

DEBUG ME

LEARN TO OPTIMIZE
YOUR PERSONAL HEALTH

CHRISTOPHER KELLY



YANHO!



Holborn
Liverpool Street 8
Bow Church

STONING GREAT HIT
DARY POTEN SCOUNDRELS
THE MICA

Stratford City 388

34 KGO

Pizzeria
Cafe Journal
Bistro Ristorante Italiano
Pasta Pysa Grecia Antipasti Vino Birra

THE MINDY PROJECT
MINDY DREADFUL
ATLANTIC HD









Holborn
Liverpool Street 8
Bow Church

WEST END! BURGUNDY
DARY POTEN SCOUNDRELS
STONING GREAT HIT

Stratford City 388

34 KGO

Cafe Journal
Bistro Ristorante Italiano
PIZZERIA













I **DIDN'T** JUST SPEND TEN YEARS SMASHING
BACK VIAGRA AND EFFEXOR. I FIGURED OUT
WHAT WAS GOING WRONG, AND NOW I FEEL
AWESOME!

WAS IT JUST ME?

"In the past seven days, my fatigue limited me at work."

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I was too tired to think clearly.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I was too tired to exercise strenuously.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I had difficulty falling
asleep.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I had difficulty staying
asleep.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, my sleep was refreshing.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

"In the past seven days, I had nothing to look forward to."

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I felt like a failure.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I felt anxious.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I felt it hard to focus on anything other than my anxiety.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I was irritated more than
people knew.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I felt tired after eating.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I felt shaky in between meals.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I had sweet cravings.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I had gas.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I was bloated.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I had diarrhea.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

“In the past seven days, I went more than a day
without defecation.”

NEVER | RARELY | SOMETIMES | OFTEN | ALWAYS

DEBUG ME!

WHEN YOUR ONLY TOOL
IS A REFLEX HAMMER



ARE YOU KIDDING?





Blood Testing



Read (7) Reviews | Write a Review

★ Add to Favorites

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Email

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Chemistry Panel & Complete Blood Count (CBC)

Item# LC381822

Retail Price: \$47.00

Your Price:

\$35.00

SAVE 26%

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Quick Navigation:

DESCRIPTION

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- » Chemistry Panel & Complete Blood Count (CBC)
- » Weight Loss Panel (Comprehensive)
- » Comprehensive Thyroid Panel
- » Healthy Aging Panel (Comprehensive)
- » VAP®
- » Food Safe Allergy
- » Female Comprehensive Hormone Panel
- » Male Comprehensive Hormone Panel

Blood Test Categories

- » Allergies
- » Anemia / Iron
- » Blood Sugar
- » Blood Thinning / Coagulation
- » Bone Health
- » Cholesterol
- » Digestive
- » Heart Health
- » Hormones
- » Immune Status
- » Inflammatory
- » Kidney / Liver
- » Men's Health Concerns

DESCRIPTION

Chemistry Panel & Complete Blood Count (CBC)

Item Catalog Number: LC381822

This panel contains the following tests:

- Fasting glucose
- Uric acid
- BUN (blood urea nitrogen)
- Creatinine
- BUN/creatinine ratio
- eGFR (estimated glomerular filtration rate)
- Sodium
- Potassium
- Chloride
- Calcium
- Phosphorus
- Total protein
- Albumin
- Globulin
- Albumin/globulin ratio
- Bilirubin
- Alkaline phosphatase

FLOYD



"In the past seven days, my fatigue limited me at work."

OFTEN

“In the past seven days, I was too tired to exercise strenuously.”

