



# PATIENT GUIDE

**Comprehensive Metabolic Profile<sup>SM</sup>**

**Metabolic Profile plus FA<sup>SM</sup>**

**Metabolic Profile plus AA<sup>SM</sup>**

**Metabolic Profile<sup>SM</sup>**



## Introduction

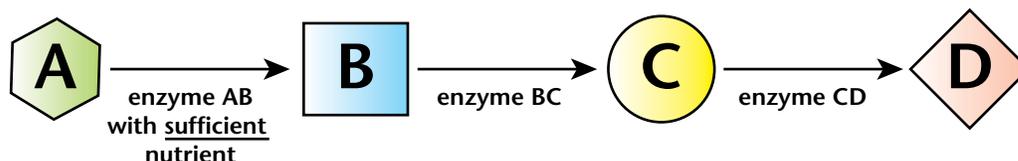
The systems of the body work together, not in isolation, so it is often difficult to know where to begin to treat a complex process. The Designs for Health Metabolic Profiles provide a roadmap that recognizes these interactions and can point to metabolic blockages that lead to disease. The Designs for Health Metabolic Profiles show essential nutrient and digestive system abnormalities that reveal root causes of symptoms. This metabolic map allows the targeted use of vitamins, minerals, and other essential nutrients, putting you on the road to true wellness by providing specific correction of nutritional imbalances. Avoiding costly, time-consuming, trial and error processes allows for nutritional support that is tuned to your individual needs.

## The ABCs of Organic Acids

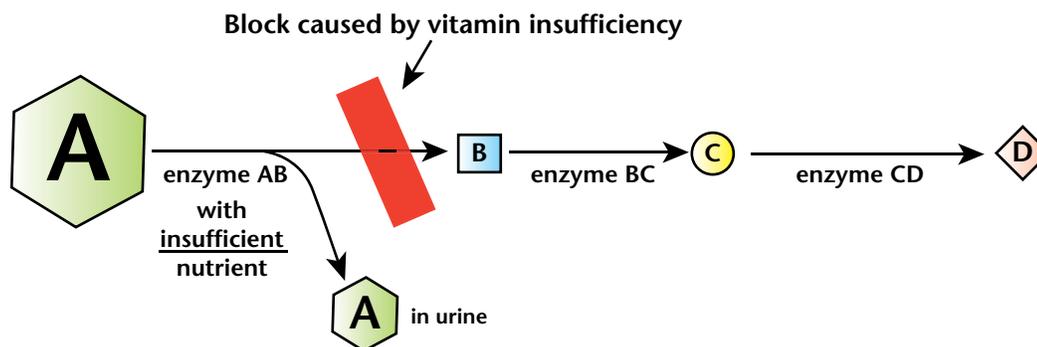
The Organix<sup>SM</sup> Profile is like an emission test performed on your car. The exhaust is examined to see how efficiently the engine is burning fuel. Similarly, certain compounds called organic acids in your urine reveal the efficiency of your body's cellular "engine."

Many organic acids result from the chemical reactions your body uses to transform food into energy, growth, maintenance, and repair of body tissue. Like spark plugs that ignite fuel in a car engine, vitamins and other nutrients are essential for these chemical reactions that power your metabolic machinery. Tens of thousands of these reactions occur in your body every second and are the basis for your level of health and vitality.

The figure below illustrates a well-functioning metabolic pathway. Molecule A is converted to Molecule B by the enzyme AB. Molecule B is converted to Molecule C by the enzyme BC and so on all the way down the metabolic pathway. Most enzymes require specific vitamins or minerals in order to convert one molecule to another.



If specific nutrients are not available in adequate amounts, important reactions cannot occur as efficiently as they should. The illustration below shows what happens when the nutrient is not present in adequate amounts, causing enzyme AB to function inefficiently. Less of molecule A is converted to molecule B, while the remainder of molecule A builds up and spills into the urine. Notice that molecules B through D downstream are also affected.



This process is like a dam blocking a stream: very little water flowing downstream and an overflow occurring upstream. The Organix Profile measures specific organic acids in your urine to determine what metabolic blockages may be occurring due to nutrient insufficiencies or other issues. High levels of certain organic acids indicate specific nutrient insufficiencies that may be affecting your health; others show how your body is responding to toxins. When these are high on your Organix Profile, you may benefit from therapies that support your body's detoxification processes. A few organic acids are significant at low levels and are discussed below. Your healthcare practitioner can use this profile to design an individual nutritional support program tuned to your unique biochemical needs.

