



**The Great Plains Laboratory, LLC**

LAB#: H220407-2211-1  
 PATIENT: Salah Abd Elnaby Bader  
 SEX: Male  
 DOB: 01/06/1990 AGE: 32  
 CLIENT#: 24510

*Toxic & Essential Elements; Hair*

TOXIC METALS			
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 68 <sup>th</sup> 95 <sup>th</sup>
Aluminum (Al)	9.5	< 7.0	
Antimony (Sb)	0.080	< 0.066	
Arsenic (As)	0.033	< 0.080	
Barium (Ba)	0.63	< 1.0	
Beryllium (Be)	< 0.01	< 0.020	
Bismuth (Bi)	< 0.002	< 2.0	
Cadmium (Cd)	0.018	< 0.065	
Lead (Pb)	0.88	< 0.80	
Mercury (Hg)	0.28	< 0.80	
Platinum (Pt)	< 0.003	< 0.005	
Thallium (Tl)	0.001	< 0.002	
Thorium (Th)	0.001	< 0.002	
Uranium (U)	0.002	< 0.060	
Nickel (Ni)	0.24	< 0.20	
Silver (Ag)	0.25	< 0.08	
Tin (Sn)	0.03	< 0.30	
Titanium (Ti)	0.56	< 0.60	
Total Toxic Representation			

ESSENTIAL AND OTHER ELEMENTS			
	RESULT µg/g	REFERENCE INTERVAL	PERCENTILE 2.5 <sup>th</sup> 16 <sup>th</sup> 50 <sup>th</sup> 84 <sup>th</sup> 97.5 <sup>th</sup>
Calcium (Ca)	425	200- 750	
Magnesium (Mg)	63	25- 75	
Sodium (Na)	36	20- 180	
Potassium (K)	21	9- 80	
Copper (Cu)	8.4	11- 30	
Zinc (Zn)	160	130- 200	
Manganese (Mn)	0.89	0.08- 0.50	
Chromium (Cr)	0.53	0.40- 0.70	
Vanadium (V)	0.089	0.018- 0.065	
Molybdenum (Mo)	0.025	0.025- 0.060	
Boron (B)	0.58	0.40- 3.0	
Iodine (I)	0.83	0.25- 1.8	
Lithium (Li)	0.006	0.007- 0.020	
Phosphorus (P)	173	150- 220	
Selenium (Se)	0.70	0.70- 1.2	
Strontium (Sr)	0.94	0.30- 3.5	
Sulfur (S)	44100	44000- 50000	
Cobalt (Co)	0.019	0.004- 0.020	
Iron (Fe)	18	7.0- 16	
Germanium (Ge)	0.038	0.030- 0.040	
Rubidium (Rb)	0.028	0.011- 0.12	
Zirconium (Zr)	0.037	0.020- 0.44	

SPECIMEN DATA		RATIOS		
<b>COMMENTS:</b>		ELEMENTS	RATIOS	RANGE
Date Collected: 04/02/2022	Sample Size: 0.198 g	Ca/Mg	6.75	4- 30
Date Received: 04/07/2022	Sample Type: Head	Ca/P	2.46	0.8- 8
Date Reported: 04/08/2022	Hair Color:	Na/K	1.71	0.5- 10
Methodology: ICP/MS	Treatment:	Zn/Cu	19	4- 20
	Shampoo:	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.

### Aluminum High

The Aluminum (Al) level in hair may be an indicator of exposure and assimilation of this element, provided that hair preparations have not added exogenous Al. Al is a nonessential element that can be toxic if excessively assimilated into cells.

Excess Al can inhibit the formation of alpha-keto glutarate and result in toxic levels of ammonia in tissues. Al can bond to phosphorylated bases on DNA and disrupt protein synthesis and catabolism. Al excess should be considered when symptoms of presenile dementia or Alzheimer's disease are observed. Hair Al is commonly elevated in children and adults with low zinc and behavioral/learning disorders such as ADD, ADHD and autism. Individuals with renal problems or on renal dialysis may have elevated Al.

Possible sources of Al include some antacid medications, Al cookware, baking powder, processed cheese, drinking water, and antiperspirant components that may be absorbed. Analyses performed at DDI indicate extremely high levels of Al are in many colloidal mineral products.

Al has neurotoxic effects at high levels, but low levels of accumulation may not elicit immediate symptoms. Early symptoms of Al burden may include: fatigue, headache, and symptoms of phosphate depletion.

