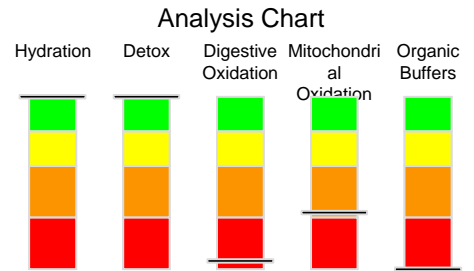


Evaluation Summary

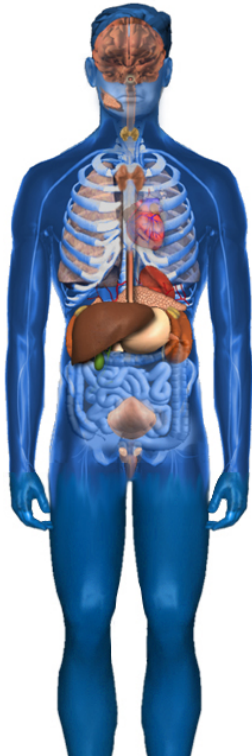
Physical age = 41 Biological age = 66

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Test	pH	rH2	r
Blood	7.51 (7.30 - 7.35)	28.7 (21.5 - 23.5)	250 (190 - 210)
Saliva	7.27 (6.50 - 6.75)	29.8 (21.5 - 23.5)	310 (180 - 220)
Urine	6.68 (6.50 - 6.80)	24.7 (22.5 - 24.5)	165 (30 - 45)



Physiological Indicators



Objective	Rank
Adrenal Glands	17
Thyroid	9
Mitochondria	9
Minerals	8
Digestive	6
Liver	5
Virus	5
Pancreas	4
Heavy Metals	4
Lymphatic System	3
Kidney	3
Fungus	3
Immune System	3
Cellular	2
Interstitialium	1
Bacteria	
Circulatory System	

Notes

Remedy	Amount	Times per day	When to take	Instructions
Cellular Energy	1 capsule	2	with meal	
TPP Thyroid Complex	1 capsule	2	with food	
TPP TCA Energy Formula	1 capsule	2	with food	
TPP Digest	1	2-3	with every meal or	
Adrenal Support	1 capsule	2	with meal	
Kidney Drainage	1 ml (15-20 drops)	2	in water	

Evaluation Explanation

Physical age = 41 Biological age = 66

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Blood pH Moderately High

An increase in the venous blood pH is known as an "alkalemia". Physiological causes of an alkalemia are numerous, but they all depend on a greater concentration of HCO₃⁻ (bicarbonate ion) to CO₂ (carbon dioxide) ratio. The most common cause is the over-consumption and production of endogenous and exogenous acids. These acids are compensated for in the blood resulting in an elevated concentration of the very alkaline bicarbonate ion. Correcting this alkalemia can be both lengthy and involved and usually requires alterations in diet, lifestyle and increasing kidney, liver and respiratory functioning.

When the blood becomes more alkaline, its ability to optimally unload oxygen and nutrients to the tissue is diminished. This can often times lead to tissue hypoxia and nutritional deficiencies. These imbalances can create reactive oxygen species, free radical pathologies and mitochondrial stress with ox-phos derailment.

Therapeutic considerations might also include HCL either intravenously or orally, ammonium chloride or lysine monohydrochloride orally, as well as means to improve complete cellular oxidation. Complete oxidation is dependent upon oxygen concentration in the mitochondria as well as sufficient digestive and interactive enzyme co-factors and co-minerals.

A number of pilot studies have demonstrated that the frequent utilization of alkaline-reduced electrolyzed water has lowered this increase in venous blood pH. Dr. George Watson has demonstrated that the consumption of white meat from chicken, turkey and fish which all contain lower concentrations of purine, have been proven to decrease blood pH readings.

Reducing the overall acid load in the diet is also essential, but alone will never compensate for an alkalemic state.

