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January 2nd 2007

00177685 Patient: XYZ

Material: Stool
Received on: December 29th 2006
Medical assistant: Filiz Kara

ANALYSIS	RESULT		NORMAL RANGE
pH value:	6,2	normal	5.5 – 6.5

Physical analysis of stool:

Colour light-brown
Consistency pulpy
Homogenisation moderate
Mucous negative
Blood negative

Dysbiosis Index: 7,5 medium disturbance

Bacteriology Culture	CFU/g		CFU/g
Lactobacillus group	3×10^7	normal	$\geq 3 \times 10^7$
Bifidobacteria group	$< 10^5$	extremely low	$\geq 3 \times 10^9$
Clostridia group	3×10^7	Very high	$\leq 10^5$
Bacteroides group	3×10^7	low	$\geq 3 \times 10^9$
Eubacteria group	2×10^6	very low	$\geq 1 \times 10^9$

Enterocci	3×10^7	normal	$\geq 3 \times 10^7$
Other streptococci	$< 10^5$	normal	$< 10^5$
Peptostreptococci	$< 10^5$	normal	$< 10^5$
Other anaerobic bacteria:	$< 10^5$	normal	$< 10^5$

E.coli:	CFU/g		CFU/g
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E.coli group	7×10^5	very low	$\geq 2 \times 10^7$
E.coli, haemolysing	$< 10^5$	normal	$\leq 10^5$
E.coli, rough	$< 10^5$	normal	$\leq 10^5$
Other aerobic bacteria:			
Samonella:	negative		
Shigella:	negative		

Yeast Cultures:	CFU/g		CFU/g
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Candida albicans	negative	normal	$\leq 10^3$
Candida sp.	negative	normal	$\leq 10^3$
Mould	negative	normal	$\leq 10^3$
Other fungi	negative	normal	$\leq 10^3$

Digestion:			
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Fats:	negative		
Carbohydrates:	negative		
Muscle fibres:	negative		

