GPL Summit Australia Q & A

GPL Responses to Practitoners' Queries

How can high ascorbic on the OAT indicate potential oxalate issues? What is the mechanism?

Ascorbic acid spontaneously decomposes to form oxalates. I am aware of one case in which a child experienced renal failure after a high dose infusion of ascorbic acid.

Would it be possible to get a copy of the Plastic Identification Code table with the safety notes on it please?

https://timesofindia.indiatimes.com/life-style/health-fitness/photo-stories/toxicity-alert-know-the-7-types-of-plastic-and-which-is-the-most-dangerous/photostory/64828668.cms

What OAT markers are affected by continuing to take Saccharomyces Boulardi before OAT test? If ceasing is recommended how long should it be excluded before the test?

Such a study has not been done.

Which test should be used to identify Mycotoxins?

Markers 2, 4, 5, 6, 9 and 21 are associated with GI mould exposure. The urine mycotoxin test can detect many other moulds not detected by the OAT test.

I'm wondering if this test would be possible for a patient taking half dose cymbalta (SNRI). Would this affect the results?

Also she was having trouble maintaining sleep after taking Zoloft (Sertraline) 12 months ago. She has since ceased and started Cymbalta (Duloxetine). The patients sleep has improved, now only waking once per night but she is still quite lethargic after 2 pm the following day even with adequate protein, fibre and nutritional balance and better sleep

It is likely that Cymbalta would affect the levels of neurotransmitter compounds including VMA, HVA, DOPAC, and 5-HIAA in the urine. The literature confirms a decrease in VMA that is dose dependent. There are no other studies that I could find on the other markers in the OAT test. There is no guarantee that any test can improve specific symptoms. Assuming that the patient has depression, the OAT has the ability to determine a number of factors that are associated with depression including yeast, mould, Clostridia, toxic exposures, nutritional deficiencies, and genetic diseases.



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In the presence of yeast can B2 (glutaric marker) and CoQ10 (marker 55) can be depleted? Does this justifiy a case to supplement with these until yeast is resolved?

Thiamine is a cofactor for the conversion of pyruvate to acetyl CoA so high pyruvate might indicate a thiamine deficiency. However, this reaction requires several cofactors so pyruvate elevation is not completely specific for thiamine deficiency. The most important thing to consider for yeast treatment is the use of antifungals.

If markers 2, 4, 5, 6 and 9 on the OAT are within range but on the MycoTox there's high levels of Aflatoxin-M1, Ochratoxin A and Mycopehnolic Acid - would this indicate current exposure or past exposure?

It would depend on the environmental testing down. You cannot determine current or past exposure from these tests alone.

I am familiar with Candida and Clostridium infections, but I don't understand what you mean by invasive Candida and Clostridium infections.

It would depend on the environmental testing down. You cannot determine current or past exposure from these tests alone.

Are the chemical toxins covered in this lecture applicable for people in Australia, because some of the chemicals do not seem to be reflective of those in America.

We tend to use dams and rivers for household consumption, not groundwater.

About

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The Great Plains Laboratory, Inc. (GPL) is a research-based clinical laboratory offering a variety of functional testing options. They are dedicated to assisting healthcare practitioners help patients achieve their maximum potential through quality laboratory testing.

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