Therapy Considerations

- 1) Increase food product oxidation (Digestive enzymes and probiotic therapy)
- 2) Treat as "Slow Oxidizer" (Magnesium, Potassium, Trace Minerals and Vitamin C)
- 3) Dietary changes (Lower carbohydrate consumption, increase protein consumption and maintain low fat consumption)

Blood redox Extremely High

In this case the rH₂ value of the blood has increased from the optimal range. This indicates that the relative concentration of electron donors to electron acceptors has decreased. This scenario translates into a lowered ability to produce high-energy cellular fuel (ATP, GTP). Corrective therapies aligned at improving mitochondrial function and production should be considered. Additionally it must be understood that increased levels of stress will also often times create elevated rH₂ readings. Removal of the primary invading xenobiotic should be considered, along with the stimulation of the liver and lymphatic system to increase the body's production of naturally occurring anti-oxidants. A number of pilot studies have demonstrated that the frequent utilization of alkaline-reduced

electrolyzed water has decreased the blood rH2 value.

Therapy Considerations

- 1) Rule out and treat heavy metal toxicity (L-Cysteine, L-Lysin, L-Methionine Vitamin C, Chlorophyll, Sodium Alginate)
- 2) Rule out and treat viral toxicity (Vitamin A, Glycyrrhia glabra, L-lysine, Huang Qi),
- 3) Support the immune system (Vitamin C Therapy, Echinacea purpurea, Zinc, Goldenseal)
- 3) Increase anti-oxidant therapy (Vitamin C Therapy, Protease, N-acetyl Cysteine, Reduced Glutathione)
- 4) Improve liver anti-oxidant production (N-Acetyl Cysteine, Silybum marianum, Taraxacum officinalis)
- 5) Improve TCA production of electron rich intermediates (Alpha-Glutaric acid, L-carnitine, Lipoic acid, Vitamins B2, B5)

Blood r Moderately High

The r value of the blood is elevated. When the r value of the blood is elevated it may indicate a lack of adequate and normal mineral concentration. This condition can often times be caused by malabsorption, which restricts the minerals from being properly absorbed, and transported into the blood.

Therapy aimed at the normalization of the digestive system and re-introduction of minerals is essential. While potassium and magnesium are almost always essential in this scenario, sodium should also be considered. Leaky-gut syndrome or even lack of proper enzyme utilization can cause malabsorption.

Therapy Considerations

- 1) Increase available minerals (Magnesium, Potassium, Trace Minerals)
- 2) Improve breakdown of food products (Digestive enzymes and probiotics)
- 3) Enhance the reabsorption of the blood's primary electrolyte, sodium (Adrenal Therapy)
- 4) Rule out over hydration

Saliva pH Extremely High

The pH of the saliva is elevated. The saliva will become more alkaline as a compensatory mechanism for increased cellular acidity. Cellular acidity is usually encountered when the concentration of both acids generated inside the body and acids brought in through the diet are greater than the eliminating capacity of the organism.

Cellular acidity will also lead to an increase in Na⁺ (sodium) retention and a corresponding increase in K⁺ (potassium) excretion. An increase in the sympathetic portion of the autonomic nervous system can also have a similar effect on the sodium-potassium ratio and therefore ultimately on the acid-alkaline levels.

The sympathetic nervous system is the "fight or flight" protective system and can be overtaxed through daily stress. This is why lowering stress levels through lifestyle modifications are so important. Because an alteration of the saliva pH may represent so many different systems of the body, care should be considered to improve the diet, liver and lymphatic function, digestive enzymes

and vital minerals.

When the pH of the saliva increases above 7.00, the enzymatic activity of the primary salivary digestive enzyme ptylin decreases significantly. This may indicate an inability to adequately digest all food by-products, most notably carbohydrates.

