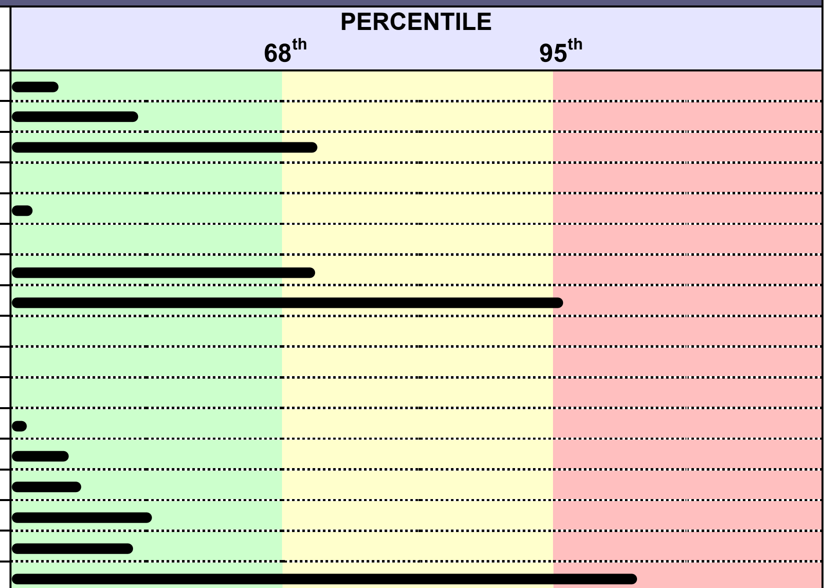
HAIR ELEMENTS

The Great Plains Laboratory, Inc.

LAB#:
PATIENT:
SEX: Male
AGE: 1
CLIENT#:

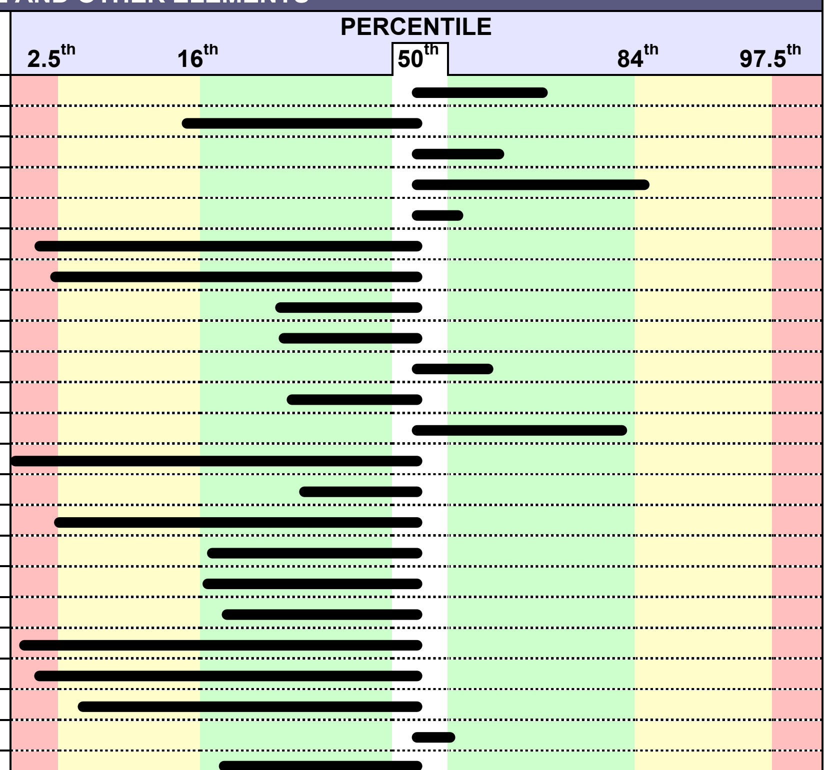
POTENTIALLY TOXIC ELEMENTS

TOXIC ELEMENTS	RESULT µg/g	REFERENCE RANGE
Aluminum	**1.2**	< 8.0
Antimony	**0.035**	< 0.066
Arsenic	**0.097**	< 0.080
Beryllium	**< 0.01**	< 0.020
Bismuth	**0.007**	< 0.13
Cadmium	**< 0.009**	< 0.15
Lead	**1.4**	< 1.0
Mercury	**2.2**	< 0.40
Platinum	**< 0.003**	< 0.005
Thallium	**< 0.001**	< 0.010
Thorium	**< 0.001**	< 0.005
Uranium	**0.002**	< 0.060
Nickel	**0.08**	< 0.40
Silver	**0.05**	< 0.20
Tin	**0.16**	< 0.30
Titanium	**0.45**	< 1.0
Total Toxic Representation		