## Designs for Health Metabolic Profiles

The following is a discussion of the compounds measured in five categories on your Organix Profile. The organic acids are numbered as they appear on your test report.

### B-Vitamin Insufficiency

Insufficiency of B-vitamins tends to be common since they are not stored as efficiently in the body as are other vitamins. B-vitamins are involved in many critical processes, including energy production, digestion, and muscle and nerve function. For example, production of stomach acid requires large amounts of energy. Even modest B-vitamin insufficiencies can compromise adequate energy production, leading to poor acid secretion and digestive disturbances commonly experienced as indigestion.

1. *Pyruvate* may be elevated when B-vitamins, particularly B<sub>1</sub> and B<sub>5</sub>, are insufficient. When both L-Lactate (#13 below) and pyruvate are high, there may be insufficient lipoic acid, a type of B-vitamin. Lipoic acid is an important antioxidant, so low levels can lead to aging-related illnesses. Many studies have shown that lipoic acid is helpful in treating diabetes and for assisting the liver with removing toxins from the body.

2, 3, 4, 5. *α-Ketoglutarate, α-Ketoisovalerate, α-Ketoisocaproate, and α-Keto-β-methylvalerate* require vitamins B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>5</sub> and lipoic acid to be metabolized. Elevations of these organic acids indicate insufficiency of these B-vitamins, especially B<sub>1</sub> and B<sub>5</sub>. These B-vitamins are involved in neurological function and are critical for childhood development and learning. A variety of disorders have been associated with a lack of these vitamins, including memory loss, anemia, and dermatitis.

6. *Xanthurenate* is formed from an amino acid that comes from protein in your diet. High levels can indicate an insufficiency of B<sub>6</sub>, a vitamin critical for all protein metabolism. Use of medications (e.g., oral contraceptives, anti-hypertensives, and bronchodilators) and exposure to tobacco smoke, pesticides, and other agricultural products can all contribute to insufficiency of vitamin B<sub>6</sub>. Problems with balance, fatigue, and mental/emotional stability (such as PMS and ADHD) are frequently found in patients with inadequate vitamin B<sub>6</sub>. Research has shown that symptoms of autism can be ameliorated with vitamin B<sub>6</sub> supplementation. Additionally, xanthurenate can prevent insulin from performing its vital role in blood sugar regulation, which can contribute to diabetes.

7. *β-Hydroxyisovalerate* is a sensitive indicator of biotin deficiency. Biotin deficiencies develop for a number of reasons, including pregnancy, antibiotic use, and anticonvulsant therapy. Symptoms can include hair loss, skin rash, dermatitis, immune deficiencies, and muscle weakness.

8. *Methylmalonate* requires vitamin B<sub>12</sub> for its metabolism. High levels indicate insufficient vitamin B<sub>12</sub> that can contribute to nervous system dysfunction. Anemia and the associated symptoms of fatigue result from low vitamin B<sub>12</sub>. Even mild insufficiencies cause elevation of a well-known cardiovascular disease risk factor, homocysteine. Absorption of vitamin B<sub>12</sub> requires normal digestive function.

9. *Formiminoglutamate (FIGLU)* is a sensitive marker of insufficiency of folic acid, another B-vitamin. Pregnant women especially need to have adequate folic acid to prevent birth defects. Folic acid insufficiency can play a role in childhood development problems, depression, immune function, and is a risk factor for cardiovascular disease.

### Cellular Energy

Although B-vitamins also impact energy production, this category measures compounds that relate most directly to how efficiently your cellular engines (called “mitochondria”) produce energy. All body processes depend on this key activity. Inadequate energy production at the cellular level can affect any aspect of your body’s function and can have dramatic impact on a wide range of health conditions.

10, 11, 12. *Adipate, Suberate, and Ethylmalonate* elevations indicate metabolic blocks. Carnitine is needed to move fatty acids into the mitochondria where they are converted to energy using vitamin B<sub>2</sub>. When insufficient levels of carnitine or vitamin B<sub>2</sub> slow down this process, other parts of the cellular machinery take over and make adipate and suberate. A similar block in another pathway causes high ethylmalonate. Since most of your body’s energy is produced from the burning of fatty acids, your muscles and brain suffer when this cellular energy pathway is blocked. Supplementation of carnitine and vitamin B<sub>2</sub> may be needed when these compounds are too high. Insufficiency of vitamin B<sub>2</sub> is implicated in impaired carbohydrate metabolism, migraines, and dementia. Carnitine supplementation has been documented to improve Alzheimer’s, age-related cognitive decline, and cardiac function.