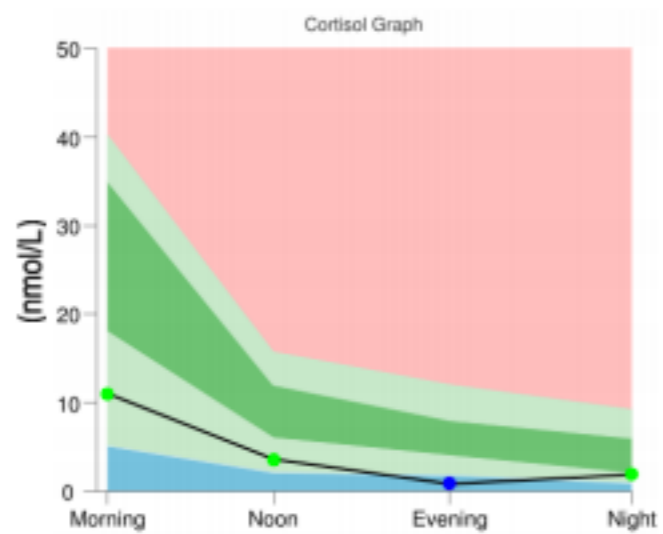
OFTEN

HORMONES

Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
Estrone (E1)		pg/ml				
Estradiol (E2)	1.62	pg/ml		◆		<2.5 male
Estriol (E3)		pg/ml				
EQ (E3 / (E1 + E2))						
Progesterone (Pg)	33.87	pg/ml		◆		<94.0 male (500-3000 supplementation)
Ratio of Pg/E2	20.92		↓			200-300 male (Pg supplementation)*
Testosterone	65.87	pg/ml		◆		30.1-142.5 male (142.6-350.0 supplementation)
DHT		pg/ml				

ADRENALS

DHEA	266.99	pg/ml		◆		137.0-336.0 male
Cortisol Morning	11.04	nmol/L		◆		5.1-40.2; optimal range: 18-35*
Cortisol Noon	3.62	nmol/L		◆		2.1-15.7; optimal range: 6-12*
Cortisol Evening	0.82	nmol/L	↓			1.8-12; optimal range: 4-8*
Cortisol Night	1.87	nmol/L		◆		0.9-9.2; optimal range: 2-6*



Hormone Interpretations:

- The low Pg/E2 ratio is consistent with progesterone insufficiency (estrogen dominance), which may increase the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone to correct this relative deficiency is a consideration.
- Diurnal cortisol pattern is suggestive of evolving (Phase 2) adrenal gland dysfunction (hypoadrenia).
- Note: Symptoms and hormone supplementation history are not reported. The current samples will be held 25 days from receipt for additional testing.

Notes:

L=Low(below range) WR=Within Range (within range) H=High (above range)

DHEA, Testosterone, Estrone and Estriol results are for investigational use only.

*Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal ref. ranges.

**The Pg/E2 ratio is an optimal range established based on clinical observation. Progesterone supplementation is generally required to achieve this level in men and postmenopausal women.



BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group	4+ Alpha hemolytic strep	3+ Citrobacter freundii complex
2+ Bifidobacterium spp.	1+ Enterobacter cloacae complex, isolate 2	3+ Enterobacter cloacae complex
4+ Escherichia coli	4+ Gamma hemolytic strep	
1+ Lactobacillus spp.	2+ Klebsiella oxytoca	
2+ Enterococcus spp.	2+ Klebsiella pneumoniae ssp pneumoniae	
2+ Clostridium spp.		
NG = No Growth		



BACTERIA INFORMATION

Expected /Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.

Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If *C. difficile* associated disease is suspected, a Comprehensive Clostridium culture or toxigenic *C. difficile* DNA test is recommended.

Commensal (Imbalanced) bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.

Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

YEAST CULTURE	
Normal flora	Dysbiotic flora
No yeast isolated	

MICROSCOPIC YEAST

Result: None	Expected: None - Rare
------------------------	---------------------------------

The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.

YEAST INFORMATION

Yeast normally can be found in small quantities in the skin, mouth, intestine and mucocutaneous junctions. Overgrowth of yeast can infect virtually every organ system, leading to an extensive array of clinical manifestations. Fungal diarrhea is associated with broad-spectrum antibiotics or alterations of the patient's immune status. Symptoms may include abdominal pain, cramping and irritation. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool, this may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable.