ESSENTIAL AND OTHER ELEMENTS

ELEMENTS	RESULT µg/g	REFERENCE RANGE
Calcium	**308**	125- 370
Magnesium	**11**	12- 30
Sodium	**60**	12- 90
Potassium	**59**	12- 40
Copper	**12**	8.0- 16
Zinc	**33**	100- 190
Manganese	**0.09**	0.20- 0.55
Chromium	**0.29**	0.26- 0.50
Vanadium	**0.037**	0.030- 0.10
Molybdenum	**0.096**	0.050- 0.13
Boron	**0.95**	0.60- 4.0
Iodine	**1.3**	0.25- 1.3
Lithium	**0.004**	0.007- 0.023
Phosphorus	**178**	160- 250
Selenium	**0.54**	0.95- 1.7
Strontium	**0.16**	0.16- 1.0
Sulfur	**45400**	45500- 53000
Barium	**0.17**	0.16- 0.80
Cobalt	**0.003**	0.013- 0.035
Iron	**3.4**	8.0- 19
Germanium	**0.028**	0.045- 0.065
Rubidium	**0.066**	0.016- 0.18
Zirconium	**0.055**	0.040- 1.0



SPECIMEN DATA

COMMENTS: 96994

Date Collected:	6/25/2006	Sample Size:	0.204 g
Date Received:	7/1/2006	Sample Type:	Head
Date Completed:	7/6/2006	Hair Color:	
		Treatment:	
Methodology:	ICP-MS	Shampoo:	

V06.99

RATIOS

ELEMENTS	RATIOS	EXPECTED RANGE
Ca/Mg	**28**	4- 30
Ca/P	**1.73**	0.8- 8
Na/K	**1.02**	0.5- 10
Zn/Cu	**2.75**	4- 20
Zn/Cd	**> 999**	> 800

HAIR ELEMENTS REPORT
INTRODUCTION

Hair is an excretory tissue for essential, nonessential and potentially toxic elements. In general, the amount of an element that is irreversibly incorporated into growing hair is proportional to the level of the element in other body tissues. Therefore, hair elements analysis provides an indirect screening test for physiological excess, deficiency or maldistribution of elements in the body. Clinical research indicates that hair levels of specific elements, particularly potentially toxic elements such as cadmium, mercury, lead and arsenic, are highly correlated with pathological disorders. For such elements, levels in hair may be more indicative of body stores than the levels in blood and urine.

All screening tests have limitations that must be taken into consideration. The correlation between hair element levels and physiological disorders is determined by numerous factors. Individual variability and compensatory mechanisms are major factors that affect the relationship between the distribution of elements in hair and symptoms and pathological conditions. It is also very important to keep in mind that scalp hair is vulnerable to external contamination of elements by exposure to hair treatments and products. Likewise, some hair treatments (e.g. permanent solutions, dyes, and bleach) can strip hair of endogenously acquired elements and result in false low values. Careful consideration of the limitations must be made in the interpretation of results of hair analysis. The data provided should be considered in conjunction with symptomology, diet analysis, occupation and lifestyle, physical examination and the results of other analytical laboratory tests.

Caution: The contents of this report are not intended to be diagnostic and the physician using this information is cautioned against treatment based solely on the results of this screening test. For example, copper supplementation based upon a result of low hair copper is contraindicated in patients afflicted with Wilson's Disease.

Arsenic High

In general, hair provides a rough estimate of exposure to Arsenic (As) absorbed from food and water. However, hair can be contaminated externally with As from air, water, dust, shampoos and soap. Inorganic As, and some organic As compounds, can cause toxicity. Some research suggests that As may be essential at extremely low levels but its function is not understood. Inorganic As accumulates in hair, nails, skin, thyroid gland, bone and the gastrointestinal tract. Organic As is rapidly excreted in the urine.

As can cause malaise, muscle weakness, vomiting, diarrhea, dermatitis, and skin cancer. Long-term exposure may affect the peripheral nervous, cardiovascular and hematopoietic systems. As is a major biological antagonist to selenium.

Common sources of As are insecticides (calcium and lead arsenate), well water, smog, shellfish (arsenobetaine), and industrial exposure, particularly in the manufacture of electronic components (gallium arsenide).

As burden can be confirmed by urine elements analysis. Comparison of urine As levels pre and post provocation (DMPS, DMSA, D-penicillamine) permit differentiation between recent uptake and body stores.