A urine elements test can be used to corroborate Al exposure. Al can be effectively complexed and excreted with silicon (J. Environ. Pathol. Toxicol. Oncol., 13(3): 205-7, 1994). A complex of malic acid and Mg has been reported to be quite effective in lowering Al levels (DDI clients).

#### Antimony High

Hair is a preferred tissue for analysis of Antimony (Sb) exposure and body burden. Elevated hair Sb levels have been noted as long as a year after exposure.

Sb is a nonessential element that is chemically similar to but less toxic than arsenic. Food and smoking are the usual sources of Sb. Thus cigarette smoke can externally contaminate hair, as well as contribute to uptake via inhalation. Gunpowder (ammunition) often contains Sb. Firearm enthusiasts often have elevated levels of Sb in hair. Other possible sources are textile industry, metal alloys, and some antihelminthic and antiprotozoic drugs. Sb is also used in the manufacture of paints, glass, ceramics, solder, batteries, bearing metals, semiconductors and fire retardant fabrics.

Like arsenic, Sb has a high affinity for sulfhydryl groups on many enzymes. Sb is conjugated with glutathione and excreted in urine and feces. Therefore, excessive exposure to Sb has the potential to deplete intracellular glutathione pools.

Early signs of Sb excess include: fatigue, muscle weakness, myopathy, nausea, low back pain, headache, and metallic taste. Later symptoms include hemolytic anemia, myoglobinuria, hematuria and renal failure. Transdermal absorption can lead to "antimony spots" which resemble chicken pox. Respiratory tissue irritation may result from inhalation of Sb particles or dust.

A confirmatory test for recent or current exposure is the measurement of Sb in the urine or whole blood. Comparison of pre and post provocation (DMPS, DMSA, Ca-EDTA) urine Sb levels provides an estimate of net retention (body burden) of Sb.

#### Lead High

This individual's hair Lead (Pb) level is considered to be moderately elevated. Generally, hair is a good indicator of exposure to 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 does occur.

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.

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

Tests for Pb body burden are: urine elements analysis following provocation with intravenous Ca-EDTA, or oral DMSA. Whole blood analysis for Pb reflects recent or ongoing exposures and does not correlate well with total body burden.

#### Nickel High

Hair is a reasonable tissue for monitoring exposure to Nickel (Ni). However, hair is commonly contaminated with Ni from hair treatments and dyes. When hair Ni is measured at more than .6 ppm, the possible use of hair dyes or colorings should be investigated before concluding that excessive Ni is present. Nickel is present in a surprisingly large number of foods and food products, including: black tea, nuts and seeds, soy milk and chocolate milk, chocolate and cocoa powders, certain canned and processed foods, including meat and fish, certain grains, including: oats, buckwheat, whole wheat and wheat germ.

There is substantial evidence that Ni is an essential element which is required in extremely low amounts. However, excess Ni has been well established to be nephrotoxic, and carcinogenic. Elevated Ni is often found in individuals who work in the electronic and plating, mining, and steel manufacture industries. A cigarette typically contains from 2 to 6 mcg of Ni; Ni is absorbed more efficiently in the lungs than in the gastrointestinal tract. Symptoms of chronic Ni exposure include dermatitis, chronic rhinitis, and hypersensitivity reactions. Ni can hypersensitize the immune system, subsequently causing hyper allergenic responses to many different substances.

Symptoms of Ni toxicity are dermatitis and pulmonary inflammation (following exposure to Ni dust, smoke). Long term or chronic Ni toxicity may lead to liver necrosis and carcinoma.

A test for elevated Ni body burden is the measurement of urine Ni before and after administration of chelating agents that mobilize Ni i.e., Ca-EDTA, DMSA.

#### Silver High

Hair Silver (Ag) levels have been found to reflect environmental exposure to the element. However, hair is commonly contaminated with Ag from hair treatments such as permanents, dyes, and bleaches.

Ag is not an essential element and is of relatively low toxicity. However, some Ag salts are very toxic.

Sources of Ag include seafood, metal and chemical processing industries, photographic processes, jewelry making (especially soldering), effluents from coal fired power plants and colloidal silver products.

The bacteriostatic properties of Ag have been long recognized and Ag has been used extensively for medicinal purposes; particularly in the treatment of burns. There is much controversy over the long term safety of consumption of colloidal silver. Very high intake of colloidal silver has been reported to give rise to tumors in the liver and spleen of animals (Metals in Clinical and Analytical Chemistry, eds. Seiler, Segel and Segel, 1994). However, these data may not have relevance to the effects of chronic, low level consumption by humans.