Therapy Considerations

- 1) Improve digestion (Digestive enzymes, probiotic therapy)
- 2) Dietary changes (Lower carbohydrate consumption, increase protein consumption and maintain healthy fat consumption)
- 3) Improve liver and pancreas function (Taraxacum officianlis, Silybum marianum, amylase digestive enzymes, B-complex)
- 4) Balance minerals (Magnesium, Potassium, Trace Minerals)
- 5) Lymphatic support (Scophularia nodosa, Thuja)

Saliva redox Extremely High

This condition is frequently associated with increased oxidative stress to the organ of the liver. The presence of a highly toxic poison like a heavy metal or pesticide will frequently create this scenario. Lowering the body's overall oxidative stress is essential, with special considerations being focused on the liver.

The lymphatic system plays such a vital role in maintaining optimum levels of oxidants/anti-oxidants that support to this often over burdened system should also be considered. Additionally it must be understood that increased levels of emotional/mental stress will also often times create elevated rH2 readings.

Special care should therefore also be considered to educate the client on meditation, deep breathing techniques and other effective means for lowering stress levels.

Therapy Considerations

- 1) Digestive organ stress (Digestive enzyme therapy, probiotics)
- 2) Improve liver anti-oxidant production (N-Acetyl Cysteine, Taraxacum officianlis, Silybum marianum,)
- 3) Improve TCA production of electron rich intermediates (Alpha-Ketogluteric acid, L-carnitine, Lipoic acid, Vitamin B2 and B5)
- 4) Support Lymphatic activity (Lymphatic Drainage, Scophularia nodosa, Thuja)
- 5) Rule out active oxidizing metal in the oral cavity

Saliva r Extremely High

When the r value of the saliva is elevated it may indicate a diminished concentration of available minerals. This condition can often times be caused by malabsorption, which restricts the minerals from being properly brought into the body through the digestive system. Therapy aimed at the normalization of the digestive system and re-introduction of minerals is therefore essential.

Leaky-gut syndrome or even lack of proper enzyme function can cause malabsorption. Nutritional considerations might include acidophilus/bifidus, primary stomach and pancreatic digestive enzymes,

glutamine and intestinal anti-inflammatories.

Finally, special attention should be placed on the often overlooked digestive gland of the pancreas. Pancreas support should revolve around the digestive capacity of this gland much more so than the endocrine function and should include amylase, lipase and protease as well as assuring a surrounding alkaline environment for optimal performance.

Therapy Considerations

- 1) Balance digestion (Digestive enzyme therapy, probiotic therapy)
- 2) Increase available minerals (Magnesium, Potassium, Trace Minerals)
- 3) Support Adrenal Function (Glycyrrhiza glabra, zinc, Vitamins B1, B5, B6)
- 4) Rule out over hydration
- 5) Support Pancreas activity (B-complex, amylase enzymes)

Urine redox High

This condition may indicate that the relative concentration of metabolites that are rich in energy are not being excreted as a waste product. This condition may often times indicate a mitochondrial dysfunction commonly referred to as an "ox-phos uncoupling." This uncoupling creates a diminished production of high-energy electron rich intermediates. When the cells either limit or lose their ability to produce these high-energy metabolic intermediates, energy to run the cell can no longer be produced.

A second possible explanation for the increase in the urine rH2 values is easily explained by oxidative stress. In this case, the body is producing electron-rich intermediates needed to produce energy, but harmful poisons in the body are robbing these products.

Therapy Considerations

- 1) Improve Oxidative-Phosphorylation (Coenzyme Q10, DMG, L-Carnitine, Ferulic acid)
- 2) Improve TCA production of electron rich intermediates (Alpha-Glutaric acid, L-carnitine, Lipoic acid, Vitamins B2, B5)

Urine r Extremely High

The r value of the urine is elevated. When the r value of the urine is elevated it indicates that the overall mineral concentration of the urine is diminished. This depletion of minerals may indicate a lack of available minerals in the body which may severely alter enzyme efficiency. A depletion of minerals may be due to an imbalance in normal dietary factors, or perhaps even intestinal malabsorption.

Additionally, this scenario may be created by a deficiency in the concentrating capacity of the kidneys. As the human kidney ages and or moves towards degeneration, its ability to consistently and efficiently remove waste products is greatly compromised. When this occurs, the resistivity of the urine will increase.

