

Lab Id	Name	Gender
7-18	65 year - male	MALE
Lab Date	Created	Updated
	Jan 21, 2020 09:46:22 AM EST	Jan 21, 2020 09:46:22 AM EST

Chemical Name	Result	Optimum Range	Usual Range	Chemical Description
Sodium	142.0	144.0 - 140.0 mEq/L	148.0 - 135.0 mEq/L	Reflects body fluid control and kidney function. Sodium is an extra cellular nutrient and is regulated in the body by mineral corticoid hormones for balance. It helps acid/alkaline balance as well as transmitting of nerve impulses.
Potassium	4.9 	4.6 - 4.0 mEq/L	5.5 - 3.5 mEq/L	Potassium: Reflects health of the heart muscles and mineral exchange for proper heart regulation. Potassium is the major intracellular electrolyte that must be in balance with sodium. These levels are determined by the health of the adrenal glands.
Chloride	99.0 	105.0 - 100.0 mEq./l	106.0 - 96.0 mEq./l	Chloride reflects proper fluid exchange across cell membranes, bowel and bladder. It is a blood electrolyte that is in the extracellular spaces.
Carbon Dioxide (CO2)	24.0	28.0 - 24.0 mEq/L	30.0 - 18.0 mEq/L	Carbon Dioxide represents 60% of the blood buffering capacity. However this is not the most accurate measurement for determining body pH balance alone. Urine and saliva pH tests should be performed.
BUN- Blood Urea Nitrogen	20.0 	18.0 - 13.0 Mg/dL	26.0 - 5.0 Mg/dL	Gives metabolic reflection of liver, kidney, and other gland functions. This is a waste product formed by amino acids, the building blocks of protein performed within the liver.
Calcium	9.6	9.9 - 9.6 mg/dl	10.6 - 8.5 mg/dl	One of the top four macro-minerals which is associated with protein absorption through intestinal membranes. This mineral is a critical indicator of primary protein and fat digestion, absorption, and assimilation in the bowel.
eGFR	49.8 	121.0 - 60.0 ML/Min	120.0 - 60.0 ML/Min	Glomerular filtration rate (GFR) describes the flow rate of filtered fluid through the kidney. Creatinine clearance rate is the volume of blood plasma that is cleared of creatinine per unit time and is a useful measure for approximating the GFR. The results of these tests are important in assessing the excretory function of the kidneys.

Chemical Name	Result	Optimum Range	Usual Range	Chemical Description
Protein Total	6.7 📉	7.6 - 7.1 ml	8.3 - 6.4 ml	Protein: A representation of Albumin, Globulin and Fibrinogen. These protein molecules transport nutrients and help maintain proper pressure between plasma cells.
Albumin	4.6	5.0 - 4.0 gm/dl	5.0 - 3.5 gm/dl	A protein manufactured by the liver and used to transport nutrients and waste material from the body. Vitamins, minerals and some hormones are carried in the blood by albumin to tissues and organs. Albumin score is a reflection of liver health, nutrient availability and protein assimilation and digestion. It acts to regulate the movement of water between the tissues and bloodstream by attracting water to areas with higher concentrations of salts or proteins.
Globulin	2.1 📉	3.0 - 2.4 g/100ml	4.0 - 2.0 g/100ml	Globulins are a water-soluble class of proteins, which reflects antibodies, other non-cellular defenses, and enzymes involving infection and immunity.
Alkaline Phosphatase	113.0 📈	80.0 - 60.0 u/l	130.0 - 50.0 u/l	Alkaline Phosphatase: An enzyme produced by cellular activity of bones or liver. This level can be an indication of degeneration or repair processes that may be in progress. AIP is a zinc dependent enzyme.
SGOT/AST	21.0	22.0 - 18.0 U/L	31.0 - 0.0 U/L	SGOT (AST): Enzyme of the bowel, liver or gallbladder.
SGPT/ALT	13.0 📉	22.0 - 18.0 mEq/l	31.0 - 0.0 mEq/l	SGPT/ALT Serum Glutamic Pyruvic Transaminase, (Alinine Aminotransferase) An enzyme associated with liver function.
Bilirubin, Total	0.7	0.7 - 0.5 mg/dl	1.2 - 0.1 mg/dl	Total Bilirubin: Reflects the elimination function of liver and gallbladder. When old red blood cells die(hemolysis) they are converted to bilirubin and then removed from the body via the liver and gallbladder as bile. Bile acts to breakdown essential fats for cell function and bile also helps to excrete toxic rancid fats from the body.
Glucose	95.0 📈	90.0 - 75.0 Mg/dL	100.0 - 65.0 Mg/dL	Glucose is the fasting blood sugar, the preferred fuel for the energy cycle of the body under normal conditions. Approx. 80% of body energy comes from glucose.
Anion Gap	19.0 📈	15.0 - 7.0 U/L	16.0 - 6.0 U/L	Anion Gap: The difference between Sodium and Chloride - CO2. This measurement can help to verify lactic acidosis and possible free radical damage.