13. *L-Lactate* is a product of muscle use, so it is constantly produced in normal daily activity. Low lactate is seen in people with very little physical activity and in highly trained athletes. High lactate can cause muscle cramping, fatigue and brain fog. It indicates insufficiency of coenzyme Q10 (CoQ10), a nutrient that enables the body to use oxygen to generate large amounts of energy. It is important for athletes in order to maintain intense muscular activity. CoQ10 is also a potent antioxidant helping to slow the aging process and prevent a variety of degenerative diseases. Risk for certain kinds of heart disease, cancer, and hypertension are increased when CoQ10 is insufficient.

14. *β-Hydroxybutyrate* is a byproduct of ketosis. Ketosis occurs when cells do not get a steady supply of sugar from dietary carbohydrate, so they burn fat instead. If you do not eat carbohydrate-rich foods or if your insulin is not working, then you can have metabolic ketosis. It is not necessarily a serious matter, but your doctor may need to find out just what is causing ketosis. If your insulin is not working well enough, its action may be improved by increasing your intake of chromium, vanadium, and lipoic acid.

15, 16, 17. *Succinate, Fumarate, and Malate* are used in the body's metabolic pathway that generates cellular energy – the Citric Acid Cycle. This cycle critically supports organ maintenance and neurological function. Higher levels of these compounds in urine indicate inefficiencies in energy production. Low levels can indicate a general amino acid insufficiency. If  $\alpha$ -ketoglutarate (see #2) is elevated along with succinate, malate, and fumarate, you may need additional CoQ10, a nutrient that enables the body to use oxygen to generate large amounts of energy.

18. *Hydroxymethylglutarate (HMG)* is used by your cells to make CoQ10 (see #13). Cholesterol-lowering statin drugs block this process, causing HMG to become elevated and inhibiting the production of CoQ10. While there can be other causes for this metabolic block, high levels of HMG generally indicate need for CoQ10 supplementation.

### Neural Function

This category relates to neurotransmitters, the chemicals your nervous system uses to function and communicate with your body. The first three compounds in this category are significant if they are either low or high. Abnormalities in this area can relate to symptoms of mental, emotional, and behavioral problems.

19, 20. *Vanilmandelate (VMA) and Homovanillate (HVA)* are breakdown products from neurotransmitters involved in hormone and nerve impulse transmission, called *catecholamines*. When these compounds are low, it indicates your body is not making enough of these neurotransmitters. Symptoms associated with this condition are depression, sleep disturbances, inability to deal with stress, and fatigue. Treatments to improve digestion, along with supplementation of tyrosine or phenylalanine, can help improve the ability to keep up with demand for these neurotransmitters. Elevations of VMA and HVA indicate an over-activation of nervous system function involving these neurotransmitters. This can be for various reasons, but is most commonly associated with stress, both internal (e.g., mental/emotional) and external (e.g., environmental toxins). Addressing the source of stress and improving the body's ability to handle stress are useful in these cases.

21. *5-Hydroxyindolacetate (5-HIA)* is a breakdown product of the neurotransmitter *serotonin*. Low 5-HIA indicates inadequate production of serotonin. Associated symptoms can include constipation, depression, fatigue, insomnia, and attention deficit and behavioral disorders. High 5-HIA may occur when there is an increased utilization and breakdown of serotonin. Many antidepressant medications can cause a significant increase in the amount of serotonin that is made and broken down. This stimulation will contribute to loss of the essential amino acid L-tryptophan, from which serotonin is made. Dietary therapy should focus on protein digestion via stomach acid and pancreatic enzymes, and on consumption of foods high in tryptophan. Your clinician may also suggest nutritional supplements that may be helpful.

22. *Kynurenate* can reduce the toxic effects of quinolinate (see #23). Elevations can indicate an insufficiency of vitamin B<sub>6</sub>, especially when xanthurenate (see #6) is high.

23. *Quinolinate* elevations are caused by inflammatory processes induced by the immune system, such as during infection (especially viral). High quinolinate levels in the brain can cause insomnia, irritability, and nervousness. These effects may be improved by removing the source of inflammation and supplementation with magnesium.