Comments:

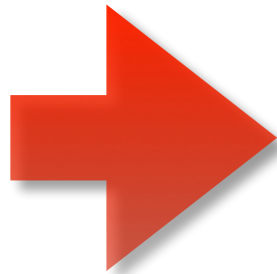
Date Collected: 05/12/2015
 Date Received: 05/13/2015
 Date Completed: 05/22/2015

* *Aeromonas, Campylobacter, Plesiomonas, Salmonella, Shigella, Vibrio, Yersinia, & Edwardsiella tarda* have been specifically tested for and found absent unless reported.



"An opportunistic pathogen, *Enterobacter cloacae* B29, isolated from the gut of a morbidly obese and diabetic patient, induced obesity and insulin resistance in germ-free mice."

THE ISME JOURNAL (2013) 7, 880–884;
DOI:10.1038/ISMEJ.2012.153



PARASITOLOGY/MICROSCOPY *	
Sample 1	
Few	Endolimax nana cysts
Few	Endolimax nana trophs
Rare	Entamoeba coli cysts
Rare	Entamoeba coli trophs
Mod	Entamoeba hartmanni cysts
Many	Entamoeba hartmanni trophs
Rare	RBC
Sample 2	
Few	Endolimax nana cysts
Mod	Endolimax nana trophs
Rare	Entamoeba coli cysts
Rare	Entamoeba coli trophs
Few	Entamoeba hartmanni cysts
Mod	Entamoeba hartmanni trophs
Rare	RBC
*A trichrome stain and concentrated iodine wet mount slide is read for each sample submitted.	

