

DEBUG ME

# LEARN TO OPTIMIZE YOUR PERSONAL HEALTH

CHRISTOPHER KELLY



**YAHOO!**



Holborn  
Liverpool Street 8  
Bow Church

DRIVIN'  
ROUTE SCANDAL  
THE MUSICAL  
STONKING GREAT HIT!

Stratford City 388









Holborn  
Liverpool Street 8  
Bow Church

DRY ROT SCANDAL  
THE MUSICAL  
STONKING GREAT HIT!

Stratford City 388













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



### Chemistry Panel & Complete Blood Count (CBC)

Item# LC381822

Retail Price: \$47.00

Your Price:

\$35.00  
SAVE 26%  
**Add To Cart**

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#### PRODUCT VIDEO



#### Top 10 Blood Tests

- » Male Panel
- » Female Panel
- » 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

#### 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

#### 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

# FLOYD



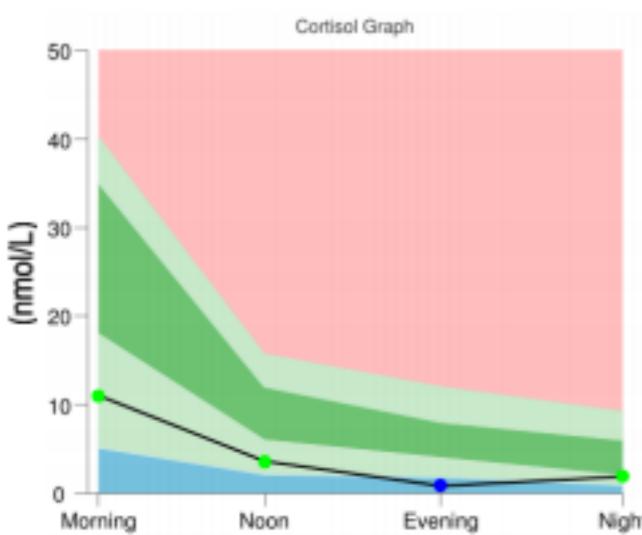
“In the past seven days, my fatigue limited me at work.”

OFTEN

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

OFTEN

Saliva Hormone Test	Result	Units	L	WR	H	Reference Range
<b>Estrone (E1)</b>		pg/ml				
<b>Estradiol (E2)</b>	1.62	pg/ml				<2.5 male
<b>Estriol (E3)</b>		pg/ml				
<b>EQ (E3 / (E1 + E2))</b>						
<b>Progesterone (Pg)</b>	33.87	pg/ml				<94.0 male (500-3000 supplementation)
<b>Ratio of Pg/E2</b>	20.92					200-300 male (Pg supplementation)*
<b>Testosterone</b>	65.87	pg/ml				30.1-142.5 male (142.6-350.0 supplementation)
<b>DHT</b>		pg/ml				
<b>DHEA</b>	266.99	pg/ml		♦		137.0-336.0 male
<b>Cortisol Morning</b>	11.04	nmol/L		♦		5.1-40.2; optimal range: 18-35*
<b>Cortisol Noon</b>	3.62	nmol/L		♦		2.1-15.7; optimal range: 6-12*
<b>Cortisol Evening</b>	0.82	nmol/L	▼			1.8-12; optimal range: 4-8*
<b>Cortisol Night</b>	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.

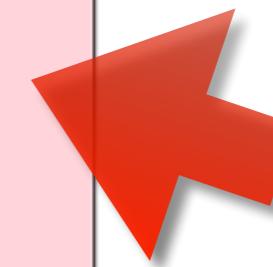
\*Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal ref. ranges.

\*\*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.



