

Casual Friday Presents

Peptide Primer IV (Case Review)

A BIOGENETIX CLINICAL PRESENTATION
biogenetix.com



Report

Enteric Barrier

Lorène J.

Naig Le G

Dejong ⁴

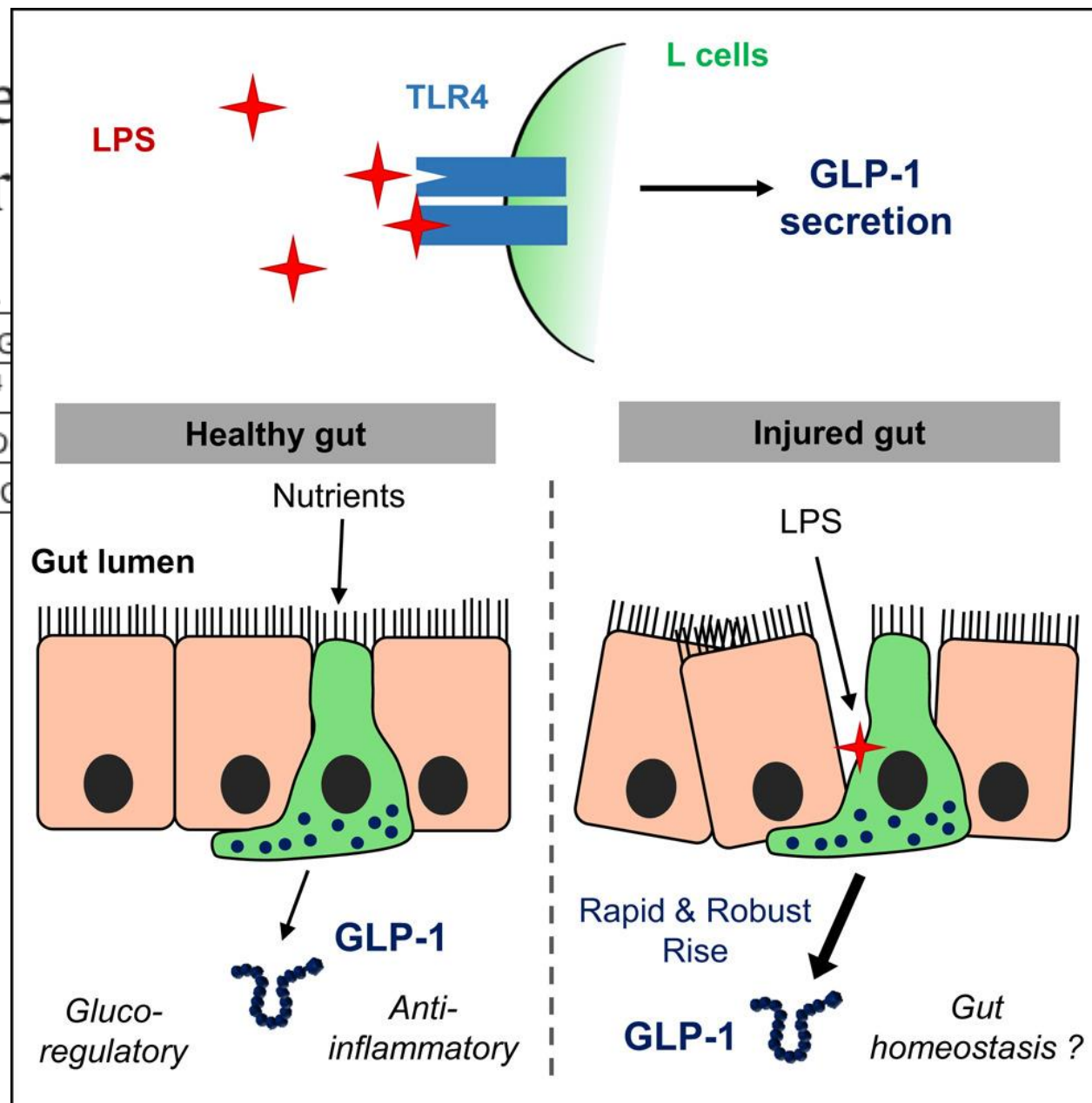
Valérie D

Jacques C

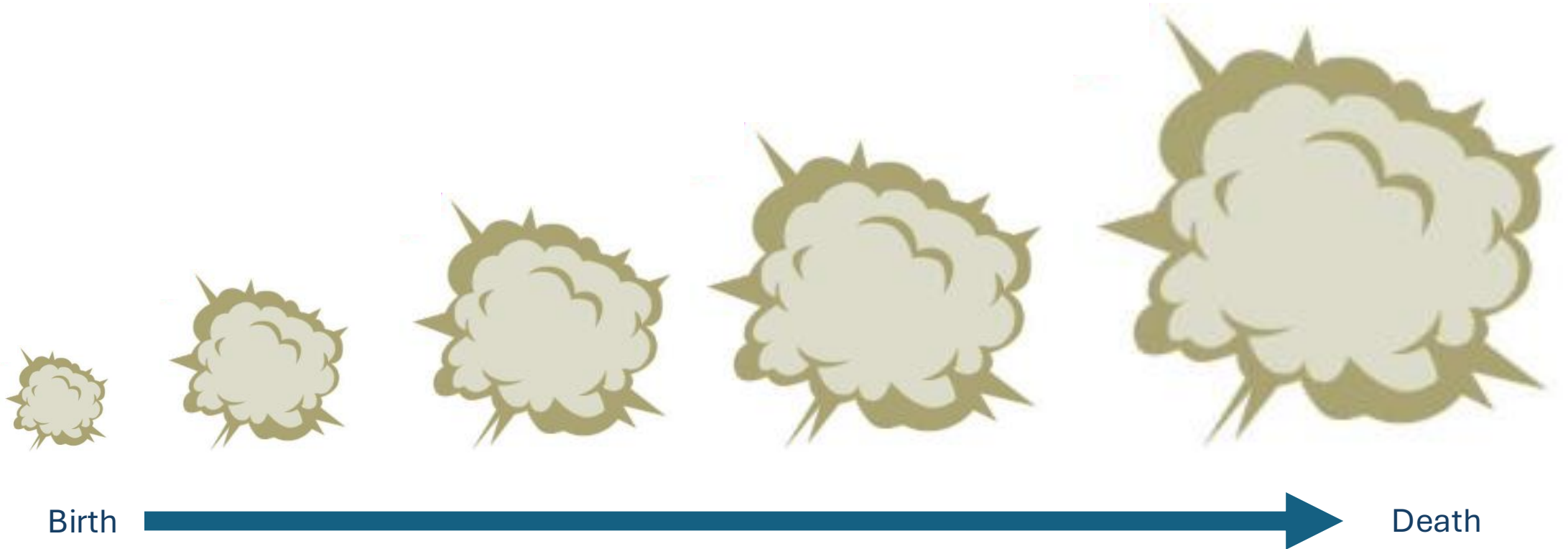
Gut n

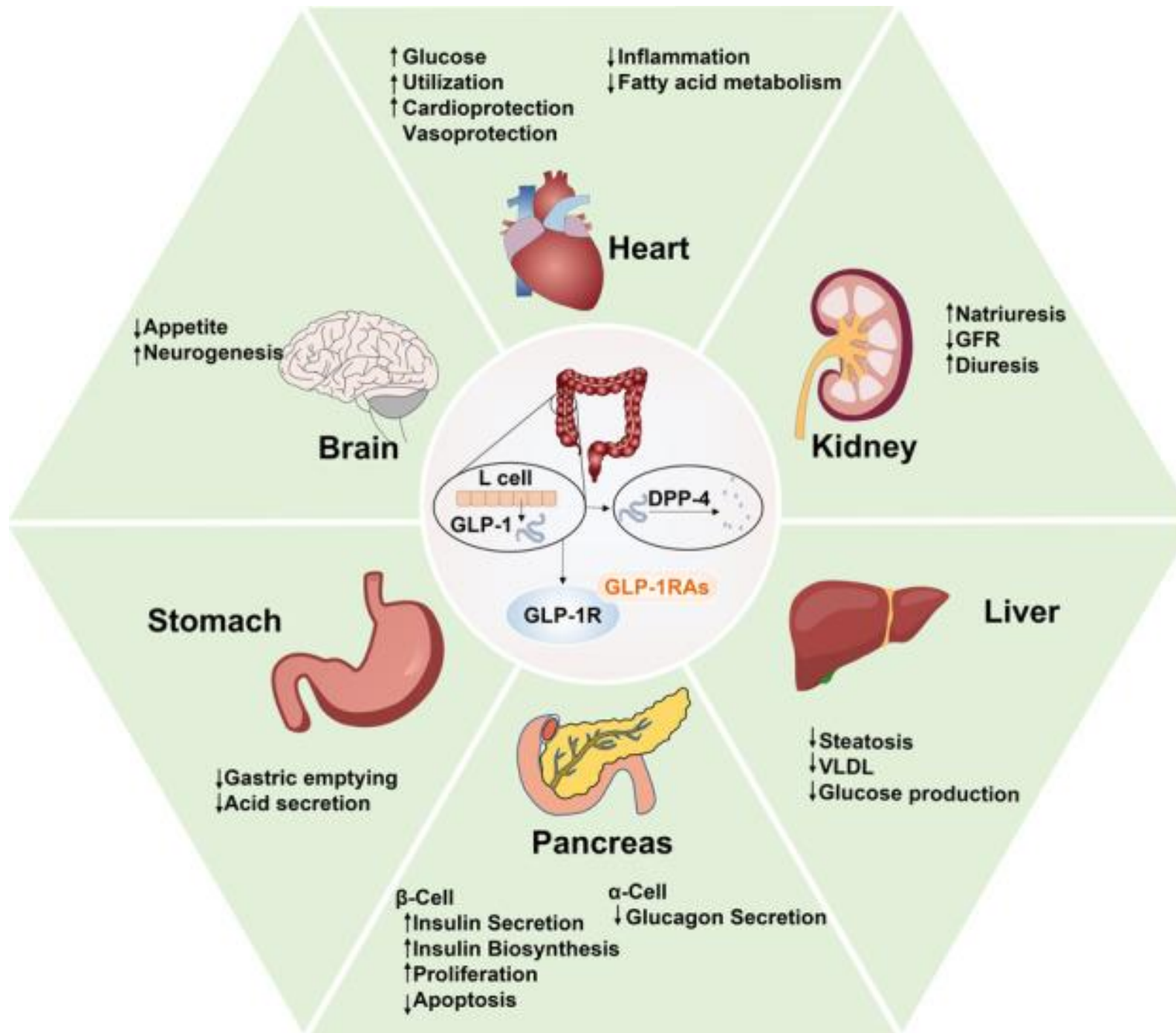
H.C.