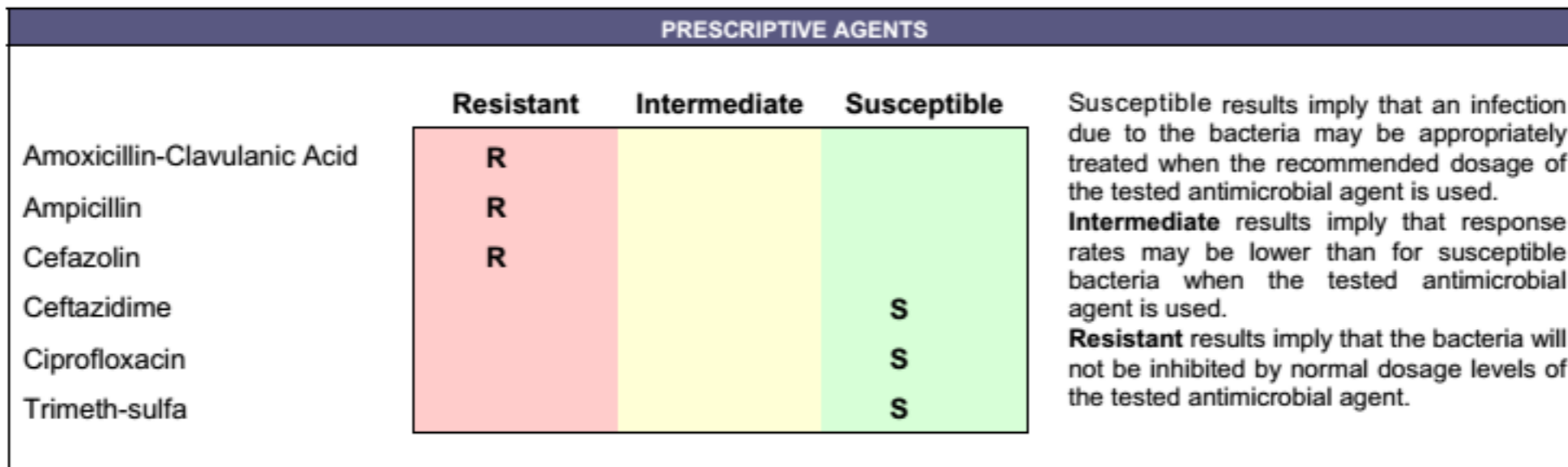
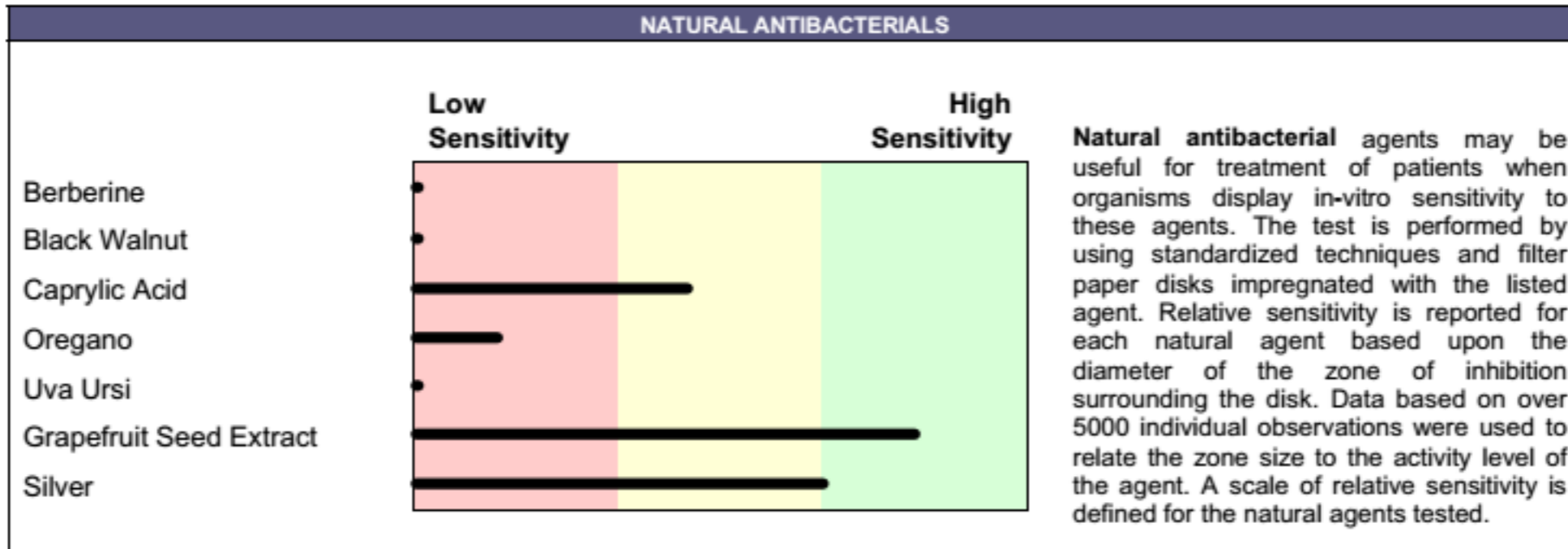
PARASITOLOGY INFORMATION
<p>Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.</p> <p>There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.</p> <p>In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.</p> <p>In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.</p> <p>One negative parasitology x1 specimen does not rule out the possibility of parasitic disease, parasitology x3 is recommended. This exam is not designed to detect <i>Cryptosporidium</i> spp, <i>Cyclospora cayetanensis</i> or <i>Microsporidia</i> spp.</p>

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY			
	Within	Outside	Reference Range
Giardia intestinalis	Neg		Neg
Cryptosporidium	Neg		Neg

Giardia intestinalis (lamblia) is a protozoan that infects the small intestine and is passed in stool and spread by the fecal-oral route. Waterborne transmission is the major source of giardiasis.

Cryptosporidium is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.

Bacterial Susceptibilities: Enterobacter cloacae complex



Toxic Metals; Urine

TOXIC METALS						
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE	
Aluminum	(Al)	7.4	< 25			
Antimony	(Sb)	< dl	< 0.2			
Arsenic	(As)	14	< 75			
Barium	(Ba)	0.8	< 7			
Beryllium	(Be)	< dl	< 1			
Bismuth	(Bi)	< dl	< 2			
Cadmium	(Cd)	0.2	< 0.8			
Cesium	(Cs)	7.8	< 9			
Gadolinium	(Gd)	< dl	< 0.5			
Lead	(Pb)	16	< 2			
Mercury	(Hg)	24	< 3			
Nickel	(Ni)	1.4	< 8			
Palladium	(Pd)	< dl	< 0.1			
Platinum	(Pt)	< dl	< 0.1			
Tellurium	(Te)	< dl	< 0.5			
Thallium	(Tl)	0.9	< 0.5			
Thorium	(Th)	< dl	< 0.03			
Tin	(Sn)	0.7	< 4			
Tungsten	(W)	< dl	< 0.4			
Uranium	(U)	< dl	< 0.03			