24. *Picolinate* elevations are also caused by inflammatory processes induced by the immune system. High protein diets can increase production of picolinate whereas polyunsaturated fatty acids divert the flow through the kynurenin pathway to quinolinate. In cases of elevated urinary picolinate, supplemental mineral-picolinate salts may be contributing sources.

## Organix<sup>SM</sup> Profile - Significant Nutrient Associations

<i>Measured Compound Name</i>	<i>Nutrient Associations</i>	<i>Metabolic Pathway</i>
<b><i>B-Vitamin Insufficiency</i></b>		
1. Pyruvate	Vitamins B <sub>1</sub> , B <sub>3</sub> , B <sub>5</sub> , Lipoic acid	Anaerobic energy production
2. $\alpha$ -Ketoglutarate	Vitamins B <sub>1</sub> , B <sub>2</sub> , B <sub>3</sub> , B <sub>5</sub>	Citric Acid Cycle Intermediates, Aerobic energy production, Renal ammonia clearance  Branched-chain amino acid catabolism
3. $\alpha$ -Ketoisovalerate		
4. $\alpha$ -Ketoisocaproate		
5. $\alpha$ -Keto- $\beta$ -methylvalerate		
6. Xanthurenate	Vitamin B <sub>6</sub>	Tryptophan catabolism (hepatic)
7. $\beta$ -Hydroxyisovalerate	Biotin	Isoleucine catabolism
8. Methylmalonate	Vitamin B <sub>12</sub>	Odd-chain fatty acid catabolism
9. Formiminoglutamate	Folic acid	Histidine catabolism
<b><i>Cellular Energy</i></b>		
10. Adipate	L-Carnitine, Vitamin B <sub>2</sub>	Fatty acid oxidation
11. Suberate		
12. Ethylmalonate		
13. L-Lactate	CoQ10, Vitamins B <sub>1</sub> , B <sub>3</sub> , B <sub>5</sub> , Lipoic acid	Anaerobic energy production
14. $\beta$ -Hydroxybutyrate	Chromium, Vanadium, B <sub>3</sub>	Glucose uptake
15. Succinate	CoQ10, Vitamin B <sub>2</sub> , Manganese	Citric Acid Cycle Intermediates, Aerobic energy production, Renal ammonia clearance  CoQ10 synthesis
16. Fumarate	CoQ10	
17. Malate		
18. Hydroxymethylglutarate		
19. Vanilmandelate	Essential amino acids	Epinephrine, Norepinephrine catabolism
20. Homovanillate		Dopamine catabolism
21. 5-Hydroxyindolacetate		Serotonin catabolism

## Organix<sup>SM</sup> Profile - Significant Nutrient Associations

Measured Compound Name	Nutrient Associations	Metabolic Pathway
<b>Neural Function</b>		
22. Kynurenate	Antioxidants (Vit C, Vit E, Lipoic acid), Magnesium, Taurine	Inflammation-stimulated microglial cell and astrocyte kynurenin pathway activity
23. Quinolate		
24. Picolinate	Antioxidants (Vit C, Vit E, Lipoic acid) Omega 3 fatty acids, dietary protein reduction	Inflammation-stimulated macrophage kynurenin pathway and nitric acid production
<b>Detoxification</b>		
25. Citrate	Arginine, Essential amino acids	Citric Acid Cycle Intermediates, Aerobic energy production, Renal ammonia clearance
26. cis-Aconitate	Arginine, Iron	
27. Isocitrate	Arginine, Magnesium, Manganese	
28. 2-Methylhippurate	Avoid xylene; glycine and B <sub>5</sub>	Hepatic Phase II glycine conjugation
29. Orotate	Arginine, Magnesium	Urea cycle
30. Glucarate	Toxicant (xenobiotic) avoidance	Detox. liver enzyme induction
31. α-Hydroxybutyrate	N-acetyl-cysteine (NAC), Glutathione, Lipoic acid	Hepatic glutathione synthesis activity
32. Pyroglutamate		Glutathione use for renal amino acid recovery
33. Sulfate		Total body glutathione status, detox. & anti-oxidant functions
<b>Compounds of Bacterial Origin</b>		
34. Benzoate	Glycine	Hepatic Phase II conjugation
35. Phenylacetate	Probiotics and antibiotics	Intestinal Bacterial Overgrowth
36. Phenylpropionate		
37. p-Hydroxybenzoate		
38. p-Hydroxyphenylacetate		
39. Indican		
40. Tricarballic acid		
41. 3,4-Dihydroxyphenylpropionate		Intestinal Bacteria (Investigational)
42. D-Lactate		General bacterial or <i>L. acidophilus</i> overgrowth

### Detoxification

Not only does the body use essential nutrients to actively build and maintain itself, it also must eliminate environmental toxins and certain chemicals created by the body itself. This detoxification process is critical to health. Like a backed-up sewer, an impaired detoxification system can lead to many problems. Brain fog, headaches, insomnia, nausea, chemical sensitivities, and a variety of chronic health problems have been related to toxicity issues.