Standard ^{1 2 3},



The Antigenic Cloud





COMPREHENSIVE METABOLIC

PANEL

GLUCOSE

185 H

65-99 mg/dL

HEMOGLOBIN A1c

8.4 H

<5.7 % of total Hgb

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
>or=6.5% Consistent with diabetes

This assay result is consistent with diabetes mellitus.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

MAGNESIUM

1.9

1.5-2.5 mg/dL

PHOSPHATE (AS PHOSPHORUS)

3.4

2.1-4.3 mg/dL

URIC ACID

9.2 H

4.0-8.0 mg/dL

Therapeutic target for gout patients: <6.0 mg/dL

LD

111 L

120-250 U/L

LIPID PANEL

CHOLESTEROL, TOTAL

133

125-200 mg/dL

HDL CHOLESTEROL

21 L

> OR = 40 mg/dL

TRIGLYCERIDES

265 H

<150 mg/dL

LDL-CHOLESTEROL

59

<130 mg/dL (calc)

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

CHOL/HDL C RATIO

6.3 H

< OR = 5.0 (calc)

NON HDL CHOLESTEROL

112

mg/dL (calc)

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

HS CRP

14.5 H

mg/L

IRON AND TOTAL IRON

BINDING CAPACITY

IRON, TOTAL

93

50-180 mcg/dL

IRON BINDING CAPACITY

304

250-425 mcg/dL (calc)

% SATURATION

31

15-60 % (calc)

FERRITIN

157

20-380 ng/mL

C-PEPTIDE

2.96

0.80-3.85 ng/mL

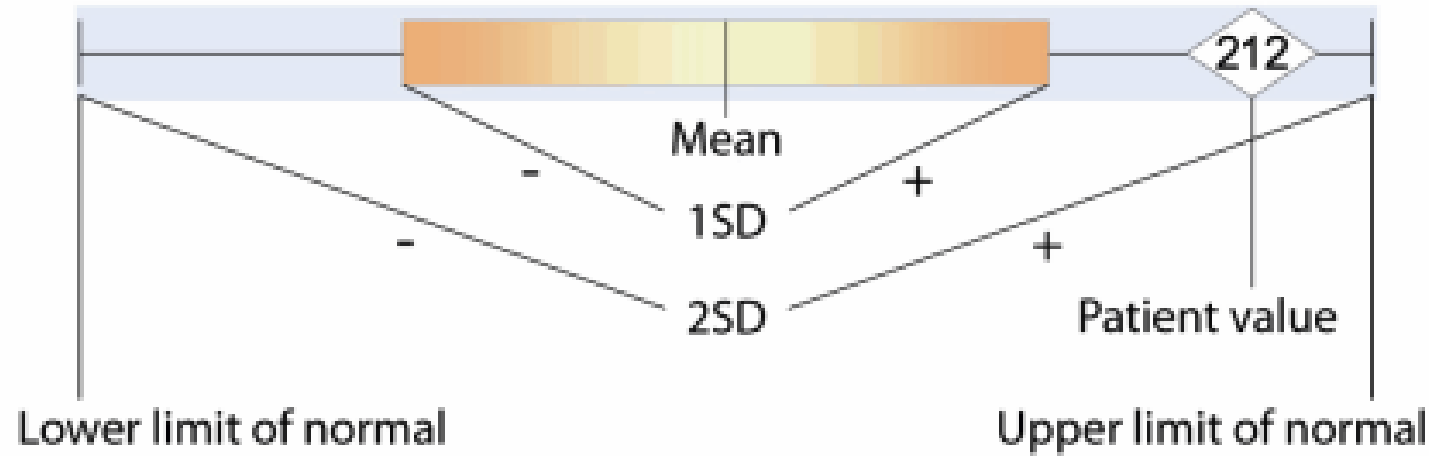
Functional Imbalance Scores										
Key < 2 : Low Need for Support 2-3 : Optional Need for Support 4-6 : Moderate Need for Support 7-10 : High Need for Support										
Need for Digestive Support		Need for Inflammation Modulation		Need for Microbiome Support		Need for Prebiotic Support		Need for Antimicrobial Support		
MALDIGESTION		INFLAMMATION		DYSBIOSIS		METABOLIC IMBALANCE		INFECTION		
1		5		7		0		7		
Biomarkers	Products of Protein Breakdown	▲	Eosinophil Protein X	▲	IAD/Methane Score	▲	Total SCFA's	●	Pathogenic Bacteria	▲
	Pancreatic Elastase	●	Secretory IgA	▲	Reference Variance	▲	n-Butyrate Conc.	●	Parasitic Infection	●
	Fecal Fats	●	Calprotectin	●	PP Bacteria/Yeast	●	SCFA (%)	●	PP Bacteria/Yeast	●
			Occult Blood	●	Total Abundance	●	Beta-glucuronidase	●	Total Abundance	●
Therapeutic Support Options	- Digestive Enzymes - Betaine HCl - Bile Salts - Apple Cider Vinegar - Mindful Eating Habits - Digestive Bitters		- Elimination Diet/ Food Sensitivity Testing - Mucosa Support: Slippery Elm, Althea, Aloe, DGL, etc. - Zinc Carnosine - L-Glutamine - Quercetin - Turmeric - Omega-3's - GI Referral (If Calpro is Elevated)		- Pre-/Probiotics - Increase Dietary Fiber Intake - Consider SIBO Testing - Increase Resistant Starches - Increase Fermented Foods - Meal Timing		- Pre-/Probiotics - Increased Dietary Fiber Intake - Increase Resistant Starches - Increase Fermented Foods - Calcium D-Glucarate (for high beta-glucuronidase)		- Antibiotics (if warranted) - Antimicrobial Herbal Therapy - Antiparasitic Herbal Therapy (if warranted) <i>Saccharomyces boulardii</i>	