Finally, adrenal exhaustion should also be considered as a primary cause of this imbalance. The adrenal gland is paramount in the regulation and elimination of specific minerals.

Therapy Considerations

- 1) Increase mineral buffers (Magnesium, Potassium, Trace Minerals)
- 2) Improve digestive system (Digestive enzyme therapy, probiotics)
- 3) Support Adrenal function (Glycyrrhiza glabra, zinc, Vitamins B1, B5, B6)
- 4) Increase Kidney capacity (Kidney Drainage, Asparagus officinalis, Solidago, Bucco)

Urine redox high and blood redox high

When both the urine and the blood indicate elevated rH2 values it is imperative to understand that the likely cause of this scenario is that the body has a lack of electron donors. The mitochondria produces electron-rich intermediates in the form of FADH₂ and NADH+H. These electron rich intermediates are then converted to ATP energy through the mechanisms of the electron transport/oxidative phosphorylation system. If however, both the blood and the urine do not contain any electron-rich intermediates or electron donors, it indicates that the body is not producing these metabolites.

Careful consideration should be placed on the mitochondria's TCA cycle. This is the area where the electron-rich/electron donor intermediates are first formed. Individuals who demonstrate this scenario are more than likely energy deficient and show signs of considerable fatigue.

Attention should be directed toward re-establishing TCA cycle function and increasing the production of electron-rich intermediates.

Therapy Considerations

- 1) Improve electron rich intermediate production (Alpha-Glutaric acid, L-carnitine, Lipoic acid, Vitamins B2, B5, B-complex, Magnesium Therapy)
- 2) Up-regulate cellular metabolism (Adrenal Support, Thyroid Support)
- 3) Increase available electron donors (Vitamin C, N-Acetyl Cysteine Reduced Glutathione)
- 4) Supply essential micro-minerals (Zinc, Manganese, Copper, Chromium, Selenium)
- 5) Enhance electron transport function (Coenzyme Q10, DMG, L-Carnitine, Ferulic acid)

Urine R high and blood R high

At first glance it would appear that the kidney is not concentrating the urine to the degree that is needed. However, when comparing this finding with the finding in the blood we find that the blood is not contaminated or overly concentrated. A conclusion about the kidney's ability to remove excess waste and maintain optimum mineral concentration is impossible to ascertain. This is due to the fact that there are no minerals or electrically conductive ions in solution for the kidney's to concentrate.

The underlying cause of this scenario is usually due to a lack of adequate minerals in the body. The blood is void of minerals and therefore, the kidneys do not have the ability to concentrate. Determining if malabsorption or demineralization is present is highly recommended.

Therapy Considerations

- 1) Increase available minerals (Magnesium, Potassium, Trace Minerals)
- 2) Improve breakdown of food products (Digestive enzyme therapy, probiotics)
- 3) Enhance the reabsorption of the blood's primary electrolyte, sodium (Adrenal support, Glycyrrhiza)

glabra, zinc, Vitamins B1, B5, B6)
4) Rule out over hydration

Blood pH, redox and R all high

These findings in unison can often indicate chronic viral infestations. A chronic fatigue individual, or a positive Epstein Barr titre may be seen in this category. An individual that is experiencing a chronic condition of heavy metal may also demonstrate this specific pattern. Additional testing may be necessary to confirm or rule-out these potential scenarios and should be considered. Special attention should be placed on lowering the rH2 concentration of the blood and increasing the needed minerals.

Therapy Considerations

1. Increase inter and intra cellular minerals (Sodium, potassium)
2. Lower elevated oxidative stress (Vitamin C, N-Acetyl Cysteine, Reduced Gluthathione)
3. Improve liver anti-oxidant production (Milk Thistle, N-Acetyl Cysteine, Dandelion, Selenium, Vitamin A)
4. Improve TCA production of electron rich intermediates (L-Carnitine, Alpha-Lipoic Acid, Alpha-Ketoglutaric acid)
5. If Viral, treat with (Vitamin A, Glycyrrhiza glabra, Huang Qi, L-lysine)
6. If Heavy Metal, treat with (L-Mehionine, Chlorophyl, Sodium Alginate)

Saliva pH, redox and R all high

These findings in unison can often indicate a chronic long-standing digestive condition. When a dysfunctional digestive system is maintained for an extended period of time, yeast and/or fungal infections almost certainly manifest. These opportunistic micro-organisms can lead to leaky gut syndrome and result in allergies and other auto-immune dysfunctions. Carbohydrate intolerance along with sugar craving and a lack of an ability to properly breakdown or oxidize food products is usually also evident.