*25, 26, 27. Citrate, cis-Aconitate, and Isocitrate* are involved in both energy production and removal of toxic ammonia. High levels can indicate ammonia toxicity. Chronic loss of these valuable compounds can contribute to loss of organ reserve and disturbances in neurological function. If they are low they can indicate a need for essential amino acids, especially arginine.

*28. 2-Methylhippurate* is a byproduct of detoxification of the common solvent xylene. Elevations indicate an exposure to this potentially toxic compound found in paint, varnishes, paint thinners, solvents, and many aerosols. Such exposures increase the burden on liver detoxification. An abundant supply of glycine (an amino acid) and vitamin B<sub>5</sub> are important for removing xylene from the body.

*29. Orotate* is a sensitive marker of your liver's capacity to convert toxic ammonia to non-toxic urea that you can excrete. That capacity can be increased by additional arginine. Ammonia toxicity can also be reduced by supplementation with  $\alpha$ -ketoglutarate, magnesium, aspartic acid, and glutamic acid. Ammonia impairs brain function, causing difficulty with thinking, fatigue, headaches, and increased food sensitivities.

*30. Glucarate* is formed as your liver performs its important role in removing many types of toxins, such as pesticides, prescription drugs, food components, and intestinal bacteria, from your body. Enzymes create glucarate when they are stimulated to increase liver detoxification. High levels of glucarate indicate your liver is working to remove these toxins. Removing the source of exposure and supporting the liver's detoxification with nutrients such as glycine, glutathione, N-acetylcysteine, and liver-specific antioxidants are helpful.

*31, 32, 33.  $\alpha$ -Hydroxybutyrate, Pyroglutamate, and Sulfate* are associated with your body's use of glutathione, an amino acid critical for removing toxins that is also a powerful antioxidant. Many disease processes can be adversely influenced by glutathione insufficiency. Elevated  $\alpha$ -hydroxybutyrate indicates high cell demand for glutathione. Pyroglutamate elevation indicates the body is using up glutathione to keep from losing amino acids. Supplementation with various amino acids, especially methionine and glycine, can help rebuild total body glutathione. Pyroglutamate elevation can also indicate a glycine insufficiency, where glycine supplementation may be indicated. Sulfate levels are reflective of your body's sulfur containing amino acid status. Supplementation with various sulfur amino acids (e.g. N-acetylcysteine, methionine, glutathione, and taurine) and sodium sulfate can be used to support adequate levels of glutathione.

### Intestinal Microbial Balance Markers

The compounds in this category normally appear in urine only at low levels, since they're not normally produced in the cells of your body. However, unfriendly intestinal microorganisms can manufacture them in relatively high quantities. The compounds are then absorbed into the blood from the intestines and eventually appear in the urine. Microbial overgrowth can lead to a wide variety of symptoms due to reactions to the toxic products produced by bacteria, parasites, or fungi. Various patterns of the compounds listed below appear elevated in conditions of general intestinal microbial overgrowth.

*34-42. Benzoate, Phenylacetate, Phenylpropionate, p-Hydroxybenzoate, p-Hydroxyphenylacetate, Indican, Tricarballoylate, Dihydroxyphenylpropionate, and D-Lactate.* In health, beneficial intestinal bacteria produce some B-vitamins and provide stimulus for proper immune function. However, if your stomach acid is not adequate, if you fail to digest protein, or if your diet does not supply sufficient fiber, the resulting overgrowth of unfavorable bacteria can release toxic products that your body must remove. These toxic products include: Benzoate, Phenylacetate, Phenylpropionate, p-Hydroxybenzoate, p-Hydroxyphenylacetate, Indican, Tricarballoylate, Dihydroxyphenylpropionate, and D-Lactate. Your potential to benefit from consuming extra sources of favorable organisms (called probiotics) may go up as the number of toxic compounds and their concentrations increase.