Lead High

This individual's hair Lead (Pb) level is considered to be moderately elevated but below the levels consistent with Pb poisoning. Generally, hair is an excellent indicator of the body burden of Pb. However, elevated levels of Pb in head hair can be an artifact of hair darkening agents, or dyes, e.g. lead acetate. Although these agents can cause exogenous contamination, some transdermal absorption can contribute to body burden. Hair levels of iron, boron, calcium, and zinc are often concomitantly elevated with Pb burden.

Pb has neurotoxic and nephrotoxic effects in humans as well as interfering with heme biosynthesis. Pb may also affect the body's ability to utilize the essential elements calcium, magnesium, and zinc. At moderate levels of body burden, Pb may have adverse effects on memory, cognitive function, nerve conduction, and metabolism of vitamin D. Children with hair Pb levels greater than 1 µg/g have been reported to have a higher incidence of hyperactivity than those with less than 1 µg/g. Children with hair Pb levels above 3 µg/g have been reported to have more learning problems than those with less than 3 µg/g. Detoxification therapy by means of chelation results in transient increases in hair lead. Eventually, the hair Pb level will normalize after detoxification is complete.

Symptoms associated with excess Pb are somewhat nonspecific, but include: anemia, headaches, fatigue, weight loss, cognitive dysfunction and decreased coordination.

Sources of exposure to Pb include: welding, old leaded paint (chips/dust), drinking water, some fertilizers, industrial pollution, lead-glazed pottery, and newsprint.

Confirmatory tests for Pb excess are: urine elements analysis following provocation with intravenous EDTA , DMPS, or oral DMSA. Whole blood analysis for Pb only reflects recent or ongoing exposures and may not correlate with total body burden. Increased blood or urine protoporphyrins is a finding consistent with Pb excess, but may occur with other toxic elements as well.

Mercury High

Mercury (Hg) is toxic to humans and animals. The accumulation of Hg in the body is generally reflected by the hair Hg levels, but hair Hg levels can be artifactually high in association with the use of certain hair dyes. Individuals vary greatly in sensitivity and tolerance to Hg burden.

At hair levels below 3 µg/g, Hg can suppress biological selenium function and may cause or contribute to immune dysregulation in sensitive individuals. Hallmark symptoms of excess Hg include: loss of appetite, decreased senses of touch, hearing, and vision, fatigue, depression, emotional instability, peripheral numbness and tremors, poor memory and cognitive dysfunction, and neuromuscular disorders. Hair Hg has been reported to correlate with acute myocardial infarction and on average each 1 µg/g of hair Hg was found to correlate with a 9% increase in AMI risk (Circulation 1995; 91:645-655).

Sources of Hg include dental amalgams, contaminated seafood, water supplies, some hemorrhoidal preparations, skin lightening agents, instruments (thermometers, electrodes, batteries), and combustion of fossil fuels, some fertilizers, and the paper/pulp and gold industries.

After dental amalgams are installed or removed a transient (several months) increase in hair Hg is observed. Also, ”baseline” hair Hg levels for individuals with dental amalgams are higher (about 1 to 2 µg/g) than are baseline levels for those without (below 1 µg/g).

Confirmatory tests for elevated Hg are measurement of whole blood as an indication of recent/ongoing exposure (does not correlate with whole body accumulation) and measurement of urine Hg following use of a dithiol chelating or mobilizing agent such as DMSA or DMPS (an indication of total body burden).

Magnesium Low

Low hair Magnesium (Mg) levels may be indicative of Mg deficiency, but this has not been unequivocally demonstrated. When hair Mg is low, dietary intake and malabsorption should be considered. Mg is an essential element/electrolyte that is necessary for the activity of many important enzymes. Low hair Mg may or may not be associated with physiological dysfunction.

Causes of Mg deficiency include: consumption of a ”junk food” diet or Mg-deficient foods, intestinal malabsorption, hypocalcemia with decreased Mg retention, chemical toxicity with renal wasting, alcoholism, alkalosis, prolonged diarrhea/laxative abuse, and iatrogenic causes (digoxin therapy, occasionally from oral contraceptives, hypercalcemic drugs, gentamicin, neomycin).

Symptoms of Mg deficiency include: muscle twitching, cramps, tremor or muscle spasms, paresthesia, and mental depression. Low Mg status is associated with arrythmias and increased cardiovascular risk.

Mg status can be difficult to assess; whole blood and packed red cell levels are more indicative than serum/plasma levels. Amino acid analysis can be helpful in showing rate-limited steps that are Mg-dependent such as phosphorylations. Taurine deficiency is often associated with urinary loss of Mg. The Mg challenge method may be indicative: baseline 24-hour urine Mg measurement, followed by 0.2 mEq/Kg intravenous mg, followed by 24-hour Mg measurement. A deficiency is judged to be present if less than 80% of the administrered Mg is excreted in the urine.