# Comprehensive Stool Analysis / Parasitology x2

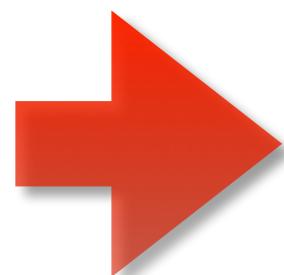
BACTERIOLOGY CULTURE				
<b>Expected/Beneficial flora</b>	<b>Commensal (Imbalanced) flora</b>	<b>Dysbiotic flora</b>		
4+ <i>Bacteroides fragilis</i> group	4+ <i>Alpha hemolytic strep</i>	3+ <i>Citrobacter freundii</i> complex		
2+ <i>Bifidobacterium</i> spp.	1+ <i>Enterobacter cloacae</i> complex, isolate 2	3+ <i>Enterobacter cloacae</i> complex		
4+ <i>Escherichia coli</i>	4+ <i>Gamma hemolytic strep</i>			
1+ <i>Lactobacillus</i> spp.	2+ <i>Klebsiella oxytoca</i>			
2+ <i>Enterococcus</i> spp.	2+ <i>Klebsiella pneumoniae</i> ssp <i>pneumoniae</i>			
2+ <i>Clostridium</i> spp.				
NG = No Growth				
BACTERIA INFORMATION				
<p><b>Expected /Beneficial bacteria</b> make up a significant portion of the total microflora in a healthy &amp; 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.</p> <p><b>Clostridia</b> are prevalent flora in a healthy intestine. <i>Clostridium</i> 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 <i>C. difficile</i> associated disease is suspected, a Comprehensive Clostridium culture or toxigenic <i>C. difficile</i> DNA test is recommended.</p> <p><b>Commensal (Imbalanced) bacteria</b> 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.</p> <p><b>Dysbiotic bacteria</b> 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.</p>				
YEAST CULTURE				
<b>Normal flora</b>	<b>Dysbiotic flora</b>			
No yeast isolated				
MICROSCOPIC YEAST				
<b>Result:</b> <b>Expected:</b>				
<input type="checkbox"/> None	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				
<p><b>Yeast</b> 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.</p>				
<b>Comments:</b>				
Date Collected: 05/12/2015	* <i>Aeromonas</i> , <i>Campylobacter</i> , <i>Plesiomonas</i> , <i>Salmonella</i> , <i>Shigella</i> , <i>Vibrio</i> , <i>Yersinia</i> , & <i>Edwardsiella tarda</i> have been specifically tested for and found absent unless reported.			
Date Received: 05/13/2015				
Date Completed: 05/22/2015				