It is therefore absolutely crucial to improve the digestive system and thereby improve the body's ability to absorb essential nutrients and vitamins. This is an excellent starting point for many individuals that suffer from almost any malady.

Therapy Considerations

- 1) Improve liver and pancreas function (Taraxacum officianlis, Silybum marianum, amylase digestive enzymes, B-complex)
2. Dietary changes (Lower carbohydrate consumption, increase protein consumption and maintain healthy fat consumption)
- 3) Improve liver function (Taraxacum officianlis, Silybum marianum,)
- 4) Treat mycotoxins (Caprylic acid, garlic, grapefruit seed extract, Orianum Vulgare)

Saliva r high and urine r high

At first glance it would appear that the kidney is not concentrating the urine to the degree that is needed. However, when comparing this finding with the finding in the saliva we find that the saliva is not overly congested. A conclusion about the kidneys' ability to remove excess waste and maintain

optimum mineral concentration is impossible to determine. This is due to the fact that there appears to be no minerals for the kidney's to concentrate.

The underlying cause of this scenario is usually due to a lack of adequate minerals in the body. The saliva is void of minerals and therefore, the kidneys do not have the ability to concentrate minerals that are not even in the body to begin with. Further examination or referral to determine a pathological state of malabsorption or demineralization should be considered. Gut permeability studies or bone density analysis are a few methods of determining these possible maladies.

Therapy Considerations

- 1) Provide minerals to improve buffering capability: (Magnesium, potassium and trace elements)
- 2) Up-regulate adrenal function: (Glycyrrhiza glabra, zinc, vitamin's B1, B5, B6)
- 3) Improve digestion: (Digestive enzymes, probiotics)

Saliva rH2 high and urine rH2 normal or high

When both the urine and the saliva indicate elevated rH2 values it is imperative to understand that the likely cause of this scenario is that the body has a lack of electron-rich intermediate products. The mitochondria produces these electron-rich intermediate products. If however, both the saliva and the urine do not contain any electron-rich intermediates or electron donors, it indicates that the body is not producing these metabolites.

Careful consideration should be placed on improving cellular and mitochondrial function. The mitochondria is the cellular organelle that forms these electron rich intermediates and electron donor. Individuals who demonstrate this scenario are more than likely energy deficient and show signs of considerable fatigue and sluggishness.

Therapy Considerations

- 1) Support mitochondria function: Master Gland, Fibralgia, Target Endurance, Co Q10-100, Red Raspberry, I-X, Super Antioxidant, Brain-Protex w/ Huperzine, Chinese Blood Build, L-Carnitine
- 2) Up-regulate cellular metabolism: Energ-V, Nervous Fatigue Formula, Pantothenic Acid, Licorice ATC, TS-II, Target TS-II, Thyroid Activator, Master Gland, Homeopathic Calor
- 3) Increase available electron donors: Super Antioxidants
- 4) Balance micro-minerals: Herbal Trace Minerals

Urine rH2 high and saliva rH2 high

When both the urine and the saliva indicate elevated rH2 values it is imperative to understand that the likely cause of this scenario is that the body has a lack of electron-rich intermediate products. The mitochondria produces these electron-rich intermediates products. If however, both the saliva and the urine do not contain any electron-rich intermediates or electron donors, it indicates that the body is not producing these metabolites.

Careful consideration should be placed on improving cellular and mitochondrial function. The mitochondria is the cellular organelle that forms these electron-rich intermediates and electron donors. Individuals who demonstrate this scenario are more than likely energy deficient and show signs of considerable fatigue and sluggishness.

