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Final Report Date: 06-19-2020 16:03 Specimen Collected: 06-18-2020 16:03

Accession ID: 2006190275 Specimen Received: 06-19-2020 10:03

LAST NAME FIRST NAME GENDER DATE OF BIRTH ACCESSION ID DATE OF SERVICE

PATIENT TEST2 MALE 1998-01-06 2006190275 06-18-2020 16:03

PATIENT

Name: TEST2 PATIENT Date of Birth: 1998-01-06

Gender: Male Age: 22

Fasting: FASTING

PROVIDER

Practice Name: Vibrant IT4 Practice

Provider Name: Demo Client, DDD (999994)

Street Address: TEST STREET

City: TEST CITY State: KY Zip #: 42437 Telephone #:

Fax #: 000-000-0000

Vibrant Wellness is pleased to present to you, 'Neurotransmitters', to help you make healthy lifestyle, dietary and treatment choices in consultation with your healthcare provider. It is intended to be used as a tool to encourage a general state of health and well-being.

The Vibrant Neurotransmitters is a test to measure inhibitory, excitatory and other neurotransmitters. The panel is designed to give a complete picture of an individual's levels of neurotransmitters in urine.

Interpretation of Report: The report contains the complete list of the all urine neurotransmitters tested with quantitative results to enable a full overview along with the corresponding reference ranges. The classification of Red indicates a result that is outside the reference range and the classification of Green denotes a result that is within the reference range. Additionally, the previous value is also indicated to help check for improvements every time the test is ordered. Diurnal results are also provided for specific tests which comprises of the results of the analyte across a day with four samples collected and is also represented in a graphical format indicating the levels of the analyte variation within a day along with corresponding reference ranges. All contents provided are purely for informational purposes only and should not be considered medical advice. Any changes based on these choices are to be made in consultation with the clinical provider.

The Vibrant Wellness platform provides tools for you to track and analyze your general wellness profile. Testing for the Neurotransmitters panel is performed by Vibrant America, a CLIA certified lab CLIA#:05D2078809. Vibrant Wellness provides and makes available this report and any related services pursuant to the Terms of Use Agreement (the "Terms") on its website at www.vibrant-wellness.com. By accessing, browsing, or otherwise using the report or website or any services, you acknowledge that you have read, understood, and agree to be bound by these terms. If you do not agree to accept these terms, you shall not access, browse, or use the report or website. The statements in this report have not been evaluated by the Food and Drug Administration and are only meant to be lifestyle choices for potential risk mitigation. Please consult your physician for medication, treatment, diet, exercise or lifestyle management as appropriate. This product is not intended to diagnose, treat, or cure any disease or condition.

Please Note - It is important that you discuss any modifications to your diet, exercise and nutritional supplementation with your physician before making any changes. The Vibrant America Clinical Support team can only provide basic and generalized interpretation of Neurotransmitter biomarkers and pathways. It is the Vibrant ordering provider's responsibility to provide comprehensive interpretation and individualized treatment recommendations for Neurotransmitter lab test results.

FULL NAME: TEST2 PATIENT ACCESSION ID: 2006190275 DATE OF SERVICE: 06-18-2020 16:03

Neurotransmitters Summary

NEUROTRANSMITTERS SUMM			
est name	Current Result	Previous	Reference Range
Serotonin	2.55	3.63	51.20~127.90 mcg/g
GABA	9.20	8.19	170.10~375.80 mcg/g
Glycine	4.46	4.19	54.80~175.30 mg/g
Taurine	1.45	5.07	27.30~122.50 mg/g
5-HIAA	18.70	14.08	1711.00~9788.00 mcg/g
Dopamine	5.52	3.50	125.20~254.70 mcg/g
Norepinephrine (pooled)	7.20	7.04	15.40~34.30 mcg/g
Epinephrine (pooled)	25.66	29.33	1.20~5.10 mcg/g
Histamine	2.83	7.49	4.80~21.70 mcg/g
Glutamate	9.37	5.75	1479.80~3566.90 mcg/g
Aspartate	3.53	4.23	900.50~3178.70 mcg/g
Tryptophan	3.29	5.94	4.15~15.90 mg/g
PEA	1.59	3.11	4.10~22.40 mcg/g
DOPAC	0.92	9.82	577.30~1655.50 mcg/g
HVA	8.38	7.16	3535.00~8455.00 mcg/g
Normetanephrine	11.08	19.76	15.00~36.70 mcg/g
VMA	23.07	29.96	2411.20~5047.80 mcg/g
Oxytocin	7.15	9.66	250.10~705.00 mcg/g
Metanephrine	8.58	4.85	40.60~127.80 mcg/g
Tryptamine	3.63	7.83	15.80~115.70 mcg/g
Tyrosine	14.69	24.17	5011.00~12668.00 mcg/g
Tyramine	4.50	1.83	200.10~457.20 mcg/g
Serine	1.51	4.18	13.70~40.90 mg/g
5-HTP	8.69	9.38	11.40~185.60 mcg/g
B-Methoxytyramine (3-MT)	6.34	3.20	13.60~35.20 mcg/g
Xanthurenic acid	4.00	1.62	0.10~1.60 mg/g
Norepinephrine (2nd Morning)	8.84	4.76	12.50~39.70 mcg/g
Norepinephrine (Evening)	4.57	2.14	20.40~40.10 mcg/g
Norepinephrine (Night)	1.61	6.69	19.80~36.90 mcg/g

