



## Micro Trace Minerals Laboratory

30+ years of clinical & environmental  
laboratory diagnostics

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## Newsletter April 2012

### 1. Whole Blood Analyses

For the diagnosis of nutritional deficiencies, we are providing the following blood profiles.

- **Micronutrient Basisprofile:** € 40,23

Tested are Selenium, Zinc, Copper, Iron, Calcium, and Magnesium

Nutritional deficiencies reduce detoxification potentials. For example, a zinc or copper deficiency reduces SOD (Superoxid Dismutase) function, thus blocking the Phase I Detoxification Cycle. Chelating agents such as EDTA or DMPS easily bind trace elements such as zinc and copper, even when zinc is inadequately supplied. Blood tests are important to adequately diagnose nutritional deficiencies.

- **Extended Nutritional Profile:** €59,50

Tested are Selenium, Zinc, Copper, Iron plus Manganese, Magnesium and Calcium.

Manganese intoxication can induce Pseudo Parkinson. A manganese deficiency reduces MnSOD function.

- **Toxic Profile:** €113,76

Tested are Aluminium, Arsenic, Nickel, Cadmium, Lead, Mercury, Palladium, and Tin.

- **Nutrient and Toxic Profile:** €124,94

This profiles evaluates 10 essential elements and 15 toxic metals including those used in dentistry (i.e. Iridium)

View sample report [www.microtraceminerals.com/en/diagnostic-humans/blood-metal-analysis/](http://www.microtraceminerals.com/en/diagnostic-humans/blood-metal-analysis/)

### 2. Round Robin Testing:

over the years, we achieved a near 100% success quota. View our results under [www.microtraceminerals.com/en/home](http://www.microtraceminerals.com/en/home)

3. During our last chelation workshop, Dr. Ruprecht (Heyl, Berlin) provided interesting news about DMPS chelation. New publications indicate that patients with neurological disorders showed significant improvement after treatment with DMPS (Dimaval, Heyl). Dr. Ruprecht stated that DMPS does not cross the Blood Brain Barrier. The change in metal distribution is considered responsible. Dr. Ruprecht suggested a break between treatments allows the body to adjust.

4. **Unithiol:** we regularly test chelating agents. The last test of an ampule of Unithiol (DMPS from Russia) showed product contamination. Further tests on various DMPS products are initiated.

5. Dr. Ruprecht's expertise as a chemist provided information regarding the application of the **combination treatment DMPS+ZnDTPA**. Due to the pharmaceutical action of these chelating agents, the ZnDTPA should be administered 1hr after the DMPS IV application, not sooner. Detailed Information regarding DMPS and ZnDTPA is available through Heyl, Berlin [www.hey1-berlin.de](http://www.hey1-berlin.de)

6. **Comparison Reports:** we provide the option of providing you with the usual test report, or by comparing a particular patient's present test results with his previous test results in one report format. This new comparison report can be viewed under [www.microtraceminerals.com/en/diagnostic-humans/urine/](http://www.microtraceminerals.com/en/diagnostic-humans/urine/)

To provide a Comparison Report we need the patient's date of birth.

7. Comparison reports of urine mobilisation or provocation tests are relevant when the same chelator was used for each mobilisation test. A comparison with different chelators (i.e. DMPS and DMSA or EDTA and DMPS) will provide interesting information, but can lead to wrong result interpretation- unless the individual binding ability to the chelators is taken into account.

Similarly, a comparison of follow-up urine mobilisation test results is most revealing when the same protocol was followed each time i.e. it could be misleading to comparing DMPS IV results with test results achieved after administration of oral DMPS.

The oral application of 200mg DMSA will provide lower results than the intake of 1000mg DMSA.

For statistical information regarding these differences in binding, see <http://www.microtraceminerals.com/en/books-by-eblaurock-busch/chelation-handbook/>

8. **Chelator-specific Orientation Range (OR):** until we developed these chelator-specific reference ranges, Mobilisation i.e. Provocation test results were compared to Baseline Urine Reference Ranges. Opponents of Chelation Therapy considered this an argument to criticise mobilisation test results, and rightly so. By comparing test results from an unchallenged urine with a challenged urine, we (and all other laboratories) ignored the fact that each chelator forces metal binding.

Orientation Ranges allow a more precise evaluation and assessment of test results.

9. **Urine test results received from samples showing no information about the chelating substance used can only be compared to Baseline Urine Reference Ranges.**

10. **Report delivery:** in the past, we provided patient reports via postal mail, fax or e-mail. As of today, we offer the option of a secured Download Site via our website. Those interested will be provided with access to an individual Download (DL) area and a secured password. The receiving doctor can change the password and provide it to as many co-workers as he/she would need.

Reports are placed in the DL area immediately after we completed reports, and are available for DL for 30 days. You may delete reports after your DL, or we delete after 30 days. Check [www.microtraceminerals.com/en/partners/login-logout/](http://www.microtraceminerals.com/en/partners/login-logout/)

**For more information, contact** [service@microtrace.de](mailto:service@microtrace.de)

11. For Information about EDTA, and how to prepare the proper EDTA Infusion, contact Dr. Psenicka at the German Medical Association for Clinical Metal Toxicology (KMT) [www.chelat-gesellschaft.de](http://www.chelat-gesellschaft.de)

12. If you want to exchange links, please contact us at [service@microtrace.de](mailto:service@microtrace.de)

Sincerely,  
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