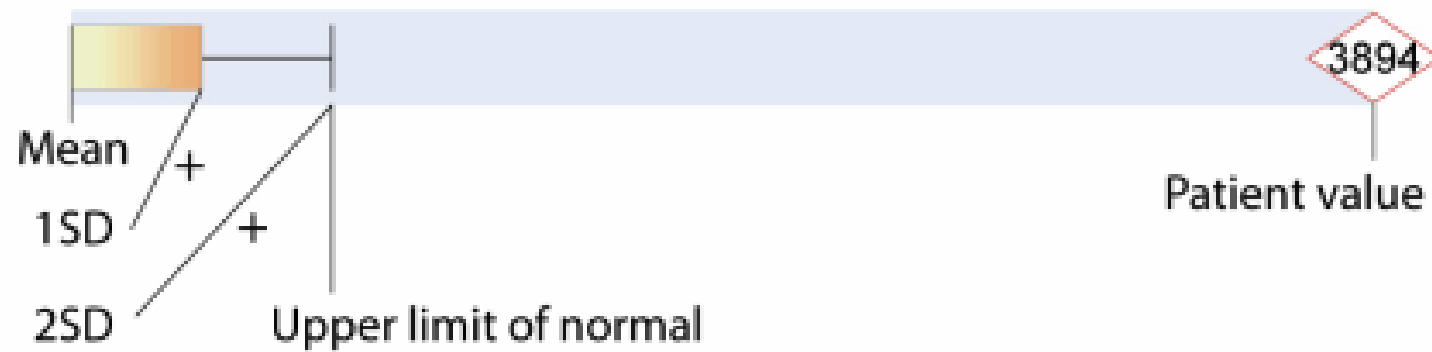
Add-on Testing			
Methodology: EIA	Result	Expected Value	
HpSA - <i>H. pylori</i>	Positive	Negative	HpSA (<i>Helicobacter pylori</i> stool antigen) <i>Helicobacter pylori</i> is a bacterium that causes peptic ulcer disease and plays a role in the development of gastric cancer. Direct stool testing of the antigen (HpSA) is highly accurate and is appropriate for diagnosis and follow-up of infection.