“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

## Comprehensive Stool Analysis / Parasitology x2

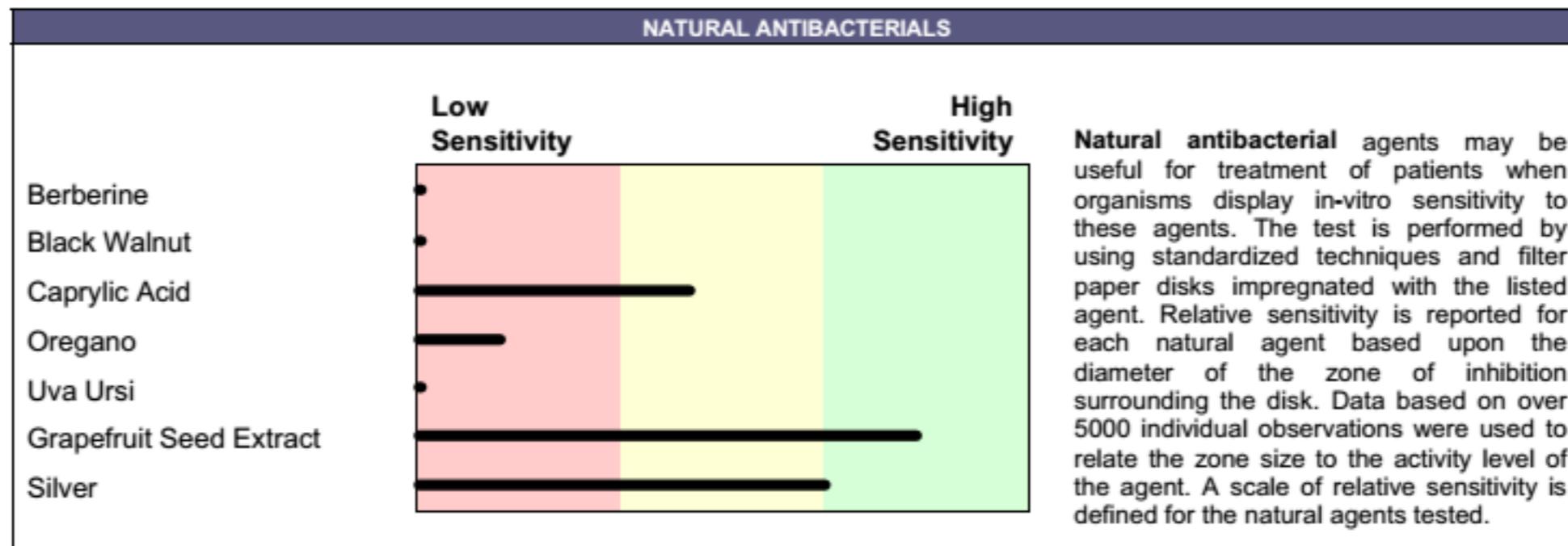


PARASITOLOGY/MICROSCOPY *		PARASITOLOGY INFORMATION	
<b>Sample 1</b>		Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the 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.	
Few	Endolimax nana cysts	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.	
Few	Endolimax nana trophs	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.	
Rare	Entamoeba coli cysts	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.	
Rare	Entamoeba coli trophs	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 Cryptosporidium spp, Cyclospora cayetanensis or Microsporidia spp.	
Mod	Entamoeba hartmanni cysts		
Many	Entamoeba hartmanni trophs		
Rare	RBC		
<b>Sample 2</b>			
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.

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY				
	Within	Outside	Reference Range	
Giardia intestinalis	Neg		Neg	<b>Giardia intestinalis</b> (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	Neg		Neg	<b>Cryptosporidium</b> is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.

## Bacterial Susceptibilities: Enterobacter cloacae complex



**PRESCRIPTIVE AGENTS**

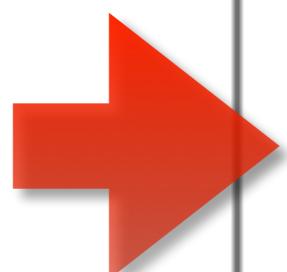
	Resistant	Intermediate	Susceptible	
Amoxicillin-Clavulanic Acid	R			<p>Susceptible results imply that an infection due to the bacteria may be appropriately treated when the recommended dosage of the tested antimicrobial agent is used.</p> <p>Intermediate results imply that response rates may be lower than for susceptible bacteria when the tested antimicrobial agent is used.</p> <p>Resistant results imply that the bacteria will not be inhibited by normal dosage levels of the tested antimicrobial agent.</p>
Ampicillin	R			
Cefazolin	R			
Ceftazidime			S	
Ciprofloxacin			S	
Trimeth-sulfa			S	

## 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: <b>Acceptable</b>	Collection Period: <b>timed: 6 hours</b>
Date Received:	06/04/2015	<dl: less than detection limit	Volume: <b>800 ml</b>
Date Completed:	06/09/2015	Provoking Agent: <b>DMSA</b>	Provocation: <b>POST PROVOCATIVE</b>
Method:	<b>ICP-MS</b>	<b>Creatinine by Jaffe Method</b>	
Results are creatinine corrected to account for urine dilution variations. <b>Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions.</b> Chelation (provocation) agents can increase urinary excretion of metals/elements.			V13



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



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# The World Turned Upside Down

THE SECOND LOW-CARBOHYDRATE REVOLUTION



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



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Apple Cider Bacon  
Kemp Brothers

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NET WT. 16 OZ.  
PRICE \$12.99