Potassium High

High hair Potassium (K) is not necessarily reflective of dietary intake or nutrient status. However, elevated K may be reflective of metabolic disorders associated with exposure to potentially toxic elements.

K is an electrolyte and a potentiator of enzyme functions, but neither of these functions take place in hair. Elevated K in hair may reflect overall retention of K by the body or maldistribution of this element. In adrenocortical insufficiency, K is increased in blood, while it is decreased in urine; cellular K may or may not be increased. Also, hair is occasionally contaminated with K from some shampoos. Observations at DDI indicate that K and sodium levels in hair are commonly high in association with toxic element burden. The elevated K and sodium levels are often concomitant with low levels of calcium and magnesium in hair. This apparent phenomena requires further investigation.

Elevated hair potassium should be viewed as a screening test. Appropriate tests for excess body K include measurements of packed red blood cell K; serum or whole blood K and sodium/K ratio, measurement of urine K and sodium/K ratio; and an assessment of adrenocortical function.

Copper Normal

Hair Copper (Cu) levels are usually indicative of body status, except that exogenous contamination may occur giving a false normal (or false high). Common sources of contamination include: permanent solutions, dyes, bleaches, and swimming pools/hot tubs in which Cu compounds have been used as algaecides.

Cu is an essential element that activates specific enzymes. Erythrocyte superoxide dismutase (SOD) is a Cu (and zinc) dependent enzyme; lysyl oxidase which catalyzes crosslinking of collagen is another Cu dependent enzyme. Adrenal catecholamine synthesis is Cu dependent, because the enzyme dopamine beta-hydroxylase, which catalyzes formation of norepinephrine from dopamine, requires Cu.

If hair Cu is in the normal range, this usually means tissue levels are in the normal range. However, under circumstances of contamination, a real Cu deficit could appear as a (false) normal. If symptoms of Cu deficiency are present, a whole blood or red blood cell elements analysis can be performed for confirmation of Cu status.

Zinc Low

A result of low hair Zinc (Zn) is very likely to be indicative of low Zn in whole blood, red blood cells, and other tissues. Hair analysis is a good screen for Zn deficiency provided that the hair sample has not been chemically treated (permanent solutions, dyes, and bleaches); such hair treatments can significantly lower the level of Zn in hair.

Zn is an essential element that is required in numerous biochemical processes including protein, nucleic acid and energy metabolism. Zn is an obligatory co-factor for numerous enzymes including alcohol dehydrogenase, carbonic anhydrase, and superoxide dismutase.

Zn competes for absorption with copper and iron. Cadmium, lead and mercury are potent Zn antagonists. Zn deficiency can be caused by malabsorption, chelating agents, poor diet, excessive use of alcohol or diuretics, metabolic disorder of metallothionein metabolism, surgery, and burns. Hair levels of Zn (copper and selenium) were decreased in human subjects after switching from a mixed to a lactovegetarian diet (Am. J. Clin. Nutr.; 55:885-90,1992).

Hair Zn is commonly low in diabetics, and in association with ADD/ADHD and autism (DDI observation). Reported symptoms of Zn deficiency include: fatigue, apathy, hypochlorhydria, decreased vision and dysgeusia, anorexia, anemia, dermatitis, weak/brittle nails and hair, white spots on nails, alopecia, impaired would healing, sexual dysfunction (males), and hypogonadism.

Other laboratory tests to confirm Zn status are whole blood or packed red blood cell elements analysis, and urine amino acid analysis (Zn dependent peptidase activity).

Iron Low

Hair Iron (Fe) levels do not correlate with Fe assimilation as determined by serum ferritin, Fe binding capacity, or transferrin saturation. A very low hair Fe result should be viewed only as possible indication for further tests because hair is only a screening test for this element. Fe supplementation is not indicated nor recommended solely on the basis of the measured hair Fe level. Unwarranted Fe supplementation, particularly in combination with ascorbic acid, can result in Fe overload. A large body of scientific literature indicates significant relationships between dietary Fe overload and heart disease, cancer, diabetes, osteoporosis, and arthritis. (Biochem. Mol. Med.; 54(1):1-11, 1995)

Manganese Low

Hair Manganese (Mn) levels correlate well with Mn levels in other body tissues. Hair Mn levels are commonly low, in part due to low dietary Mn intake and the interaction of Mn with phosphates in the gut. Intestinal malabsorption also limits Mn uptake.

Mn is an essential element that is involved in energy metabolism, and bone and cartilage formation. Mn is an activator of many important enzymes including: mitochondrial superoxide dismutase, arginase, and pyruvate carboxylase.