Therapy Considerations

- 1) Improve mitochondria function: (Alpha ketogluteric acid, L-carnitine, lipoic acid, B-complex, CoQ10)
- 2) Increase electron donors: (Vitamin's A,C,E, zinc, lipoic acid, selenium)
- 3) Provide minerals to improve buffereing capability: (Magnesium, potassium and trace elements)

Physical age = 41 Biological age = 66

Biological Terrain Information

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pH Explanation

Whether a substance is considered alkaline or acid is determined by its pH (potential of hydrogen). pH is the measurement of the hydrogen ion concentration and is expressed in terms of a logarithmic expression. pH is quantified in a scale that ranges from 0 (which represents a complete saturation of hydrogen ions) to 14 (which represents a complete void of hydrogen ions).

A pH measurement which falls between 0 and 6.99 is considered acidic while a pH measurement from 7.01 to 14 is considered to be alkaline. A pH reading of exactly 7.00 represents the middle point and is considered to be neither acid or alkaline. As the pH of a sample increases, the hydrogen ion concentration decreases. Conversely, as the pH of a sample decreases, the hydrogen ion concentration increases.

An accurate and precise measurement of the bodily fluids' pH is essential to understanding and then creating optimal health. The fact that hormone receptor sites, enzyme kinetics and mitochondrial function are all pH dependent, sheds a light of importance on comprehending the relative value of pH, while also providing effective means to controlling its variance.

rH2 Explanation

rH2 is a measurement of oxidation-reduction potential under a specific pH measurement. It indicates the amount of electron potential that exists in a tested solution.

The rH2 scale ranges from 0-42, where 28 represents the mid-point where the relative concentration of electron donors is approximately equivalent to the relative concentration of electron acceptors. Any rH2 value noted below 28 is considered to be reduced and contains a greater number of electron donors than electron acceptors. Conversely, if the value is greater than 28 the fluid is considered to be oxidized. Oxidized fluid has a lower number of electron donors than electron acceptors.

A high number of available electrons in the cells and more specifically in the mitochondria is a highly desirable condition. The electrons are produced as a result of an active and productive Krebs Cycle. The electrons are carried in high-energy biochemical intermediates. These intermediates are converted to usable energy (ATP, GTP) through the electron transport, oxidative phosphorylation mechanism. In this case the rH2 value of the blood has increased from the optimal range. This indicates that the relative concentration of electron donors to electron acceptors has decreased. This scenario translates into a lowered ability to produce high-energy cellular fuel (ATP, GTP).

r Explanation

r is a measurement of resistivity in ohms. This reading is synonymous with the relative concentration of electrically conductive ions in solution. When biological fluids are being tested, r is an excellent indicator of relative mineral concentrations. r is inversely proportional to this relative concentration of minerals in such a way as when mineral concentration increases, r decreases.

Conversely, when mineral concentration decreases, the r value increases.

When the r value is elevated it may indicate a lack of adequate and normal mineral concentration. This condition can often times be caused by malabsorption, which restricts the minerals from being properly absorbed, and transported into the blood.

Hydration

The Hydration Index is a quantitative value that can aid in the determination of the relative state of client dehydration. Research has proven that as we age or experience degenerative conditions, the relative levels of available water to and in our cells are diminished.

By utilizing this new assessment index, insights into the severity of this condition can be illuminated. Obviously, increasing biologically pure water must be the first step in restoring this value to optimal ranges. However, evaluating and then treating the kidneys as well as the relative mineral supply should also be considered. This Index is based on distortion found in the resistivity values.

Dexofication Ability

While removing toxic waste from the body should always be considered in the very first line of therapy, it must be noted that all clients do not detoxify equally. A certain amount of base cellular energy is necessary in order to facilitate the removal of waste products. If the underlying source of energy is not sufficient to allow for active transport and removal of waste products, then detoxification will not occur. By monitoring the detoxification ability information, a broad-spectrum assessment of these capacities can be realized. The resistivity values as well as the redox levels determine the detoxification ability factor.