MosaicDX.com

WNL example

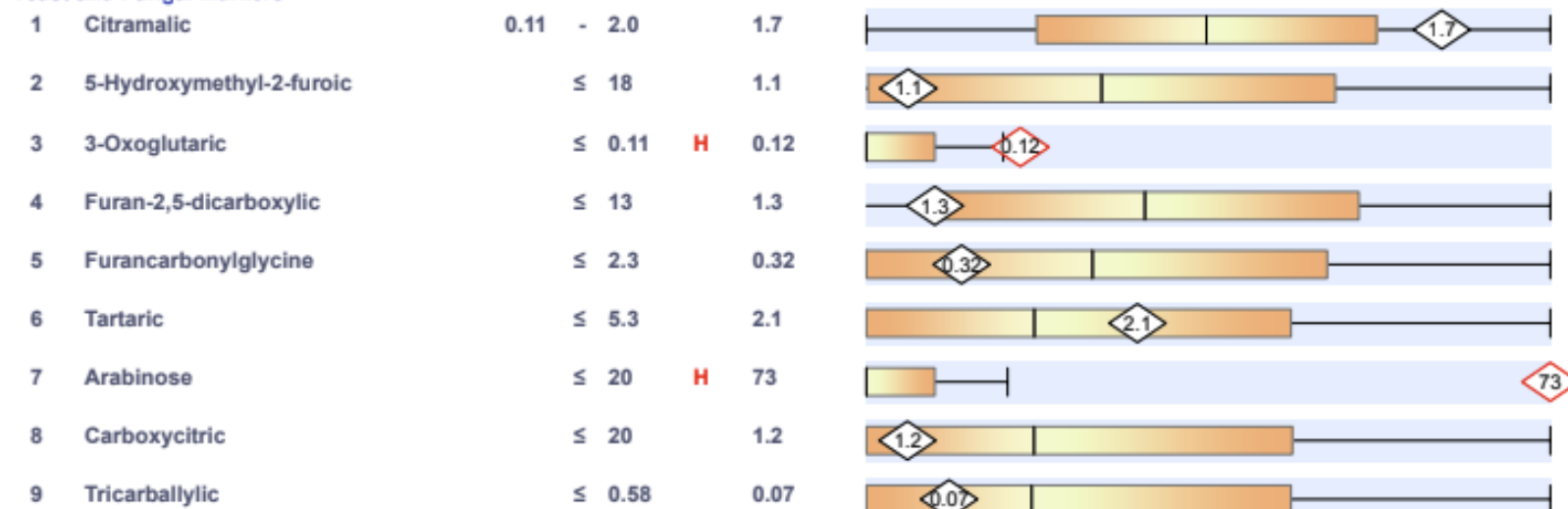


Elevation example

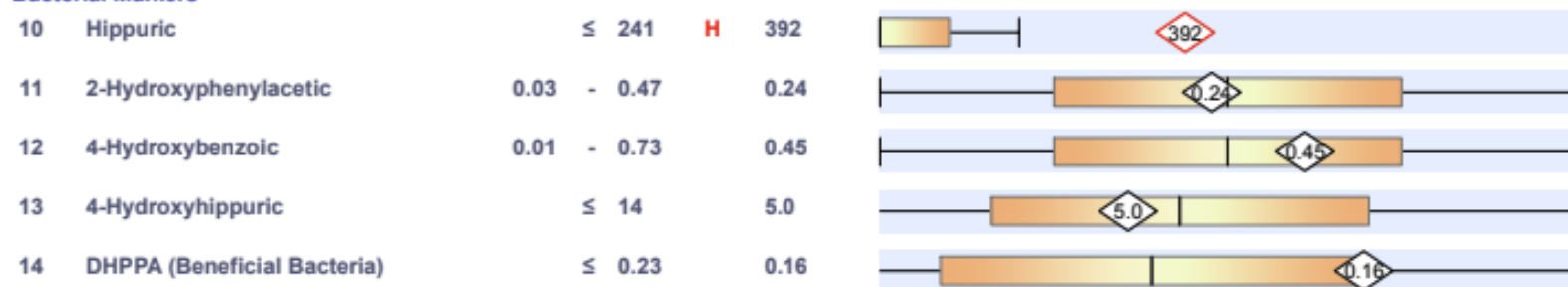


Intestinal Microbial Overgrowth

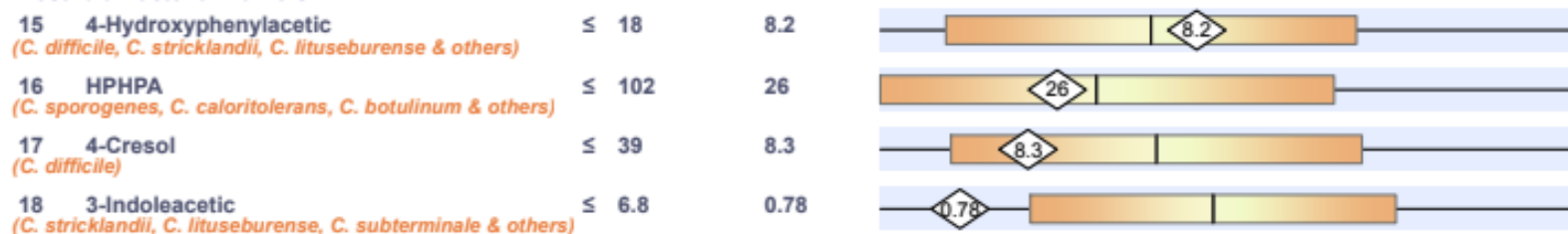
Yeast and Fungal Markers



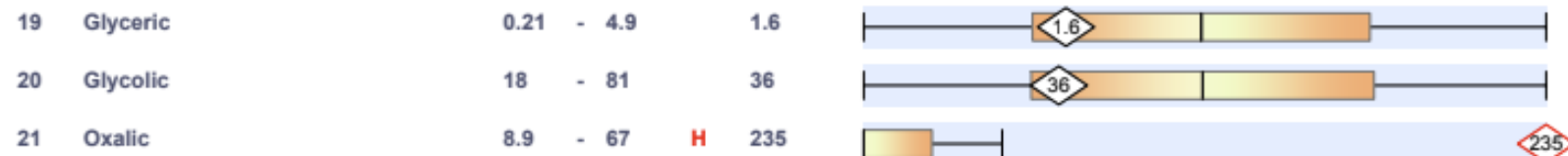
Bacterial Markers



Clostridia Bacterial Markers



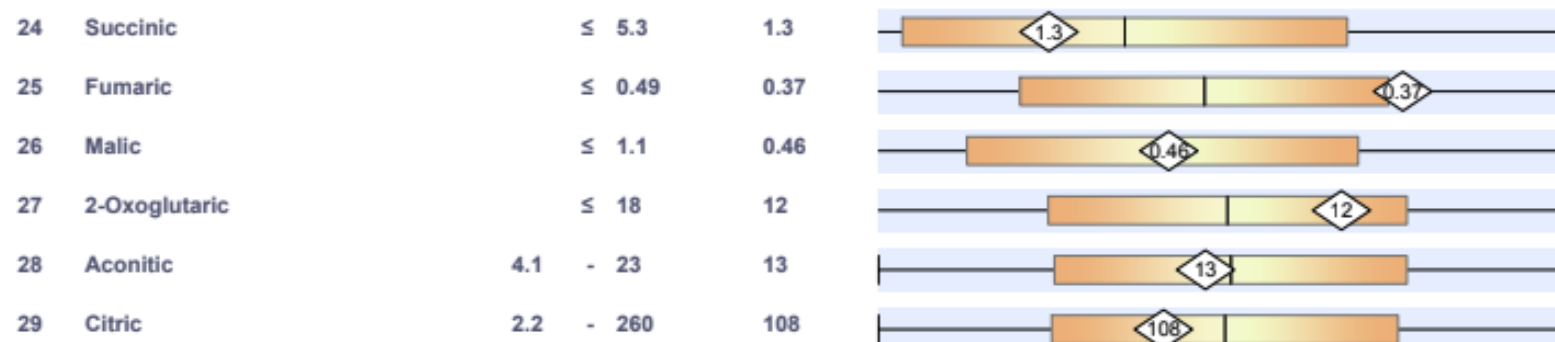
Oxalate Metabolites



