	- 2.30
•	- 3.60	- 3.40	- 6.20	- 12.00	- 6.00	- 11.00	- 1.60
ACCEPTABLE	- 2.60	- 2.40	- 4.20	- 8.00	- 4.00	- 7.00	90
, MON	- 1.60	- 1.40	- 2.20	- 4.00	- 2.00	- 3.00	20
	Ca/P	Na/K	Ca/K	Zn/Cu	Na/Mg	Ca/Mg	Fe/Cu
	1.35	1.00	11.50	12.00	.83	9.58	.47
						1	

TOXIC RATIOS

	- 168.0	- 8.8	- 44.0	- 1.6	- 1000.0	- 400.0	- 56900	- 142251	- 11380
ACCEPTABLE	- 126.0	- 6.6	- 33.0	- 1.2	- 750.0	- 300.0	- 42675	- 106688	- 8535
	- 84.0	- 4.4	- 22.0	- 0.8	- 500.0	- 200.0	- 28450	- 71126	- 5690
NON	- 42.0	- 2.2	- 11.0	- 0.4	- 250.0	- 100.0	- 14225	- 35563	- 2845
	Ca/Pb	Fe/Pb	Fe/Hg	Se/Hg	Zn/Cd	Zn/Hg	S/Hg	S/Cd	S/Pb
	230.0	7.0	70.0	22.0	18000.0	1800.0	527100	5271000	52710

ADDITIONAL RATIOS

	Current	Previous	I
Ca/Sr	575.00	1 TU 1 1 1 1 1 1 1	131/1
Cr/V	20.00	DI CONSTRUCT	13/1
Cu/Mo	375.00	51	625/1
Fe/Co	700.00	Linds of Section	440/1
K/Co	2000.00		2000/1
K/Li	2000.00		2500/1
Mg/B	1.80	S. Subbrones	40/1
S/Cu	3514.00	Shiri and Shire	1138/1
Se/TI	440.00	1.000	37/1
Se/Sn	22.00	C. C. SCHOLAD	0.67/1
Zn/Sn	1800.00	1.	167/1

LEVELS

All mineral levels are reported in milligrams percent (milligrams per one-hundred grams of hair). One milligram percent (mg%) is equal to ten parts per million (ppm).

NUTRITIONAL ELEMENTS

Extensively studied, the nutrient elements have been well defined and are considered essential for many biological functions in the human body. They play key roles in such metabolic processes as muscular activity, endocrine function, reproduction, skeletal integrity and overall development.

TOXIC ELEMENTS

The toxic elements or "heavy metals" are well-known for their interference upon normal biochemical function. They are commonly found in the environment and therefore are present to some degree, in all biological systems. However, these metals clearly pose a concern for toxicity when accumulation occurs to excess.

ADDITIONAL ELEMENTS

These elements are considered as possibly essential by the human body. Additional studies are being conducted to better define their requirements and amounts needed.

RATIOS

A calculated comparison of two elements to each other is called a ratio. To calculate a ratio value, the first mineral level is divided by the second mineral level.

EXAMPLE: A sodium (Na) test level of 24 mg% divided by a potassium (K) level of 10 mg% equals a Na/K ratio of 2.4 to 1.

SIGNIFICANT RATIOS

If the synergistic relationship (or ratio) between certain minerals in the body is disturbed, studies show that normal biological functions and metabolic activity can be adversely affected. Even at extremely low concentrations, the synergistic and/or antagonistic relationships between minerals still exist, which can indirectly affect metabolism.

TOXIC RATIOS

It is important to note that individuals with elevated toxic levels may not always exhibit clinical symptoms associated with those particular toxic minerals. However, research has shown that toxic minerals can also produce an antagonistic effect on various essential minerals eventually leading to disturbances in their metabolic utilization.

ADDITIONAL RATIOS

These ratios are being reported solely for the purpose of gathering research data. This information will then be used to help the attending health-care professional in evaluating their impact upon health.

REFERENCE RANGES

Generally, reference ranges should be considered as guidelines for comparison with the reported test values. These reference ranges have been statistically established from studying an international population of "healthy" individuals.

Important Note: The reference ranges should not be considered as absolute limits for determining deficiency, toxicity or acceptance. -