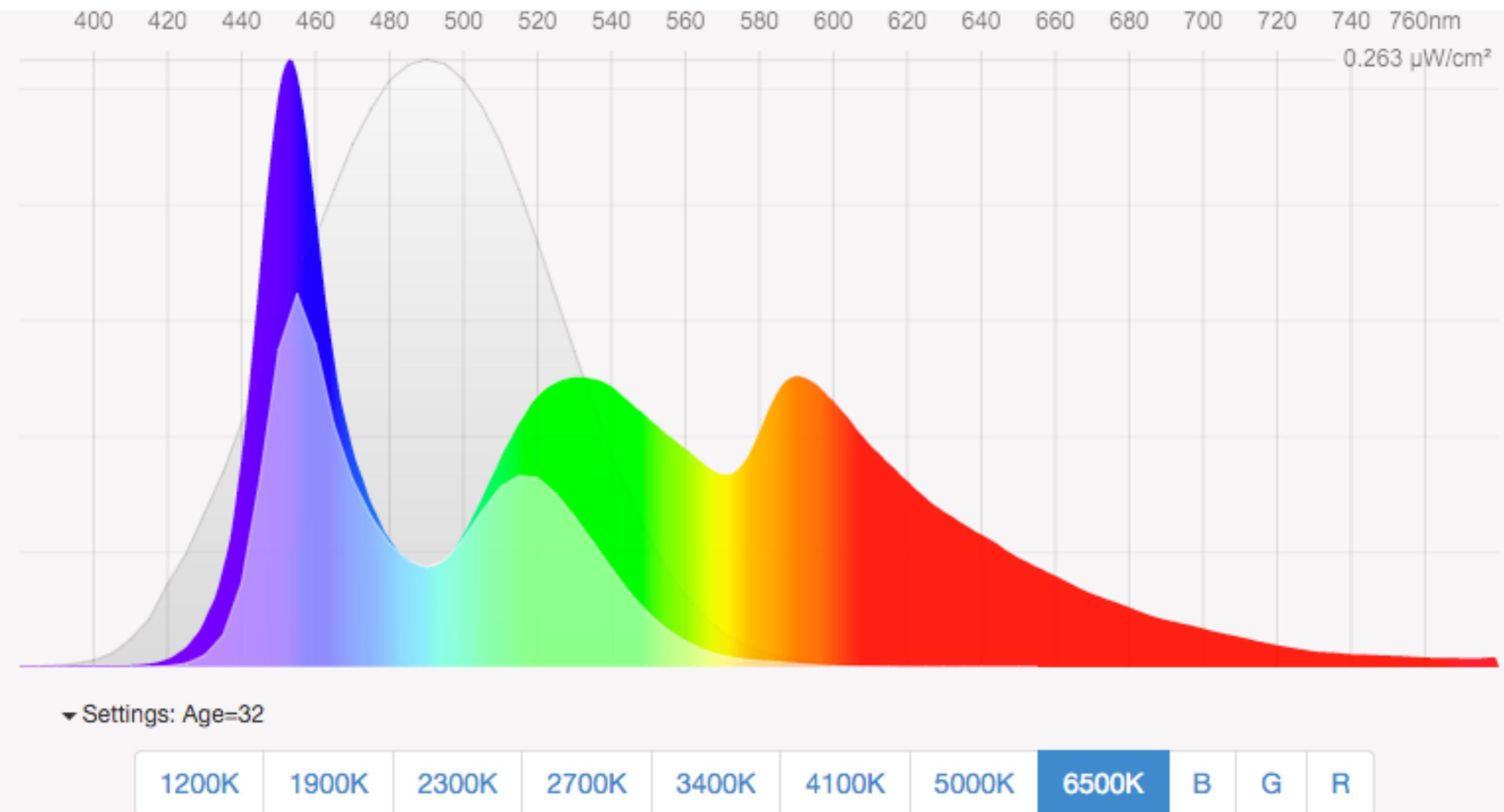




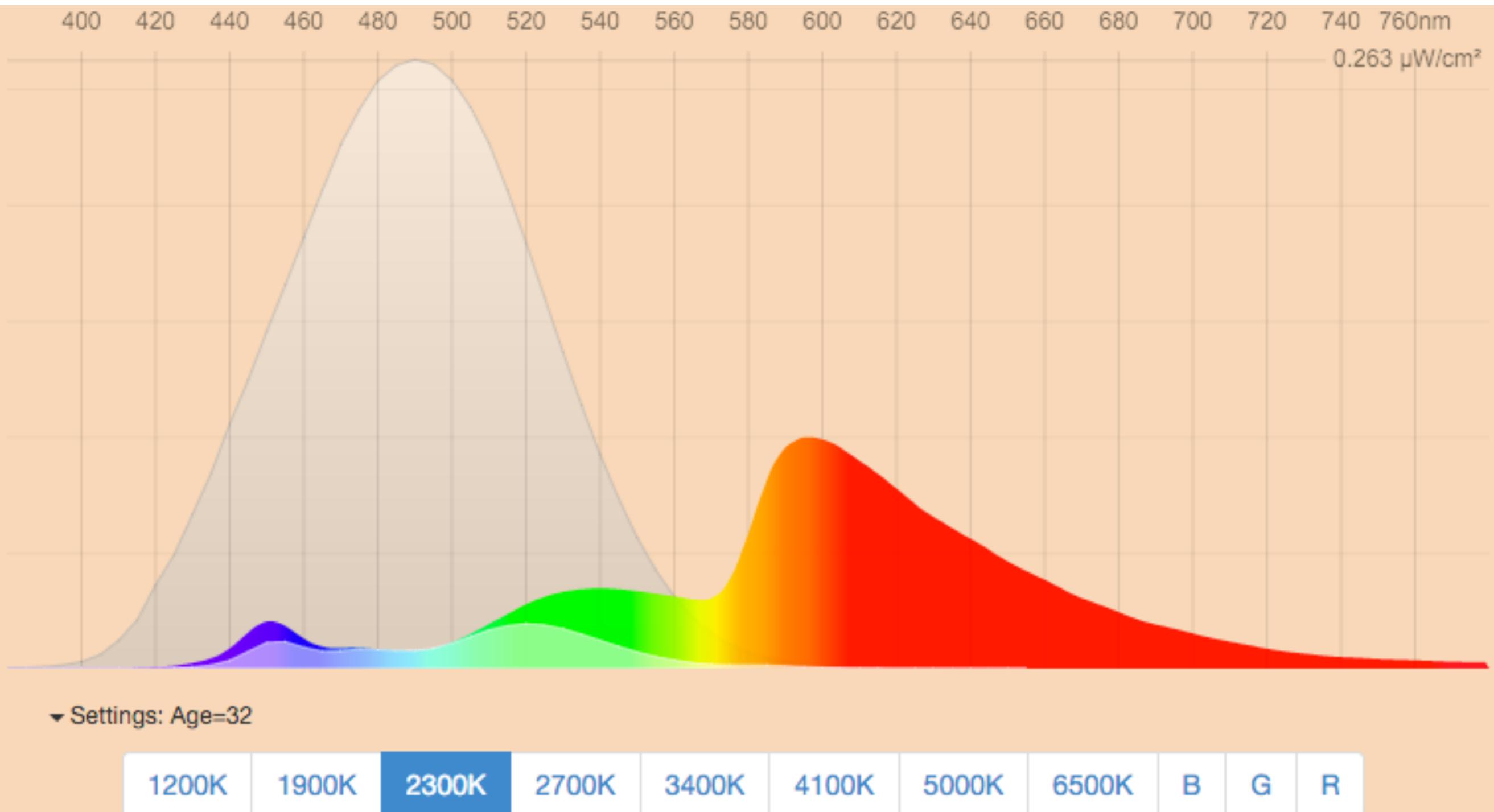




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# SUMMARY

# 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?



nourish  
balance  
thrive