

Cumulative Compounds

Lab Date: 6/30/2009
Patient: Mrs. Sandra Microbe
Gender: Male Age: 43



Page 1 of 5

Welcome to - Blood Logic Nutritional Microscopic Edition

IMPORTANT - PLEASE READ

It is not possible to provide a comprehensive diagnosis for a patient based upon microscopic findings alone. Nutritional considerations must be based upon a comprehensive medical workup including detailed blood, urine, imaging and/or other appropriate diagnostic and supportive investigations. Suspected diagnoses and tests, considered in context with microscopic finding, helps provide many of the essential components required to formulate a therapeutic healing plan.

ARTIFACTUAL PERIPHERAL BLOOD FINDINGS

Regarding peripheral blood smear examination if abnormalities are expected under a stained specimen, such as the appearance of poikilocytosis along with anisocytosis, one must consider that these abnormalities are actually artifactual perhaps due to poor technique in preparing a stained specimen. In such cases it is suggested that a wet preparation is prepared and if these artifacts are present in the wet preparation the possibility of these changes being artifactual is eliminated.

ABOUT THIS PROGRAM

Interpretation of microscopic findings is a potentially complex undertaking. This program is designed to provide fundamental interpretative considerations covering many of the most common microscopic cellular findings often of clinical interest to holistically-minded health care providers. Dr. Michael Wald has designed, Blood Logic Nutritional Microscopic Edition to enable health care providers to generate comprehensive nutritional-microscopic reports quickly and easily. Each report contains the following essentials:

- MICROSCOPIC FINDING & CONSIDERATIONS - a physical and biochemical and nutritional explanation of microscopic findings.
- NUTRITIONAL CONSIDERATIONS FOR EACH MICROSCOPIC FINDING - a listing of nutritional compounds that might be appropriate given the specific of a given microscopic finding. Several microscopic findings considered together, alone or in context with other relevant patient information gathered from health history and other procedures, will alter nutritional considerations.
- FLEXIBILITY - The health care provider has the ability to edit all text within this program allowing for continual improvement of its content. Nutritional compounds are also editable: please consult the Users Guide.

FUNDAMENTALS OF MICROSCOPIC VISUALIZATION

Microscopy is a valuable technique for visualizing various microscopic blood and cellular components. Staining techniques can be readily applied to cellular constituents, or dark-field technique can be used to view cellular constituents without the use of staining. Dark-field technique allows for visualization of cellular components in a live, unstained state more natural state. However, Staining techniques provide visualization that is not possible without staining. The clinician must make a judgment whether staining, dark-field or another form of microscopic visualization technique are most appropriate based upon the fundamental tissue structures to be visualized.

FUNDAMENTALS OF DARK-FIELD & OTHER FORMS OF MICROSCOPY

Dark field microscopy is a technique for improving the contrast of unstained, transparent specimens.[2] Dark-field illumination uses a carefully aligned light source to minimize the quantity of directly-transmitted (unscattered) light entering the image plane, collecting only the light scattered by the sample. Dark-field can dramatically improve image contrast—especially of transparent objects – while requiring little equipment setup or sample preparation. However, the technique does suffer from low light intensity in final image of many biological samples, and continues to be affected by low apparent resolution.

Rheinberg illumination is a special variant of dark-field illumination in which transparent, colored filters are inserted just before the

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Page 2 of 5

condenser so that light rays at high aperture are differently colored than those at low aperture (i.e. the background to the specimen may be blue while the object appears self-luminous yellow). Other color combinations are possible but their effectiveness is quite variable.[3]

Dispersion staining is an optical technique that results in a colored image of a colorless object. This is an optical staining technique and requires no stains or dyes to produce a color effect. There are five different microscope configurations used in the broader technique of dispersion staining. They include brightfield Becke` line, oblique, darkfield, phase contrast, and objective stop dispersion staining.

More sophisticated techniques will show proportional differences in optical density . Phase contrast is a widely used technique that shows differences in refractive index as difference in contrast. It was developed by the Dutch physicist Frits Zernike in the 1930s (for which he was awarded the Nobel Prize in 1953). The nucleus in a cell for example will show up darkly against the surrounding cytoplasm. Contrast is excellent; however it is not for use with thick objects. Frequently, a halo is formed even around small objects, which obscures detail. The system consists of a circular annulus in the condenser which produces a cone of light. This cone is superimposed on a similar sized ring within the phase-objective. Every objective has a different size ring, so for every objective another condenser setting has to be chosen. The ring in the objective has special optical properties: it first of all reduces the direct light in intensity, but more importantly, it creates an artificial phase difference of about a quarter wavelength. As the physical properties of this direct light have changed, interference with the diffracted light occurs, resulting in the phase contrast image.