## Oxidative Stress

### 8-Hydroxy-2'-deoxyguanosine (8-OHdG)

In its efforts to produce the chemical energy to power your cells and fight infection, your body makes harmful chemicals called free radicals. Sustained inflammatory responses cause increased production of these free radicals. When local antioxidant protection fails to keep free radicals in check, there is threat of damage to cell membranes, enzymes, proteins and DNA. 8-OHdG is a product of oxidative damage by free radicals to DNA, and the 8-OHdG test tells you if you have enough antioxidants in your system. High levels of 8-OHdG are sometimes associated with toxic exposure, cancer, heart disease, diabetes, aging, liver disease, Parkinson's disease, and smoking.

*See the 8-OHdG laboratory report page for further discussion of its significance.*

**The following tests may be part of the Comprehensive Metabolic Profile<sup>SM</sup>, the Metabolic Profile plus FA<sup>SM</sup>, or the Metabolic Profile plus AA<sup>SM</sup>.**

## Bloodspot Fatty Acids

To the vitamin, detoxification, and neurotransmitter information from the Organix<sup>SM</sup> profile, the Designs for Health Comprehensive Metabolic Profile and the Metabolic Profile plus FA add critical information about essential fatty acids. This is where the multiple system function assessment becomes very powerful for predicting weaknesses that impact your health.

Many profound clinical symptoms hinge on fatty acid status. While there is much discussion of the negative impact of fats on health, the positive benefits associated with “good fats,” known as essential fatty acids, is often overlooked. Achieving the optimum balance of essential fatty acids minimizes inflammation, a major risk factor in heart disease and cancer. A balance of fatty acids is also necessary for proper brain development and function of the nervous system. The activity of every cell in your body is compromised when fatty acids are deficient. Cell membranes, made of fatty acids, serve as the door that regulates the flow of nutrients into the cell and removal of metabolic waste products out of the cell.

Blood spot levels of fatty acids reveal circulating levels in plasma as well as long-term balance in the tissue. By examining whole blood it is possible to gauge how well your body is utilizing the fatty acids you consume.

### *Polyunsaturated Omega-3 Fatty Acids*

**Eicosapentaenoic Acid (EPA)** is involved in the regulation of inflammatory processes and prevention of blood clots. Insufficiency of EPA is the most prevalent fatty acid abnormality and leads to arthritis, heart disease, hypertension, elevated cholesterol, and aging from unchecked inflammatory responses. Another omega-3 fatty acid, **Docosahexaenoic Acid (DHA)**, is integral to the growth and development of the central nervous system in fetuses and infants. Deficiencies in DHA can also lead to ADD/ADHD, mental retardation, and failures in visual development and function, including blindness from retinitis pigmentosa.

### *Polyunsaturated Omega-6 Fatty Acids*

**Linoleic Acid (LA)** is by far the most abundant polyunsaturated fatty acid in most human tissues. Low levels indicate dietary insufficiency, which can lead to a variety of symptoms. Some of these symptoms result from lack of LA in cell membranes, where it plays a role in structural integrity. Dietary sources are abundant, especially from corn oil, so LA is more likely to be found above normal, which can contribute to inflammation.

**Gamma Linolenic Acid (GLA)** is the precursor of both **Dihomogamma Linolenic Acid (DGLA)**, an anti-inflammatory fatty acid, and **Arachidonic Acid (AA)**, a pro-inflammatory fatty acid. It can be produced in human tissues by action of desaturase enzymes on LA. DGLA is anti-inflammatory, so an insufficiency of this fatty acid impairs a wide range of cellular functions and tissue responses.

AA is the essential fatty acid least likely to be found insufficient because of its prevalence in the standard Western diet in foods such as corn, corn oil, and red meats. It is a potent pro-inflammatory product which results in an increased incidence of degenerative diseases, heart disease, and cancer.

## *Designs for Health Metabolic Profiles*

**Total C:18 Trans Fatty Acids** include elaidic acid, petroselaidic acid and transvaccenic acid. They are prevalent in most diets because of the widespread use of hydrogenated oils in margarines, bakery products, and peanut butters. They behave like saturated fats on the one hand, leading to higher cholesterol levels. They mimic unsaturated fats on the other hand, interfering with the normal conversions of unsaturated fatty acids. The net effect is to raise LDL (bad) cholesterol and lower HDL (good) cholesterol. The consensus among experts is that hydrogenated oils should be avoided.