Chemical Name	Result	Optimum Range	Usual Range	Chemical Description
WBC (White Blood Cell)	5.3	7.0 - 5.0 x1000/ cu.mm	11.0 - 4.0 x1000/ cu.mm	Total White Blood Cell count reveals the resistance mechanism of the blood to fight infectious antibodies. During a state of infection or inflammation, WBCs move freely through the blood, destroying invading bacteria, fungus, parasites and viruses.
RBC (Red Blood Cells)	4.75	5.5 - 4.5 mil	5.6 - 4.0 mil	(RBC) Red Blood Cells: Oxygen and nutrient transport cells of the body.
Hemoglobin	15.2	16.0 - 14.0 g/dl	16.0 - 12.0 g/dl	Hemoglobin is the iron containing and oxygen pigmentation in the blood.
Hematocrit	46.2	48.0 - 44.0 %	47.0 - 36.0 %	Percentage of cells in whole blood
MCV (Mean Corpuscular Volume)	97.0 📌	88.0 - 85.0 cu. microns	97.0 - 80.0 cu. microns	(MCV) Mean Corpuscular Volume: Indicates the size of the average red blood cell.
MCH (Mean Corpuscular Hemoglobin)	32.0	32.0 - 27.7 uu gms	32.0 - 27.0 uu gms	(MCH) Mean Corpuscular Hemoglobin: Determines the average weight of the hemoglobin found in red blood cells.
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.0	35.0 - 33.0 U/100 ml (%)	37.0 - 33.0 U/100 ml (%)	(MCHC) Mean Corpuscular Hemoglobin Concentration: Determines if the average red blood cell is anemic.
Platelets	247.0	250.0 - 200.0 K/cu. mm	350.0 - 150.0 K/cu. mm	Platelets: Small fragments of cells which cause the blood to clot. These are stimulated by injury or stress to the body.
Neutrophils	59.0	65.0 - 55.0 %	74.0 - 40.0 %	A chief granulocyte, especially effective as an engulfer (phagocyte) of any cellular debris from catabolism or foreign material in the bloodstream. Functioning as phagocytes, neutrophils release enzymes and seek out to destroy invading organisms in the first line of immune defense.
Lymphocytes	27.0	40.0 - 25.0 %	48.0 - 19.0 %	Lymphocytes are white blood cells involved in the resistance to bacteria, viruses, allergies, infections, antibody production to fight cancer cell formation, and destroying the toxic products of protein metabolism.