Digestive Stress Factor

Many distinguished authorities have held onto the paradigm that the beginning of all disease states begins in the digestive system. If the digestive system is functioning properly, then food products are effortlessly broken down to bio-available energy to run the many formal aspects of metabolism. If, however, the digestive system is distressed, then every subsequent metabolic process will also be compromised. The scientific data that precludes the degree of digestive stress is found in pH and redox information.

Mitochondrial Activity Level

All life is dependent upon the ability to produce useful energy packets that can be converted into functional metabolic pathways. In the human cell the organelle that is responsible for this crucial conversion of electrons into energy (ATP) is the mitochondria. If the mitochondria do not adequately produce life-giving energy, then the system will deteriorate and eventually die.

Maintaining optimal mitochondrial function and energy production is essential. Additionally, to insure that the mitochondria is functioning properly there must exist a delicate balance between free radical production and elimination. If no oxidative stress is found in the mitochondria then it has lost its ability to protect itself against xenobiotic toxicity. If however, too great of a degree of oxidative stress occurs then permanent damage to mitochondrial sensitive DNA might occur. The mitochondrial activity level indicators, which are based on the degree of oxidative stress found within the fluids, might be a valuable means of monitoring this intercellular structure.

Organic Buffer Capacity

The quantity and capacity of the body's many buffer systems are essential to regulating pH sensitive metabolic processes. For instance, all enzymes that function within the body are dependent upon a specific pH range to function properly. If the pH varies outside of this defined range, the enzyme will not function.

The body has a very limited and exhaustive supply of buffers. If this supply is depleted, the pH values of the critical tissue will not remain stable. It is therefore essential that the buffer capacity never be drained and that there always remains a reserved amount to maintain adequate pH balance. This factor is determined by assessing the body's compensatory mechanisms to alterations of pH. If the body has an excellent ability to help compensate a significant alteration in pH then the overall buffering capacity of the system is excellent. If however the body has lost its ability to compensate for a pH shift then increasing organic salts and supporting the buffering capabilities of the body becomes crucial.

Biological Age

Biological age is a mathematical calculation based strictly and solely on the levels of oxidative stress. There is a direct relationship between an increase in oxidative stress and an increase in the biological age factor. The converse is also true, a decrease in oxidative stress will cause a decrease in the biological age factor.

Blood Type Diet

Physical age = 41 Biological age = 66

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Blood Type O

Thrives on intense physical exercise
 Needs to eat lean meat, poultry and fish
 Needs to watch dairy, grains, breads, legumes and beans

Foods that encourage weight gain: Wheat gluten, corn, kidney beans, navy beans, lentils, cabbage, brussel sprouts, cauliflower, mustard greens

Foods that encourage weight loss:
 kelp seafood liver red meat kale spinach broccoli

Beware of portion sizes of meat--- no more than six ounces at any one meal

Balance meat proteins with the correct vegetables and fruits to avoid over-acidification.

The list below will be divided into "B" for beneficial, "N," for neutral, and "A" for avoid.

Meats:

B: beef buffalo, heart, lamb, liver, mutton, veal, venison
 N: chicken, cornish hens, duck, partridge, pheasant, rabbit, turkey, quail
 A: bacon, goose, ham, pork

Seafood:

B: cod, halibut, herring, mackerel, salmon, red snapper, rainbow trout, sardine, white perch
 N: tuna, anchovy, clam, crab, flounder, frog, haddock, lobster, oysters, scallop, sea bass, shark, shrimp
 A: catfish, caviar, pickled herring, smoked salmon, octopus

Dairy and Eggs:

Must be severely restricted. Be sure to take a calcium supplement.
 B: none
 N: butter, soy cheese, soy milk, mozzarella, goat cheese, feta, farmer, eggs (one 3Atimes per week unless of African ancestry.. then none)
 A: American cheese, blue cheese, buttermilk, cheddar, colby, cottage, cream cheese, ice cream, monterey jack, munster, parmesan, provolone, ricotta, milk, string cheese, Swiss, yogurt (all kinds)