**LA/GLA Ratio** is used to reveal a failure to convert LA into GLA. A zinc deficiency will cause this conversion to fail.

**AA/EPA Ratio** determines the balance of immune modulators in the body called eicosanoids. Different eicosanoids possess varying levels of inflammatory and anti-inflammatory potential. Having the right levels of each helps the immune system to achieve equilibrium, allowing effective immune stimulation to fight infection while preventing excessive inflammation. A blood spot AA/EPA ratio of 2.9 – 5.0 is considered to be ideal. This is equivalent to the ratios of less than 3.0 in blood serum measurements found in Japanese populations having the greatest longevity and lowest incidence of cardiovascular disease. While the average blood spot AA/EPA ratio of Americans is approximately 20, patients with inflammatory conditions and neurological disorders are frequently in excess of 32.

**EPA/DGLA Ratio** measures the balance between omega-3 and omega-6 polyunsaturated fatty acids. These 20-carbon fatty acids have special roles in production of eicosanoid hormones that control a host of cellular responses. A low ratio indicates a need for more EPA from sources like fish oil. When high, sources of DGLA precursors, like Borage oil, are indicated.

**Index of Omega-3 Fatty Acids (EPA+DHA%)** is the calculated total of the two most critical fatty acids for health. Although both EPA and DHA are supplied by fish oils, they are metabolized quite differently. One of them can be high while the other is still in the lower range, or vice versa. In clinical trials this index was an effective benchmark for cardiovascular risk. A bloodspot measurement greater than 1.6% was associated with a lower cardiovascular disease risk, while an index less than .75% was associated with a higher risk.

## *Bloodspot Amino Acids*

### **Essential (E) and Conditionally Essential (CE) Amino Acids**

Essential amino acids are those that the body cannot synthesize and thus must be obtained from the diet. Conditionally essential amino acids are those the body normally can synthesize from the diet, but that may need to be obtained directly from the diet or supplementation under specific circumstances. After ruling out chronic dietary deficiency of high quality protein, if many amino acids are low, consider malabsorption or low hydrochloric acid in the stomach. When replenishing with amino acid supplements, use a balanced or individualized formulation with all the L-amino acids in order to avoid a relative deficiency of the missing groups.

**LYSINE (E)**, found in great quantities in muscle tissues, stimulates calcium absorption, carnitine synthesis, and growth and repair of muscle tissue. In diabetics, it can increase insulin sensitivity and decrease blood sugar levels. Excessive supplementation can add to the total-body nitrogen load, challenging ammonia clearance and leading to kidney problems. Low lysine levels may be caused by prolonged stress, too much arginine or histidine supplementation competing for absorption, or carnitine deficiency. Muscle weakness, fatigue, or high serum triglycerides due to decreased fatty acid transport may result from low levels of carnitine and lysine. Although rare, high levels may be due to lysine supplementation or impaired lysine metabolism.

**METHIONINE (E)**, an essential sulfur-containing amino acid, is extremely important in the synthesis of glutathione, via homocysteine. Glutathione is essential for phase II detoxification in the liver, participating in many reactions to conjugate and excrete toxins. Methionine is one of the amino acids most frequently found to be deficient, because the methionine content of many dietary protein sources is very poor. Any chronic detoxification challenge tends to deplete methionine. Even dietary intake of tannins, found in vegetables and tea, increases the rate of methionine utilization to support clearance in the liver. High levels might be from supplementation of methionine, or possibly impaired hepatic function like cirrhosis.

**TRYPTOPHAN (E)** is an essential, aromatic amino acid precursor to serotonin via 5-hydroxytryptophan (5-HTP). Serotonin is produced in the brain and the gut. It regulates gut motility, mood and helps induce sleep in those with insomnia. Low tryptophan may be the result of poor diet or elevated total body synthesis of serotonin, which depletes tryptophan. High levels may result from either excessive supplementation or poor metabolic utilization of tryptophan. Low levels of the three aromatic amino acids, tryptophan, phenylalanine and tyrosine, may indicate inadequate stomach acid.

**ISOLEUCINE, LEUCINE and VALINE (E)** are essential amino acids and are collectively referred to as branched-chain amino acids (BCAAs). BCAAs are used for the synthesis of enzymes, transport proteins, and structural components of cells. Unlike other amino acids, BCAAs do not serve as precursors for bile acids or neurotransmitters, but are involved in control mechanisms for neurotransmitters, muscle development and repair, and blood-sugar regulation. Low BCAAs are an indication of chronic depletion from low protein intake, poor digestion, or increased utilization from chronic over-exercising. High fasting levels may be caused by a deficiency of vitamin B6, elevated insulin levels, or excessive supplementation.