SUBMITTING PHYSICIAN: CARIN SMIT

Patient:XYZ

Date of birth/Sex: / m

REPORT RELEASE: 5 Jan07

Entrydate: 02.01.2007

.validation: Drs Ernst/Blaurock-Busch

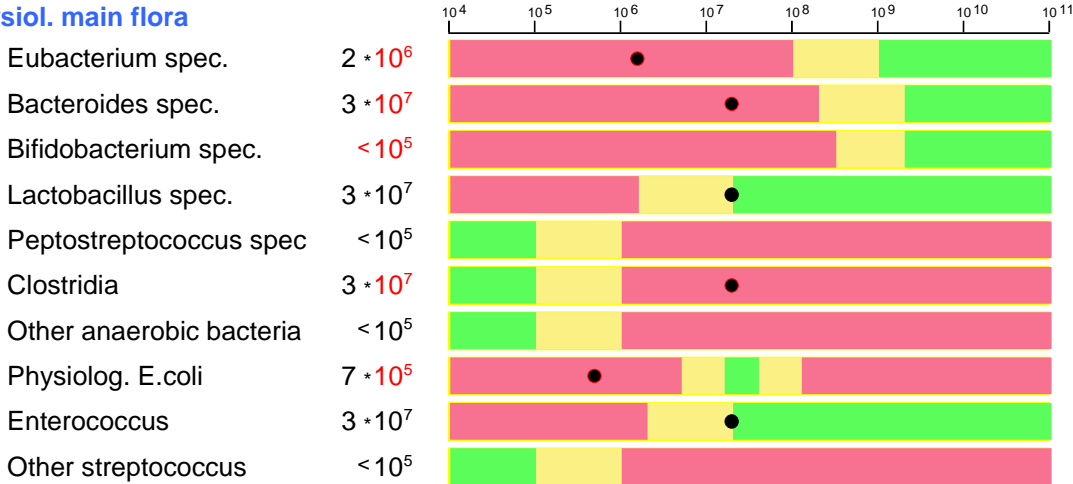
no. (number): 7755

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order no. (number): 177685

Intestine Ecologygram

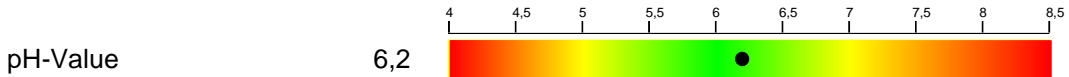
Physiol. main flora



Facultative pathogenic bacteria



pH



Stool visual		Normal Range	Digestionparameters		Normal Range
Colour	light brown	brown	Fats	negative	negative
Consistency	pulpy	normal	Carbohydrates	negative	negative
Homogeneity	moderate	good	Proteins	negative	negative
Mucus	not visible	not visible			
Visible blood	negative	negative			

Legend: physiological unphysiological/Dysbalance pathogenic

INTERPRETIVE GUIDELINES

00177685

Client: XYZ

pH of the stool is largely dependent on fermentation by the flora of the gut. The ideal pH of the stool is slightly acidic. A very acidic pH is usually associated with a rapid transit time (e.g. diarrhoea) and/or lactose malabsorption.

Physical Analysis of Stool:

Consistency:

Hard stools usually correlate with low fibre and low water intake and are an indication of a slow transit time. Very loose stools may conversely indicate too rapid transit time with potentially poor nutrient absorption.

Mucus:

Mucus in the stool may result from intestinal irritation or in response to spastic constipation and inflammations.

Blood:

Commonly as a result of haemorrhoids but may be associated with a viral, bacterial or parasitic infection. Will also often be present in pathological intestinal inflammatory diseases and neoplasmas.

Dysbiosis Index:

A measure of pathological bacterial and fungal growth. This index is provided as a comparative figure for monitoring progress of the therapy. It should not be taken as absolute and does not replace differential assessment.

Bacteriology Culture:

In healthy intestines, beneficial bacteria such as the Lactobacillus and Bifidus groups make up a significant proportion of the total flora. Low levels of these organisms are often associated with higher colonisation levels of pathological organisms.

E.coli:

Some of the E.coli species are classified as beneficial bacteria whereas the haemolysing and rough E.coli are potentially pathogenic.

Yeast Cultures:

Candida albicans is a yeast which naturally resides within the intestines. High colonisation levels are usually indicative of poor digestion, immune dysfunction and blood sugar imbalance.

Digestion:

Fats:

The presence of triglycerides in the stool is indicative of inefficient fat digestion and absorption.

Carbohydrates:

The presence of vegetable fibres in the stool is indicative of poor digestion, in particular, low secretion of pancreatic enzymes.

Muscle fibres:

The presence of meat fibres in the stool may be an indication of sub optimal digestion – pancreatic insufficiency or hypochloridia. Pancreatic insufficiency can be verified by a *pancreas-elastase* test.

CLARIFICATION OF RESULTS:

The Dysbiosis index is high indicating a quite high dysbiotic disturbance.

Levels of beneficial bacteria are very low, indicating that the intestines are vulnerable to pathogenic colonisation.

There is a discrepancy between the normal pH value of the stool and the presence of putrefactive bacteria. Normally we would expect to see a more alkaline pH. This discrepancy could result from inadequate carbohydrate digestion. Putrefactive bacteria breakdown the inadequately digested carbohydrates to release acid and gas (i.e. bloating and wind).

Carbohydrate maldigestion may result from:

- Food allergies
- Food intolerances
- Reaction to amines in food

THERAPEUTIC GUIDANCE

To address intestinal dysbiosis DophiMeg[®] (from VitMin, Germany) 1-2 months.

To support carbohydrate digestion we advise that daily food intake be split into 5 smaller meals. Consumption of grains should be limited as they can damage the gut mucosa.

We recommend a carbohydrate- and fibre- balanced nutrition.

Fluid intake should be sufficient (adequate to Ricardo's age). Excessive consumption of fruit juices is not recommended as it can damage the intestinal mucosa. Heavily diluted fruit juices however, have a positive effect on acid/alkaline balance. We don't recommend citrus fruit juices for children.

We recommend a repeat test in 2 -3 months time to assess success of the therapy.