

MICRO NUTRIENT TEST

WHAT & WHY?

CONTRARY TO ESTABLISHED PARADIGMS ABOUT HEALTH IN AMERICA, THE MAJORITY OF CHRONIC DISEASE IS ATTRIBUTABLE IN LARGE PART TO CELLULAR DEFICIENCIES IN MICRONUTRIENTS. BY CORRECTING DEFICIENCIES, YOU CAN PREVENT, TREAT AND REVERSE MANY MEDICAL CONDITIONS—FROM THE MOST SERIOUS TO THE MOST BANAL.

WHAT THE MNT TESTS FOR

VITAMINS: VITAMIN A VITAMIN B1 VITAMIN B2 VITAMIN B3 VITAMIN B6 VITAMIN B12 VITAMIN C VITAMIN D VITAMIN K BIOTIN FOLATE PANTOTHENATE
MINERALS: CALCIUM MAGNESIUM ZINC COPPER MANGANESE CHROMIUM
AMINO ACIDS: ASPARAGINE GLUTAMINE SERINE
ANTIOXIDANTS: ALPHA LIPOIC ACID COENZYME Q10 CYSTEINE GLUTATHIONE SELENIUM VITAMIN E
CARBOHYDRATE METABOLISM: FRUCTOSE SENSITIVITY GLUCOSE-INSULIN INTERACTION
FATTY ACIDS: OLEIC ACID
METABOLITES: CHOLINE INOSITOL CARNITINE
SPECTROX®: TOTAL ANTIOXIDANT FUNCTION
IMMUNIDEX: IMMUNE RESPONSE SCORE

MICRONUTRIENT DEFICIENCIES MAY STILL EXIST FOR A HOST OF REASONS:

BIOCHEMICAL INDIVIDUALITY INDIVIDUAL NEEDS VARY, THUS MICRONUTRIENT REQUIREMENTS FOR YOU MAY BE QUITE DIFFERENT FROM ANOTHER.

ABSORPTION MALABSORPTION IS COMMON, AND IS OFTEN AGGRAVATED BY STRESS.

ILLNESS (ACUTE OR CHRONIC) JUST AS MICRONUTRIENT DEFICIENCIES CAN SET THE STAGE FOR DISEASE, HEALTH CONDITIONS—AND THE MEDICATIONS OFTEN PRESCRIBED TO TREAT THEM—CAN CONTRIBUTE TO MICRONUTRIENT DEPLETIONS.

AGING OUR MICRONUTRIENT REQUIREMENTS AT AGE 20 ARE QUITE DIFFERENT FROM OUR REQUIREMENTS AT AGE 40, 50, AND BEYOND.

LIFESTYLE DIET, PHYSICAL ACTIVITY, MEDICATION USE — ALL PROFOUNDLY AFFECT MICRONUTRIENT DEMANDS.

CONDITIONS AFFECTED BY NUTRIENT STATUS

POOR IMMUNE FUNCTION
HYPOTHYROIDISM
ARTHRITIS
INFLAMMATION
AUTOIMMUNE DISEASE
FERTILITY

CARDIOVASCULAR DISEASE
PCOS
ADD/ADHD
STRESS TOLERANCE
WEIGHT MANAGEMENT
HYPERTENSION