Symptoms associated with Mn deficiency include: fatigue, lack of physical endurance, slow growth of fingernails and hair, impaired metabolism of bone and cartilage, dermatitis, weight loss, and reduced fertility. Increased allergic sensitivities and inflammation are often associated with low Mn. Seizures are occasionally reported to be associated with severe Mn deficiency.

An appropriate laboratory test to confirm Mn deficiency is whole blood elements analysis.

Cobalt Low

One can not determine vitamin B-12 status by use of hair analysis, and the clinical significance of low hair Cobalt (Co) levels is not known. Hair is analyzed for Co primarily for detection of excessive intake of the potentially toxic element.

There is little evidence that Co has an essential function in humans other than as an obligatory constituent of the vitamin B-12 molecule. Humans absorb Co as inorganic Co and as vitamin B-12; the body pools of each fluctuate independently. Humans cannot convert inorganic Co to vitamin B-12.

The dietary content of Co is highly variable, depending upon types of foods eaten, geographical location and type of soil. Vegetarians often have lower Co levels than meat eaters.

Appropriate tests for determination of vitamin B-12 status are the measurement of urine levels of methylmalonic acid (elevated with vitamin B-12 coenzyme deficiency/dysfunction), a quantitative blood assay for vitamin B-12, a urine amino acids analysis (several metabolic steps require vitamin B-12), and diet analysis.

Lithium Low

Lithium (Li) is normally found in hair at very low levels. Hair Li correlates with high dosage of Li carbonate in patients treated for Affective Disorders. However, the clinical significance of low hair Li levels is not certain at this time. Thus, hair Li is measured primarily for research purposes. Anecdotally, clinical feedback to DDI consultants suggests that low level Li supplementation may have some beneficial effects in patients with behavioral/emotional disorders. Li occurs almost universally in water and in the diet; excess Li is rapidly excreted in urine.

Li at low levels may have essential functions in humans. Intracellularly, Li inhibits the conversion of phosphorylated inositol to free inositol. In the nervous system this moderates neuronal excitability. Li also influences monamine neurotransmitter concentrations at the synapse (this function is increased when Li is used therapeutically for mania or bipolar illness).

A confirmatory test for low Li is measurement of Li in blood serum/plasma.

Selenium Low

Selenium (Se) is normally found in hair at very low levels, and several studies provide evidence that low hair Se is reflective of dietary intake and associated with cardiovascular disorders. Utilization of hair Se levels to assess nutritional status, however, is complicated by the fact that use of Se- or sulfur-containing shampoo markedly increases hair Se (externally) and can give a false high value.

Se is an extremely important essential element due to its antioxidative function as an obligatory component of the enzyme glutathione peroxidase. Se is also protective in its capacity to bind and "inactivate" mercury, and Se is an essential cofactor in the deiodination of T-4 to active T-3 (thyroid hormone). Some conditions of functional hypothyroidism therefore may be due to Se deficiency (Nature; 349:438-440, 1991); this is of particular concern with mercury exposure. Studies have also indicated significant inverse correlations between Se and heart disease, cancer, and asthma.

Selenium deficiency is common and can result from low dietary intake of Se or vitamin E, and exposure to toxic metals, pesticides/herbicides and chemical solvents.

Symptoms of Se deficiency are similar to that of vitamin E deficiency and include muscle aches, increased inflammatory response, loss of body weight, alopecia, listlessness, skeletal and muscular degeneration, growth stunting, and depressed immune function.

Confirmatory tests for Se deficiency are Se content of packed red blood cells, and activity of glutathione peroxidase in red blood cells.

Sulfur Low

Sulfur (S) in hair is covalently bound within the cysteinyl residues of hair protein. On average, cysteine constitutes about sixteen percent of the total amino acid content of hair. Although not well documented, hair S levels may vary with S-containing amino acid status in the body. Interpretation of hair S levels is confounded by the fact some hair conditioners and permanent treatments increase hair S while straighteners can significantly lower hair S levels.

Observations at DDI indicate that hair S and urine sulfhydryl amino acid levels are often low in Hg burdened patients.

Appropriate tests to determine sulfhydryl amino acid status are plasma or urine amino acid analyses.

Total Toxic Element Indication

The potentially toxic elements vary considerably with respect to their relative toxicities.
The accumulation of more than one of the most toxic elements may have synergistic adverse effects, even if the level of each individual element is not strikingly high. Therefore, we present a total toxic element "score" which is estimated using a weighted average based upon relative toxicity. For example, the combined presence of lead and mercury will give a higher total score than that of the combination of silver and beryllium.