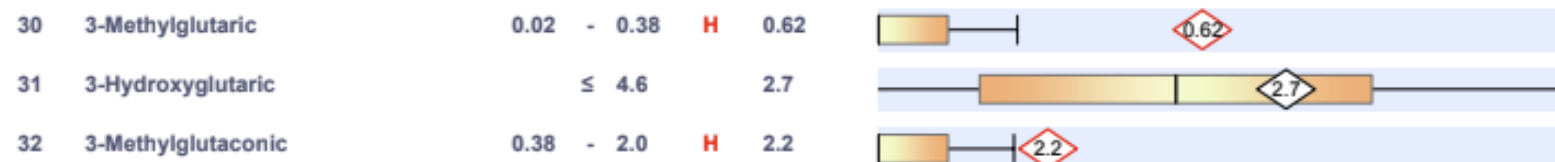
Glycolytic Cycle Metabolites



Mitochondrial Markers - Krebs Cycle Metabolites

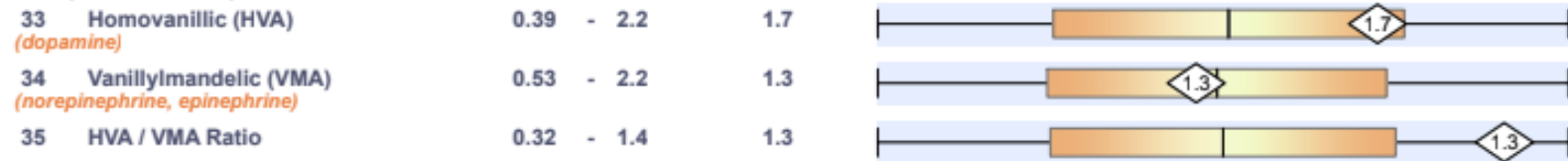


Mitochondrial Markers - Amino Acid Metabolites

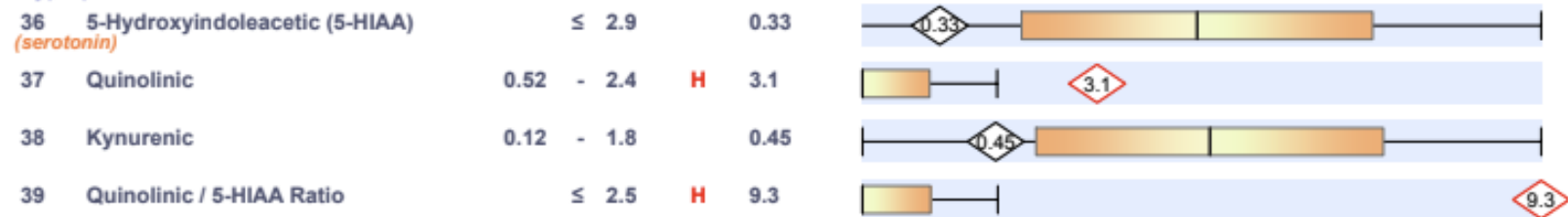


Neurotransmitter Metabolites

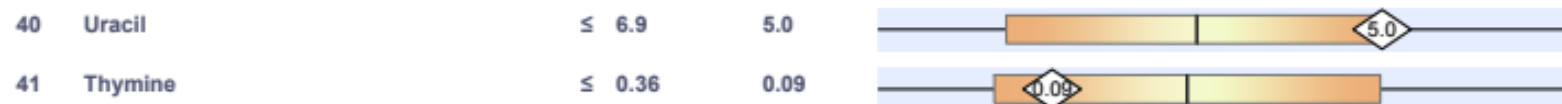
Phenylalanine and Tyrosine Metabolites