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### Copper Low

Hair Copper (Cu) levels are usually indicative of body status with two exceptions: (1) addition of exogenous Cu (occasionally found in hair preparations or algacides in swimming pools/hot tubs), and (2) low hair Cu in Wilson's or Menkes' diseases. In Wilson's disease, Cu transport is defective and Cu accumulates, sometimes to toxic levels, in intestinal mucosa, liver and kidneys. At the same time, it is low in hair and deficient in other peripheral tissues. In Menkes' disease, the activity of Cu dependent enzymes is very low. Cu supplementation is contraindicated in these diseases.

Cu is an essential element that is required for the activity of certain 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.

Symptoms of Cu deficiency include: elevated cholesterol, increased inflammatory responses, anemia, bone and collagen disorders, reproductive failure, and impaired immunity. Possible reasons for a Cu deficiency include: intestinal malabsorption, insufficient dietary intake, molybdenum excess, zinc excess, and chelation therapy. Cu status is adversely affected by excess of antagonistic metals such as mercury, lead, cadmium, and manganese.

Confirmatory tests for Cu deficiency are serum ceruloplasmin to rule out Wilson's disease (ceruloplasmin is deficient in Wilson's disease), a whole blood or packed red blood cell elements analysis, and a functional test for Cu (barring zinc deficiency) is measurement of erythrocytes SOD activity. Erythrocyte SOD activity is subnormal with Cu deficiency.

### Manganese High

Hair Manganese (Mn) levels generally reflect exposure to Mn, but external contamination can influence hair Mn. High hair Mn can be an artifact of contamination from: permanent solutions, dyes, bleaches, and well water (containing high Mn). These possibilities should be considered and ruled out before proceeding with therapies to alleviate excess Mn.

Mn is an essential element which is involved in the activation of many important enzymes. However, Mn excess is postulated to result in glutathionyl radical formation, reduction of the free glutathione pool, and increased exposure of adrenal catecholamines (e.g. dopamine) to free radical damage. Excess Mn causes degeneration of melanin-pigmented dopaminergic neurons which results in abnormally low levels of serotonin and dopamine in the brain. This is hypothesized to be a reason behind the neurotoxic effects attributed to Mn overload.

The brain is particularly affected by Mn excess. Symptoms or conditions consistent with excessive Mn include: disorientation, memory loss, anxiety, hypotonia, abnormal gait, emotional instability, and bipolar-like behaviors (laughing and crying), aberrant or violent behaviors, and tremor or Parkinson-like symptoms.

Causes of Mn excess include: occupational or environmental exposures, contaminated teas, MMT (gasoline additive), coal-fired power plants, contaminated drinking water, some street drugs (cocaine products), and smoking. Conditions predisposing to Mn excess are: iron or calcium deficiency, chronic infection, and impaired liver function (e.g. biliary obstruction) or disease. Mn excess is occasionally associated

with alcoholism.

Confirmatory tests for Mn excess include whole blood and a comparison of urine Mn pre- and post Ca-EDTA.

#### Vanadium High

High levels of Vanadium (V) in hair may be indicative of excess absorption of the element. It is well established that excess V can have toxic effects in humans. Although it appears that V may have essential functions, over zealous supplementation is not warranted.

Excess levels of V in the body can result from chronic consumption of fish, shrimp, crabs, and oysters derived from water near offshore oil rigs (Metals in Clinical and Analytical Chemistry, 1994). Industrial/environmental sources of V include: processing of mineral ores, phosphate fertilizers, combustion of oil and coal, production of steel, and chemicals used in the fixation of dyes and print.

Symptoms of V toxicity vary with chemical form and route of absorption. Inhalation of excess V may produce respiratory irritation and bronchitis. Excess ingestion of V can result in decreased appetite, depressed growth, diarrhea/gastrointestinal disturbances, nephrotoxic and hematotoxic effects. Pallor, diarrhea, and green tongue are early signs of excess V and have been reported in human subjects consuming about 20 mg V/day (Modern Nutrition in Health and Disease, 8th edition, eds. Shils, M., Olson, J., and Mosha, S., 1994).

Confirmatory tests for excess V are red blood cell elements analysis, and urine V which reflects recent intake.

#### 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.

Lab number: **H220407-2211-1**  
Patient: **Salah Abd Elnaby Bader**

**Hair Head**

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Client: **24510**

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