**PHENYLALANINE (E)** is a precursor for the amino acid tyrosine, which is essential for making neurotransmitters (e.g. epinephrine, norepinephrine, dopamine) and thyroid hormone. The breakdown products of these neurotransmitters can be seen in the Organix Profile. Low phenylalanine may be due to a stressful lifestyle and lead to symptoms of hypothyroidism and chronic fatigue. High levels may be due to excessive protein intake or a metabolic block in the conversion of phenylalanine to tyrosine.

**HISTIDINE (E)** is the amino acid most necessary during stress. Low histidine levels have been associated with rheumatoid arthritis or a deficiency of the B vitamin folic acid. Salicylates (aspirin-like compounds) and steroids can also decrease histidine levels. Low histidine may be caused by too much lysine or arginine supplementation competing for absorption. High histidine levels may indicate excessive protein intake or the breakdown of skeletal muscle.

**THREONINE (E)** Low threonine with normal levels of other amino acids suggests non-dietary factors, such as increased catabolic or lowered anabolic processes. A small percentage of threonine is converted into glycine and serine, which is used in the production of glutathione. Chronic low levels may lead to hypoglycemic symptoms of fatigue, headache, anxiety, or shakiness between meals. High levels of threonine can be an indication of excessive supplementation or a vitamin B6 deficiency. High levels when the other EAAs are low may indicate inadequate assimilation of dietary protein, due to low protein intake or poor digestive factors.

**ARGININE (CE)** is vital for the body's processing of nitrogen and is a precursor to nitric oxide (NO) via the urea cycle. NO is critical for relaxation of the endothelium, a layer of cells that lines the inside of blood vessels. Arginine deficiencies, therefore, have wide-ranging effects on the cardiovascular system. Low arginine may indicate too much lysine or histidine supplementation competing for absorption, or consumption of too many lysine-containing foods, including meat and dairy products. Low arginine is also associated with elevated ammonia. High levels are often associated with a functional block in the urea cycle.

**TAURINE (CE)** is a sulfur-containing amino acid required for bile formation. It also serves to control neurotransmitters and metabolic function. It is normally made by the body from cysteine, the conversion requiring B6. Low taurine may increase the risk for oxidative damage, impaired fat digestion, CVD-related problems (including high cholesterol, atherosclerosis, angina, and arrhythmias), and seizure disorders. Supplement with taurine or cysteine and vitamin B6. High levels may be due to inflammatory processes in the body or excessive supplementation with other amino acids such as serine, and can be found in depression.

**TRYPTOPHAN/LNAA RATIO** governs the amount of serotonin synthesis in the brain. Tryptophan is a large, neutral amino acid (LNAA) that must compete with the other LNAAs including leucine, isoleucine, valine, phenylalanine, and threonine when crossing the blood-brain barrier. Elevations in the tryptophan/LNAA ratio could cause manic tendencies by promoting elevated serotonin production. If the ratio is low, the other LNAAs block the passage of tryptophan across the blood-brain barrier, increasing the chance for depressive conditions.

## ***Bloodspot IgG Food Antibodies***

### ***Overview:***

Now that we have assessed the status of vitamins, neurotransmitters, detoxification, microbial balance, and essential fatty acids or amino acids, we move next to the extremely important question of food sensitivities. The barrier between the blood and the digested food and microbial mass in the gut must be strong to keep from overloading the immune system. If antigens from food have become a chronic challenge to immune function, then steps may be needed to heal the gut.

*Please refer to the Allergix<sup>SM</sup> IgG4 Food Reaction Patient Guide for detailed information.*

## Summary

Measuring markers of deficiency and food sensitivity is a quantum leap over guessing from signs and symptoms where support might be needed. The chosen markers cover most aspects of individual requirements for nutrients and dietary modification.

The laboratory measurements must be translated into specific corrections that can lead to improved function. The Designs for Health Metabolic Profiles provide clear recommendations of products and dosages that meet the individual needs indicated by your test results. While symptoms frequently improve in a matter of days to weeks, abnormal metabolic markers may take longer to fully normalize. They usually show changes toward normality in three months, so retesting may be done at that time. Abnormalities that persist may be due to toxins that have not been identified or to strong genetic influences.