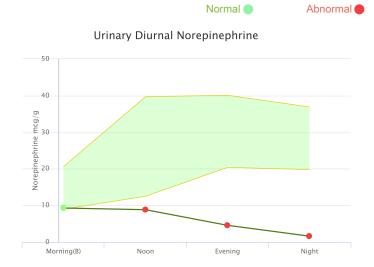
FULL NAME: TEST2 PATIENT ACCESSION ID: 2006190275 DATE OF SERVICE: 06-18-2020 16:03

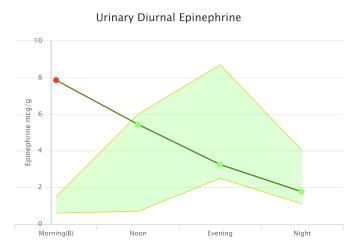
NEUROTRANSMITTERS SUMMARY HIGH/LOW				
Test name	Current Result	Previous	Reference Range	
Epinephrine (1st Morning)	7.86	4.94	0.60~1.50 mcg/g	
Norepinephrine/Epinephrine	4.93	1.43	6.70~12.80 mcg/g	
Quinolinic acid/5-HIAA Ratio	0.29	0.39	0.32~1.10	
Creatinine (pooled)	9.16	4.09	0.25~2.16 mg/ml	
Creatinine (1st Morning)	6.41	0.77	0.25~2.16 mg/ml	
Creatinine (2nd Morning)	15.46	11.75	0.25~2.16 mg/ml	
Creatinine (Evening)	5.33	5.21	0.25~2.16 mg/ml	
Creatinine (Night)	7.54	2.44	0.25~2.16 mg/ml	

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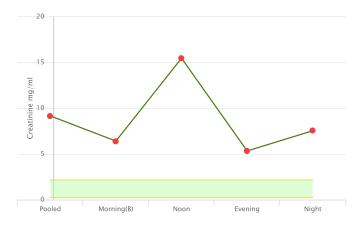
Moderate

Graph data





Urinary Creatinine



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Neurotransmitters Complete Report

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URINARY INHIBITORY NEUROTRANSMITTERS				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Serotonin	2.55	3.63	51.20~127.90 mcg/g	
GABA	9.20	8.19	170.10~375.80 mcg/g	
Glycine	4.46	4.19	54.80~175.30 mg/g	
Taurine	1.45	5.07	27.30~122.50 mg/g	
5-HIAA	18.70	14.08	1711.00~9788.00 mcg/g	



Serotonin

Serotonin is a small molecule that functions both as a neurotransmitter in the central nervous system and as a hormone in the periphery. In the periphery, serotonin is present in enteric neurons, blood platelets and enterochromaffin cells of the gut. In brain, serotonin plays an important neuromodulatory role in physiological responses, for example behavioral arousal, circadian rhythmicity, neuroendocrine function, sexual behavior and feeding. Serotonin also plays an important role in mental processes, mood and cognition, and is implicated in many psychiatric disorders. Mild symptoms of high serotonin (serotonin syndrome) include agitation or restlessness, confusion, rapid heart rate and high blood pressure, Dilated pupils, Loss of muscle coordination or twitching muscles, Muscle rigidity, Heavy sweating, Diarrhea, headache, Shivering, Goose bumps. Severe serotonin syndrome can be life-threatening with symptoms including high fever, seizures, Irregular heartbeat, unconsciousness etc. Removal of the cause for the serotonin elevation, for example, drugs that causes serotonin elevation, is the most common remedy to reduce serotonin levels in serotonin syndrome. Deficiencies can be overcome by estrogen therapy, supplementation with vitamin B6, serotonin precursors (tryptophan/5-HTP), L-theanine, and probiotics. Nonpharmacological methods, such as lifestyle modifications including diet, mood induction, bright light, exercise are known to increase serotonin levels. 5-HT appeared to be prevalent in Bananas, chicory, Chinese cabbage, coffee powders, green coffee bean, green onion, hazelnut, kiwi, lettuce, nettle, paprika, passion fruit, pawpaw, pepper, pineapple, plantain, plum, pomegranate, potato, spinach, strawberry, tomato, velvet bean, wild rice.