Chemical Name	Result	Optimum Range	Usual Range	Chemical Description
Monocytes	10.0 	7.0 - 4.0 % of WBC	9.0 - 3.0 % of WBC	Monocytes: These cells are produced in the bone marrow, circulate in the blood, then go into tissue to become macrophage who look for foreign invaders to destroy. In times of increased inflammation in the body, monocytes respond to restore tissue damage. Interleukin 10(IL-10) is an anti-inflammatory cytokine that is primarily produced by monocytes. (https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0022057/)
Eosinophils	3.0 	2.0 - 0.1 %	7.0 - 0.1 %	Eosinophils are granulocytes, which are needed by the body to protect against allergic infection of the lungs, bowels, throat and skin. During episodes of an allergic response or parasitic infection these cells will be present in large numbers.
Calcium / Albumin Ratio	2.09	2.4 - 2.0 ratio	2.7 - 2.0 ratio	To determine protein deficiency, malnutrition or visceral protein loss.
Albumin/Globulin Ratio A/G	2.19 	2.0 - 1.5	2.7 - 1.1	Albumin/Globulin Ratio A/G: This ratio helps in the differentiation of functional versus organic imbalances in the liver, kidneys or immune system. Digestive factors can be determined from A/G ratio.
Anion Gap	19.0 	12.0 - 7.0 U/L	15.0 - 5.0 U/L	Anion Gap: The difference between Sodium and Chloride - CO ₂ . This measurement can help to verify lactic acidosis and possible free radical damage.

Out Of Range Chemicals

Chemical Name	Action
Potassium ⬆️	Elevated potassium levels indicate tissue decomposition and/or congestion with the heart and are often associated with a slow heartbeat. Vitamin A and E, L-carnitine and Co Q 10 are usually recommended when potassium is high. Fatty acids are usually deficient with elevated potassium. Cellular resistance is common as this intracellular mineral is unable to absorb into the muscle cell for energy function and will increase in the blood. Recommendations: ABUNDANT LIVER, ABUNDANT MULTI
Chloride ⬇️	Low Chloride suggests too little salt intake, metabolic alkalosis, adrenal low function or salt losses. Proper chloride is necessary for proper formation of digestive acid of the stomach. Consider low adrenals and test adrenal function. Diuretics can lower Chloride as they cause fluid loss of minerals from the tissues. Recommendations: SPECTRALYTE, ABUNDANT C, ABUNDANT ADRENALS, ABUNDANT MAGNESIUM or BONES, ADRENAL TONIC, ABUNDANT MULTI, ADRENA CODE
BUN- Blood Urea Nitrogen ⬆️	Elevated BUN readings indicate liver and/or thyroid inactivity. Liver, kidney and lymph cleansing are important as well as the drinking of more water to dispose of this metabolic waste. High BUN may indicate stress, shock, urinary obstruction, excessive protein intake with not enough HCL, dehydration, medications . Recommendations: ABUNDANT C, ABUNDANT MULTI, SPECTRALYTE, ABSINTHIUM, HCL
eGFR ⬇️	Low eGFR is associated with reduced kidney clearance of creatinine waste material. Kidney support with magnesium, potassium, zinc and B complex vitamins are important. Kidney, adrenal, pituitary, and thyroid glandulars are suggested as well as Nettle leaf, dandelion leaf, cranberry and parsley leaf. Drinking 1/2 your body weight in ounces of purified water is critical. Recommendations: ABUNDANT MAGNESIUM, SPECTRALYTE, ABUNDANT IMMUNITY, ABUNDANT MULTI
Protein Total ⬇️	Low Protein is an indicator of malnutrition and possible liver insufficiency. Consider digestive support and HCL for the stomach to aid in protein digestion. Recommendations: ABSINTHIUM, HCL
Globulin ⬇️	Low Globulin levels indicate a lowered immune system reserve, malnutrition, liver dysfunction and/or impaired protein digestion and metabolism. Gluten and other environmental chemicals, which damage intestinal villa, can impede globulin production. Most common causes of functional globulin abnormalities is related to LOW HCL. HERBAL BITTERS, BUFFERED L-ASCORBATE, ZINC, GLUTAMINE, TURMERIC, and IMMUNE HERBS as well as thymus support are needed. Recommendations: ABUNDANT C, ABSINTHIUM, ABUNDANT GUT/ENERGY, ABUNDANT REPAIR