URINE CREATININE						
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD +2SD
Creatinine	50.0	45- 230				

SPECIMEN DATA

Comments:

Date Collected:	06/01/2015	pH upon receipt: Acceptable	Collection Period: timed: 6 hours
Date Received:	06/04/2015	<dl: less than detection limit	Volume: 800 ml
Date Completed:	06/09/2015	Provoking Agent: DMSA	Provocation: POST PROVOCATIVE
Method:	ICP-MS	Creatinine by Jaffe Method	

Results are creatinine corrected to account for urine dilution variations. **Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions.** Chelation (provocation) agents can increase urinary excretion of metals/elements.



Micronutrients	Patient Results (% Control)	Functional Abnormals	Reference Range (greater than)
<u>B Complex Vitamins</u>			
Vitamin B1 (Thiamin)	91		>78%
Vitamin B2 (Riboflavin)	63		>53%
Vitamin B3 (Niacinamide)	89		>80%
Vitamin B6 (Pyridoxine)	64		>54%
Vitamin B12 (Cobalamin)	13	Deficient	>14%
Folate	34		>32%
Pantothenate	11		>7%
Biotin	49		>34%
<u>Amino Acids</u>			
Serine	42		>30%
Glutamine	56		>37%
Asparagine	53		>39%
<u>Metabolites</u>			
Choline	30		>20%
Inositol	73		>58%
Carnitine	58		>46%
<u>Fatty Acids</u>			
Oleic Acid	75		>65%
<u>Other Vitamins</u>			
Vitamin D3 (Cholecalciferol)	74		>50%
Vitamin A (Retinol)	80		>70%
Vitamin K2	53		>30%
<u>Minerals</u>			
Calcium	43		>38%
Manganese	65		>50%
Zinc	41		>37%
Copper	51		>42%
Magnesium	47		>37%
<u>Carbohydrate Metabolism</u>			
Glucose-Insulin Interaction	55		>38%
Fructose Sensitivity	52		>34%
Chromium	45		>40%
<u>Antioxidants</u>			
Glutathione	46		>42%
Cysteine	43		>41%
Coenzyme Q-10	94		>86%
Selenium	83		>74%
Vitamin E (A-tocopherol)	89		>84%
Alpha Lipoic Acid	88		>81%
Vitamin C	42		>40%
<u>SPECTROX™</u>			
Total Antioxidant Function	61		>40%
<u>Proliferation Index</u>			
Immunidex	66		>40%