GARA

 γ -amino butyric acid (GABA) is the major inhibitory neurotransmitter of the brain. Its major precursor is L-glutamate, which is converted to GABA via the enzyme glutamate decarboxylase (GAD). GABA has also been detected in other peripheral tissues including intestines, stomach, Fallopian tubes, uterus, ovaries, testes, kidneys, urinary bladder, the lungs and liver, albeit at much lower levels than in neurons or insulin-producing β -cells. Its principal role is reducing neuronal excitability throughout the nervous system. In humans, GABA is also directly responsible for the regulation of muscle tone. In addition, GABA controls the mood, sleep, blood pressure while preventing anxiety. High GABA levels in urine is seen in children diagnosed with infantile autism4 while low levels were seen in patients with epileptic and Huntington disease. GABA is sold as a dietary supplement. GABA is found ubiquitously among plants. GABA is prevalent in foods such as Adzuki bean, barley, broccoli, buckwheat, chestnut, common bean, kale, lupin, maypop, mouse-ear hawkweed, oat, pea, pokeroot, potato, rice, shiitake, soya bean, spinach, St John's wort, sweet potato, tea, tomato, valerian, wheat, wild celery.

Glycine

Glycine is the simplest amino acid in the body. It is not considered an "essential amino acid" because the body can make it from other chemicals. Glycine is an inhibitory neurotransmitter in the central nervous system, especially in the spinal cord, brainstem, and retina. It could cause spastic paralysis due to uninhibited muscle contraction if interrupted with its release within the spinal cord (such as during a Clostridium tetani infection). Glycine is a required as a co-agonist along with glutamate for NMDA receptors.

Taurine

Taurine, 2-amino-ethanesulfonic acid, is one of the most abundant amino acids in mammals. Taurine demonstrates multiple cellular functions including a central role as a neurotransmitter, as a trophic factor in CNS development, in maintaining the structural integrity of the membrane, in regulating calcium transport and homeostasis, as an osmolyte, as a neuromodulator and as a neuroprotectant. The neurotransmitter properties of taurine are demonstrated by its ability to elicit neuronal hyperpolarization, the presence of specific taurine synthesizing enzyme and receptors in the CNS and the presence of a taurine transporter system. Taurine exerts its neuroprotective functions against the glutamate induced excitotoxicity by reducing the glutamate-induced increase of intracellular calcium levels.

5-HIAA

5-hydroxyindoleaceticacid (5-HIAA) is the principal metabolite of serotonin and the quantitative urinary excretion of 5-HIAA is the most useful way to diagnose serotonin overproduction. After the body uses serotonin, it is degraded in the liver and is broken down to its metabolites, including 5-HIAA, which is excreted in the urine. Serotonin is a small molecule that functions both as a neurotransmitter in the central nervous system and as a hormone in the periphery. In brain, serotonin plays an important neuromodulatory role in physiological responses, for example behavioral arousal, circadian rhythmicity, neuroendocrine function, sexual behavior and feeding. Serotonin also plays an important role in mental processes, mood and cognition, and is implicated in many psychiatric disorders.

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URINARY EXCITATORY NEUROTRANSMITTERS				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Dopamine	5.52	3.50	125.20~254.70 mcg/g	
Norepinephrine (pooled)	7.20	7.04	15.40~34.30 mcg/g	
Epinephrine (pooled)	25.66	29.33	1.20~5.10 mcg/g	
Histamine	2.83	7.49	4.80~21.70 mcg/g	
Glutamate	9.37	5.75	1479.80~3566.90 mcg/g	
Aspartate	3.53	4.23	900.50~3178.70 mcg/g	
Tryptophan	3.29	5.94	4.15~15.90 mg/g	
Acetylcholine	3.28	7.64	1.70~5.90 mcg/g	
PEA	1.59	3.11	4.10~22.40 mcg/g	
DOPAC	0.92	9.82	577.30~1655.50 mcg/g	
HVA	8.38	7.16	3535.00~8455.00 mcg/g	
Normetanephrine	11.08	19.76	15.00~36.70 mcg/g	
VMA	23.07	29.96	2411.20~5047.80 mcg/g	
Oxytocin	7.15	9.66	250.10~705.00 mcg/g	