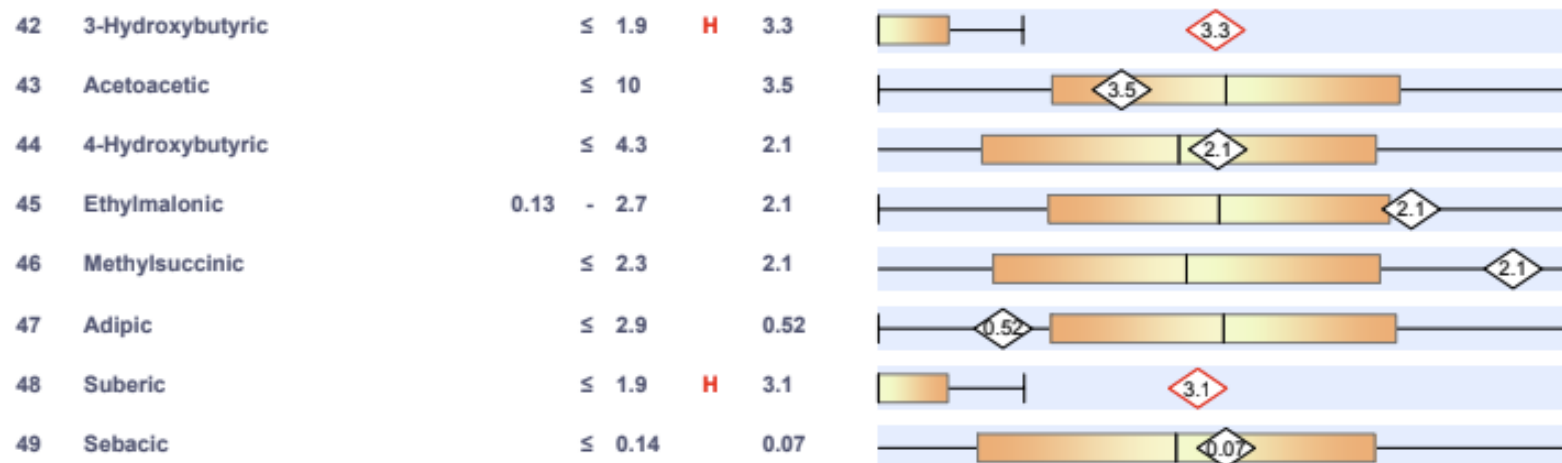
Tryptophan Metabolites



Pyrimidine Metabolites - Folate Metabolism



Ketone and Fatty Acid Oxidation



Nutritional Markers

Vitamin B12



Vitamin B6



Vitamin B5



Vitamin B2 (Riboflavin)



Vitamin C



Vitamin Q10 (CoQ10)



Glutathione Precursor and Chelating Agent

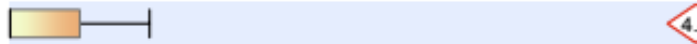


Biotin (Vitamin H)