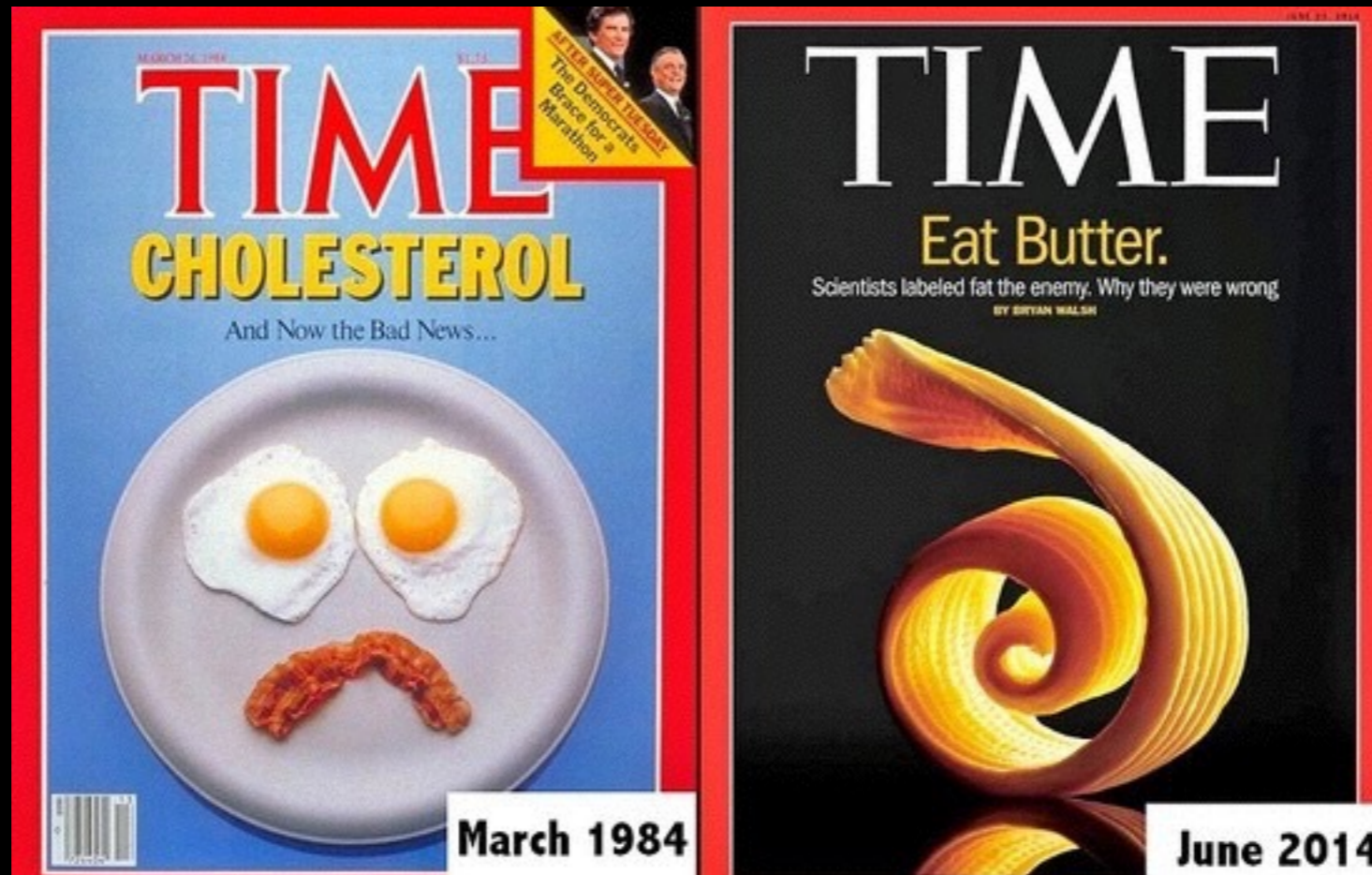
The reference ranges listed in the above table are valid for male and female patients 12 years of age or older.

PRESCRIPTION

AN EXPERIMENT

NO SUGAR, NO GRAINS

War on saturated fat is over: Ketogenic, Atkins and Paleo diets are vindicated



The World Turned Upside Down

THE SECOND LOW-CARBOHYDRATE REVOLUTION

FEINMANTHEOTHER.COM



RICHARD DAVID FEINMAN, PHD

“Do you think that there has ever been a period in the history of medicine where the great majority of physicians and scientists held to views that were not only wrong but dangerous and refused to change in the face of contradictory evidence? Do you think that there has ever been such a time? If you think so, you must at least consider the possibility that this is another such time.”