Oils and fats:

B: Flaxseed oil, olive oil
 N: canola oil, cod liver oil, sesame oil
 A: corn oil, cottonseed oil, peanut oil, safflower oil

Nuts and Seeds:

B: pumpkin seeds, walnuts
 N: almonds, almond butter, chestnuts, macadamia, pecans, sesame butter, sesame seeds,

sunflower seeds

A: brazil, cashew, peanuts, peanut butter, pistachios, poppy seeds

Beans and Legumes: (eat in moderation.. as an occasional side dish)

B: Aduke beans, Azuki beans, Pinto beans, Black-eye peas.

N: Black beans, broad beans, garbanzo beans, green beans, lima beans, northern beans, red beans, snap

beans, string beans, green peas, pea pods

A: Kidney beans, navy beans, lentils of all kinds

Cereals:

B: none avoid ALL wheat products

N: Amaranth, barley, buckwheat, cream of rice, puffed millet, rice bran, puffed rice, spelt

A: Cornflakes, cornmeal, cream of wheat, familia, farina, grape nuts, oat bran, oatmeal, seven-grain, shredded wheat, wheat bran, wheat germ

Breads:

B: Essene bread, Ezekiel bread

N: brown rice bread, gluten-free bread, flat bread, millet, rice cakes, 100 % rye bread, rye crisp, rye vita, Soy flour bread, spelt bread, wasa bread.

A: Bagels, corn muffins, durum wheat, English muffins, hi-protein bread, wheat rnatzos, multigrain bread, oat bran muffins, pumpernickel, sprouted wheat bread, wheat bran muffins, whole wheat bread.

Grains and Pasta:

B: none any neutral pastas should be very occasional

N: barley flour, buckwheat, artichoke pasta, quinoa, rice (all kinds)

A: MI types of wheat, graham flour, oat flour, spinach pasta, semolina pasta

Vegetables:

B: artichoke, beet leaves, broccoli, collard greens, dandelion escarole, garlic, horradish kale, kohlrabi, leek, romaine lettuce, okra, red onions, Spanish onions, yellow onions, parsley, parsnips, red peppers, sweet potatoes, pumpkin, seaweed, spinach, Swiss chard, turnips.

N: asparagus, beets, carrots, celery, cucumber, bibb lettuce, Boston lettuce, iceberg lettuce, lima beans. olives, green onions, green peppers, jalapeno peppers, yellow peppers, radishes, rutabaga scallion, snow peas, mung sprouts, squash (all kinds) , tomato, water chestnut, watercress, yams, zucchini

A: avocado, Chinese cabbage, red cabbage, white cabbage, cauliflower, corn, eggplant, mushroom, mustard greens, black olives, Spanish olives, red potatoes, white potatoes, Alfalfa sprouts, Brussels sprouts

Fruits:

B: figs, plums, prunes

N: apples, apricots, bananas, blueberries, cherries, grapes, kiwi, lemons, limes, papayas, peaches, pears, pineapples, raisins, raspberries, watermelon (in moderation)

A: blackberries, coconuts (and all oils etc. w/coconut oil), cantaloupe, honeydew, oranges, plantains, rhubarb, strawberries, tangerines

Juices and fluids:

B: black cherry, pineapple, prune

N: apricot, carrot, celery, cranberry, cucumber, grape, grapefruit, papaya, tomato, vegetable

A: apple, apple cider cabbage, orange

Spices:

Avoid cinnamon, cornstarch, corn syrup, nutmeg, black pepper, white pepper. vanilla, all vinegar

Condiments:

Use mustard, mayonnaise and salad dressing in moderation

Avoid ketchup

All pickled foods are indigestible for type 0

The best antidote to stress, depression and fatigue is physical work and exercise.

For further information on the blood type diet and lifestyle read

EAT RIGHT FOR YOUR TYPE by Dr, Peter J. D'Adarno with Catherine Whitney