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Lab Date: 6/30/2009

Patient: Mrs. Sandra Microbe

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Page 3 of 5

Vol. 16, pp. 367 –382 (2008)

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RECOMMENDED NUTRITIONAL COMPOUNDS

- Aloe Vera Extract (Aloe Barbadensis): 50-100mg/day
- Antioxidant Comprehensive Formula: As directed.
- Antioxidants (Mixed): 1-2/day
- Asian Ginseng Root Extract (Panax Ginseng): 200-400 Mg
- B. bifidum: 500 million/day with synergistic bifido and acidophilus species.
- B12 (methylcobalamine): 1000 Mcg/day
- B6 (pyridoxyl-5-phosphate): 100 Mg, 1-2x/day
- Barberry Root (Berberis Vulgaris): 70 -140 mg/day
- Betacarotene: 25,000 IU/day
- Bioflavonoids: 150-300 mg/day
- Bromelain: 100 - 600 mg/day
- Buffered Vitamin C Powder: 2 - 6 g/day. How to perform a vitamin C flush: Have the patient remain home near a toilet. The patient is to dissolve 1 level tsp of vitamin C powder in 1-2 ounces of water or juice and repeat this every 30 minutes while not consuming foods or fluids. During this process gas and bloating is to be expected. This process is to continue until the patient experiences a watery-diarrhea. If watery-diarrhea does not occur within 5 hours, then the patient is to stop and expect that later during the day, or the following day, a loose stool may occur. However, if a flush does not occur on the first day of attempt, then this procedure is to be repeated on another day. The patient records the number of level tsp of vitamin C is consumed to produce the watery-diarrhea or flush reaction. The amount of vitamin C the patient is to consume each day is 75% of the amount of vitamin C it took to produce the flush. This smaller amount of vitamin C should not cause diarrhea, but should improve bowel transit time (if too long) as well as many other physiologic functions.
- Calcium, Vitamin D and other synergistic bone support: As directed
- Choline (as Choline Bitartrate): 300 mg/day
- Chromium (as picolinate): 200-1000 mcg/day
- Comprehensive multivitamin and mineral: As directed
- CoQ10 (coenzyme): 100-400mg day

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Page 4 of 5

- Cordyceps Mycelium Extract (Paecilomyces Hepialid): 400-800 Mg/day
- Curcumin: 500—1000mg/day
- ECGC: 100 Mg/day
- Echinacea: 200-400mg/day
- EPA/DHA (Liquid High Concentrate): 1500 - 3000 mg/day or the equivalent in capsules.
- Flavonoids (Mixed): 1-2/day
- Folic Acid (5-Formyl Tetrahydrofolate): 400 mcg/day
- For Parasitic Infection - Garlic (Allium Sativum): 600-1200 Mg/day
- For Parasitic Infection - Horsetail Aerial Parts: 400 mg/day
- For Parasitic Infection - Probiotics: 15-30 Billion organisms 1-2/day
- For Parasitic Infection - Sweet Wormwood Whole Plant Extract (Artemisia annua): 1500-3000 mg/day
- Full spectrum, balanced, high potency B-vitamins, high B12 for methylation and homocysteine metabolism, amino acid chelates: 2, 3x/day
- Germanium: 200-400 mg/day
- Ginko Biloba (120mg) contains: Standardized to 24% ginkgo flavonoglycosides, 6% terpenes lactones (by HPLC). 1-2/day
- Glucosamine Sulfate or Hydrochloride (for person's over 50 yrs of age): 1000 mg elemental) derived from 1,250 mg Glucosamine HCl. 3 capsules/day
- Glutamine: 500-1500 mg/day
- Glycine: 100-200 Mg/day
- Grape Seed Extract: 5mg/day
- Horse Chestnut Seed Extract: 250mg/day
- Immunoglobulins or Supplemental Proteins: 16-32 Grams/day
- Iron (Iron Glycinate): 25-300 mg/day
- L-Glutamine: 750-1500 Mg/day
- Licorice Root Extract (Glycyrrhiza Glabra): 900-1800 Mg/day
- Lipoic Acid: 100 Mg, 1x/day
- Liver glandular or protomorphogen: 400-1200mg/day
- NAC contains: N-acetylcysteine 500 mg 1 tablets 2-3 times daily.
- Niacin (inositol hexanicotinate): 1000 mg/day

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Page 5 of 5

- Ox Bile Extract: Use as directed.
- Pancreatic Enzymes: 100-200,000 USP Units of Amylase, Lipase and Protease, 2-3x/day
- Pantothenic Acid (as D-Calcium Pantothenate): 500-1000 Mg/day
- Raw Thymus Concentrate: 120-240 Mg/day
- Resveratrol (Polygonum Cuspidatum): 68-410mg/day
- Silymarin (Milk Thistle): 100-500mg/day
- Soluble and Insoluble Fibers: Take 1-2 servings per day.
- Spleen Glandular: 100 - 200 mg/day.
- Sylimarin (Milk Thistle): 140 - 250 mg/day
- Taurine: 100 Mg, 1-2x/day
- Thymus Glandular (Defatted Product): 400-800mg/day
- Vitamin A (Retinyl Palmitate): 5000IU/day
- Vitamin E: 400-800 IUs/day.
- Zinc (as zinc gluconate): 10-30mg

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