–RICHARD D. FEINMAN, PHD



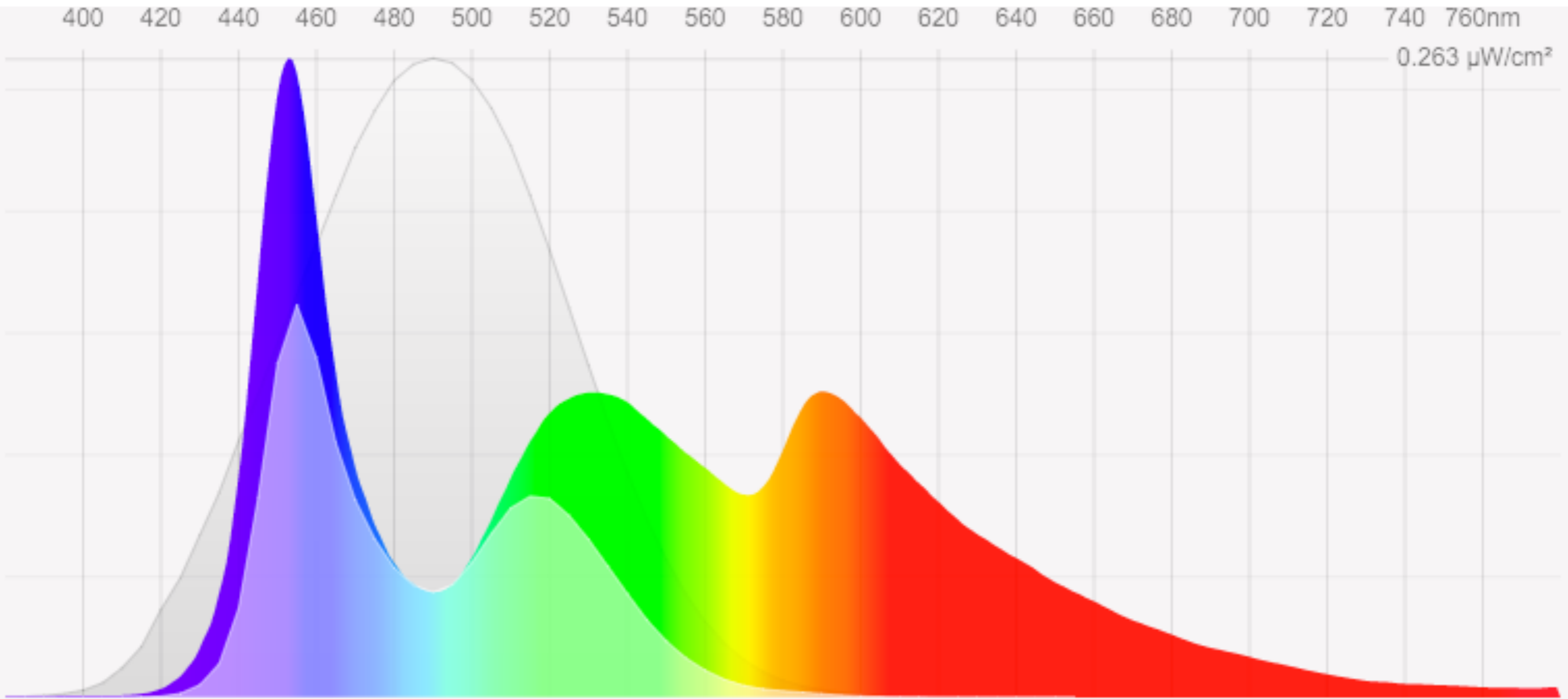






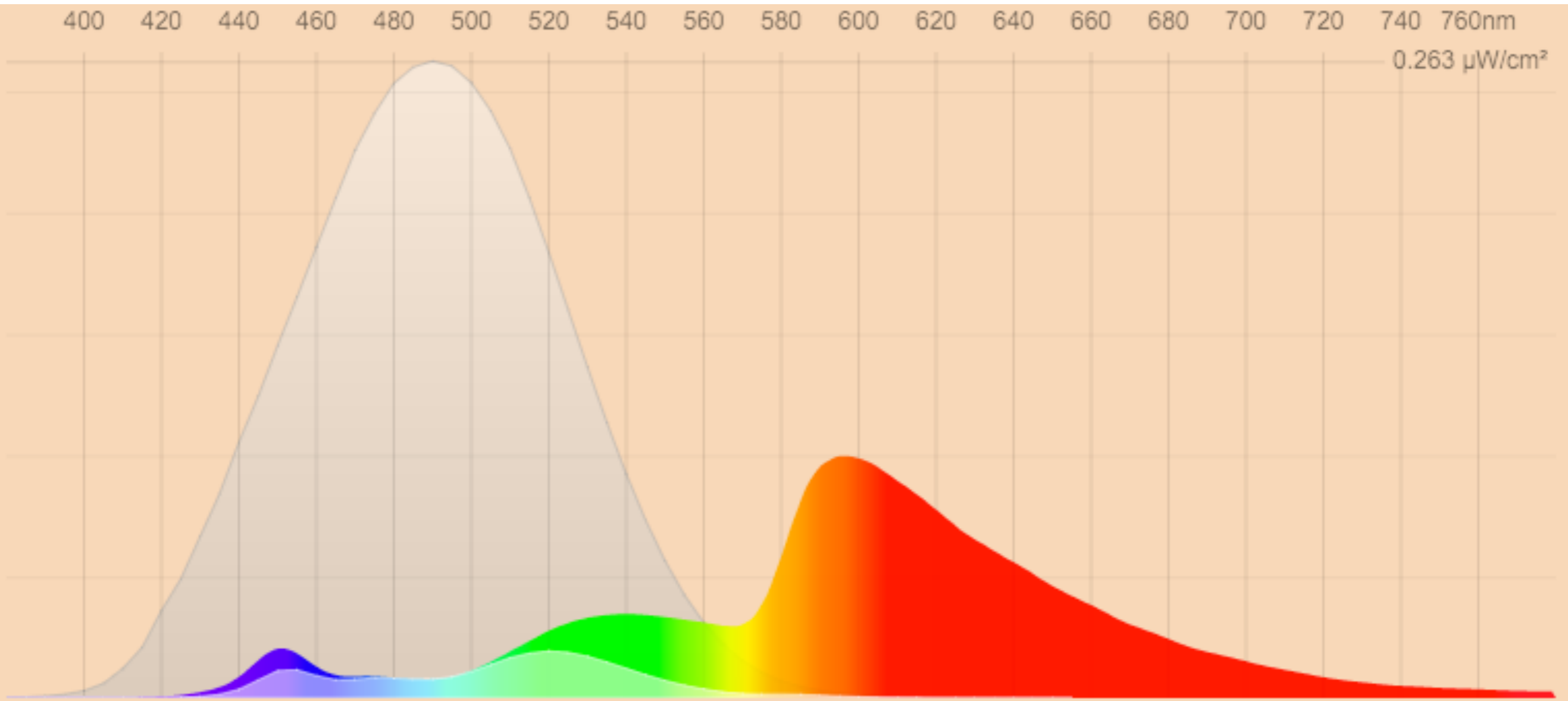






▼ Settings: Age=32

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|-------|-------|-------|-------|-------|-------|-------|--------------|---|---|---|
| 1200K | 1900K | 2300K | 2700K | 3400K | 4100K | 5000K | 6500K | B | G | R |
|-------|-------|-------|-------|-------|-------|-------|--------------|---|---|---|



▼ Settings: Age=32

- | | | | | | | | | | | |
|-------|-------|--------------|-------|-------|-------|-------|-------|---|---|---|
| 1200K | 1900K | 2300K | 2700K | 3400K | 4100K | 5000K | 6500K | B | G | R |
|-------|-------|--------------|-------|-------|-------|-------|-------|---|---|---|



SUMMARY

DOCTORS TREAT DISEASE AND INJURIES

- But they don't have the time or resources to help you common chronic health complaints
- You don't need your doctor's permission to test
- Your body is a complex system but it'll heal itself if you remove the blocking factors

TESTING

- Try the diet and lifestyle hacks first
- Check your blood glucose
- Basic blood chemistry is the next place to go
- Don't get too caught up in one thing

STANDING ON THE
SHOULDERS OF GIANTS

JULIA KELLY



Tommy Wood, MD
Jamie Kendall-Weed, MD
Grace Liu, PharmD
Bryan P. Walsh, ND
Daniel Kalish, DC

QUESTIONS?