Chemical Name	Action
Alkaline Phosphatase ⬆️	Elevated Alkaline Phosphatase is seen in bone wasting diseases in older people. Metabolic shifts involving calcium metabolism will elevate this value significantly. Possible biliary duct obstruction, parasite and Herpes can elevate ALP. A liver/gallbladder flush should be considered. A Liver support and Bone support program should be considered. High ALP is seen in infants, toddlers and adolescent youth with increase of bone growth. Recommendations: ABUNDANT LIVER, ABUNDANT PATHWAYS/DETOX, ABUNDANT METABOLISM
SGPT/ALT ⬇️	Low SGPT levels suggest that less oxygen available to the cells involved. Because this enzyme is manufactured from protein building blocks called amino acids, Amino acid analysis should be considered. A fatty liver is probable therefore cleansing of the liver and gallbladder is necessary. Specific amino acids, Vitamin E, Magnesium and Zinc as well as certain members of the B complex family should be taken. Recommendations: ABUNDANT LIVER, ABUNDANT PATHWAYS DETOX, ABUNDANT MAGNESIUM or BONES, ABUNDANT IMMUNITY, LIVER MILIEU
Glucose ⬆️	Elevated Glucose levels indicate a lack of metabolic control or over stimulation of sugar. B vitamins as well as minerals such as zinc, manganese, magnesium, vanadium and chromium are needed. Fenugreek, bitter melon, French lilac, gymnema and rosemary help to balance blood sugar levels. Consider HGA1C testing to identify 3 month blood sugar stability. Consider a HGA1C test for monitor of three month track of glucose regulation. Following Julie's Mediterranean Diet Plan based on testing of basil metabolic rate is optimal for balancing glucose control at the cellular level. Balance dietary intake of Protein (30%) Fats (30%) and Carbohydrates not to exceed 40% of the diet. Recommendations: ABUNDANT GLUCOSE CONTROL, ABUNDANT BONES, ABUNDANT ANEMIA, ABUNDANT MULTI
Anion Gap ⬆️	Elevated Anion Gap is seen in conditions of lactic acidosis, kidney failure and possible toxic agents possible. Careful alkaline diet with quality minerals and detoxification should be considered. B1, malic acid, B12, taurine, methionine, cysteine and glutamine are helpful. Organic, raw Fruits and Vegetables are beneficial to alkalize body systems.
MCV (Mean Corpuscular Volume) ⬆️	Elevated MCV indicates that the red blood cells are large in volume and are generally older due to a failure of the spleen to retire them at the proper time. Macrocytes (oversized RBC) are generally present in large numbers and is commonly seen with low B12 and folic acid. Suggestions: ABUNDANT BLOOD VESSELS

Chemical Name	Action
Monocytes 📈	Elevated monocytes are present during periods of inflammation, bacterial infection, Epstein-Barr virus, chronic infection, prostate hypertrophy, ovarian or uterine dysfunction, and tissue breakdown. By occasionally implementing a vegetarian diet by reducing meats, eggs and dairy products, the body will dramatically lower arachadonic acid which contributes to elevated monocytes. Recommendations: ABUNDANT C, MARCOZYME, ABUNDANT LIVER, ABUNDANT IMMUNITY, ABUNDANT BRAIN OMEGAS or MCT OIL, BACTERIA TOX PROTOCOL, MONO TOX PROTOCOAL or VIRA TOX PROTOCOL with accompanying DRAINAGE MILIEU and HERBS
Eosinophils 📈	Elevated Eosinophil levels indicate an allergic response to a foreign irritant. Bacterial and/or parasites are usually present(house pets, works on farms, foreign travel, untreated water, lettuce, raw meat/fish). Bowel cleansing is necessary. ELISA/ACT Food allergy testing should be considered, ask us about this. Gluten sensitivity can elevate Eosinophils. Recommendations: ABUNDANT C, ABUNDANT BONES, NAT BODY CLR, ALLER TOX I or II or ULTIMATE PHENOLICS, BACTERIA TOX PROTOCOL or PARA TOX PROTOCOL
Albumin/Globulin Ratio A/G 📈	None
Anion Gap 📈	Elevated Anion Gap is seen in conditions of lactic acidosis, kidney failure and possible toxic agents possible. Careful alkaline diet with quality minerals and detoxification should be considered. B1, malic acid, B12 taurine, methionine, cysteine and glutamine are helpful. More Raw Fruits and Vegetables are needed.