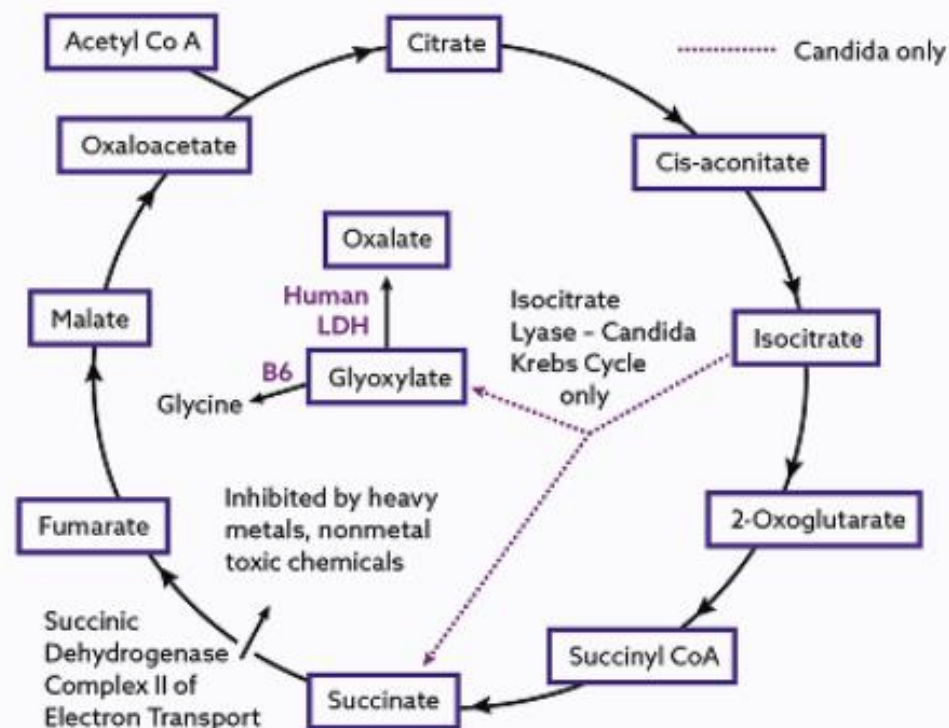
Indicators of Detoxification

Glutathione

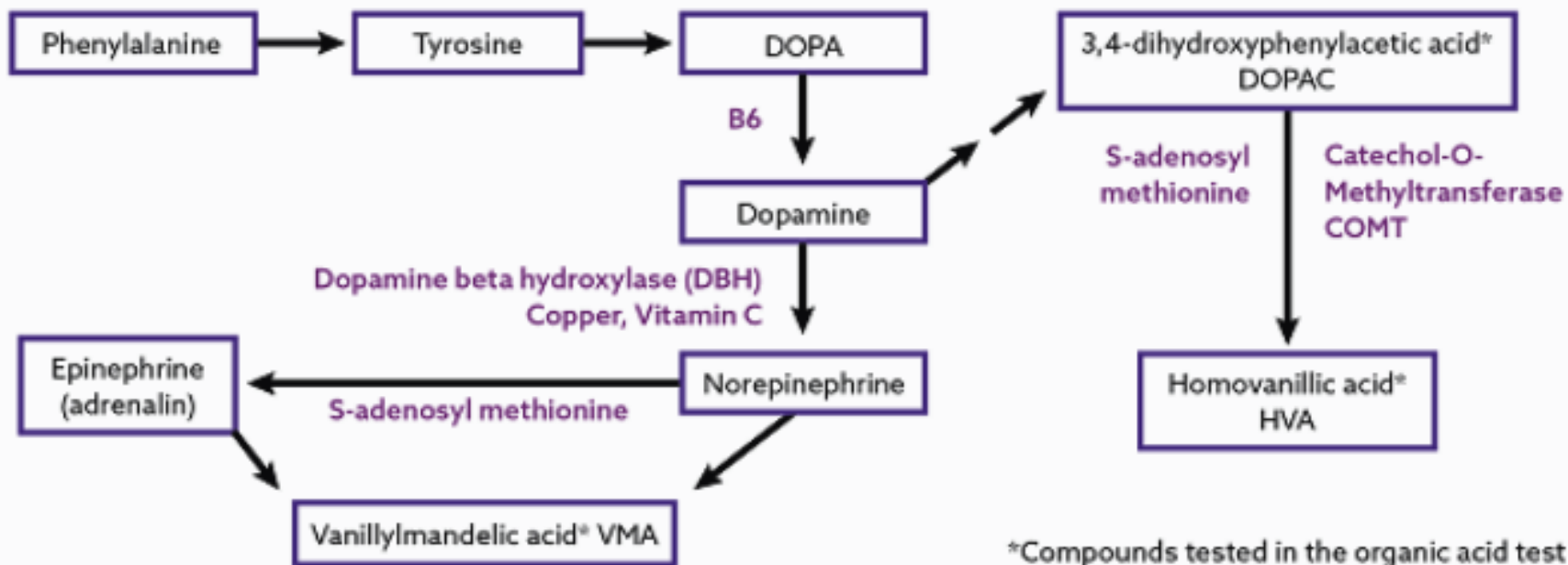
58	Pyroglutamic *	5.7	- 25	H	35	
59	2-Hydroxybutyric *		≤ 1.2	H	2.8	
Ammonia Excess						
60	Orotic		≤ 0.46	H	4.8	
Aspartame, salicylates, or GI bacteria						
61	2-Hydroxyhippuric		≤ 0.86	H	5.2	

● A high value for this marker may indicate a Glutathione deficiency.

Human Krebs Cycle showing Candida Krebs Cycle variant that causes excess Oxalate via Glyoxylate



Major pathways in the synthesis and breakdown of **catecholamine neurotransmitters** in the absence of microbial inhibitors



Neurotransmitter Metabolism Markers