(Comments

Dopamine

Dopamine (3,4-dihydroxyphenethylamine) is a major excitatory neurotransmitter that functions both as a hormone and a neurotransmitter and plays several important roles in the brain and body. It is synthesized in the brain and kidneys. In the brain, dopamine functions as a neurotransmitter that acts on several distinct dopamine pathways, one of which plays a major role in the motivational component of reward-motivated behavior. Other brain dopamine pathways are involved in motor control and in controlling the release of various hormones. Outside the central nervous system, dopamine functions primarily as a local paracrine messenger. In blood vessels, it inhibits norepinephrine release and acts as a vasodilator (at normal concentrations); in the kidneys, it increases sodium excretion and urine output; in the pancreas, it reduces insulin production; in the digestive system, it reduces gastrointestinal motility and protects intestinal mucosa; and in the immune system, it reduces the activity of lymphocytes. Low dopamine levels are seen in Alzheimer's disease, multiple sclerosis, Parkinson's disease, anxiety, depression, anorexia nervosa, fibromyalgia. Symptoms of low dopamine includes apathy, cravings, fatigue, impulse control issues, increased sensitivity to pain, low libido, low mood, memory issues, sleep disturbances, and weight control issues. Dopamine can be elevated by supplementation with precursors (tyrosine or L-DOPA) and/or cofactors (iron, vitamin B6, tetrahydrofolate). Consumption of dopamine rich foods such as egg plants, avocado, banana, common bean, apple, orange, pea, plantain, spinach, tomato, velvet may also be beneficial to increase the levels.

Norepinephrine

Norepinephrine (NE), also called noradrenaline (NA) or noradrenalin, is an organic chemical in the catecholamine family that functions in the brain and body as a hormone and neurotransmitter. The general function of norepinephrine is to mobilize the brain and body for action. Norepinephrine release is lowest during sleep, rises during wakefulness, and reaches much higher levels during situations of stress or danger, in the so-called fight-or-flight response. In the brain, norepinephrine increases arousal and alertness, promotes vigilance, enhances formation and retrieval of memory, and focuses attention; it also increases restlessness and anxiety. In the rest of the body, norepinephrine increases heart rate and blood pressure, triggers the release of glucose from energy stores, increases blood flow to skeletal muscle, reduces blood flow to the gastrointestinal system, and inhibits voiding of the bladder and gastrointestinal motility. Outside the brain, norepinephrine is used as a neurotransmitter by sympathetic ganglia located near the spinal cord or in the abdomen, and it is also released directly into the bloodstream by the adrenal glands. Low levels of norepinephrine are implicated in Alzheimer's disease, depression, fatigue, hypotension, anorexia, ADHD, low mood, memory issues, slow pulse rate, and weight issues. Norepinephrine may be elevated by supplementing with tyrosine or phenylalanine, or cofactor support with ascorbic acid, iron, tetrahydrofolate, and vitamin B6.

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Epinephrine

Epinephrine, also known as Adrenaline, is a hormone and neurotransmitter. Epinephrine is normally produced by both the adrenal glands and a small number of neurons in the medulla oblongata where it acts as a neurotransmitter involved in regulating visceral functions (e.g., respiration). It plays an important role in the fight-or-flight response by increasing blood flow to muscles, output of the heart, pupil dilation response, and blood sugar level. As a medication, it is used to treat a number of conditions including anaphylaxis, cardiac arrest, and superficial bleeding. Increased adrenaline secretion is observed in pheochromocytoma, hypoglycemia, myocardial. A general increase in sympathetic neural activity is usually accompanied by increased adrenaline secretion. Low, or absent, concentrations of adrenaline can be seen in autonomic neuropathy, Alzheimer's disease, and metabolic syndrome. Low epinephrine levels may cause impaired attention problems, depression, dizziness, memory issues, chronic fatigue, low mood and libido.

Histamine

Histamine is an NT that is present in mammalian hypothalamic neurons with widespread projections to nearly all regions of the brain mediating arousal, attention, and reactivity. Histamine is an organic nitrogenous compound involved in local immune responses, as well as regulating physiological function in the gut. Histamine is involved in the inflammatory response and has a central role as a mediator of itching. It is an integral part of the immune system, histamine may be involved in immune system disorders and allergies. Foods rich in histamine includes Anchovy, beer, billfish, Champagne and Sherry, dandelion, fermented sausages, ham and other cured dry meat products, herring, ketchup, aged cheeses, nettle, red, white and dessert wines, sardine, sauerkraut, Scomberesocidae (for example, sauries), Scombridae (for example, tuna, mackerel, and bonitos), soybean food products (for example, soy, tempeh, soy sauce, soya bean milk, doenjang, doufuru, and nattō), sweet or sour cream, UHT, pasteurized, and fresh milk, yoghurt.

Glutamate

Glutamate is a non-essential amino acid and the most important excitatory neurotransmitter in the brain. It is the most abundant excitatory neurotransmitter in human nervous system. It is used by every major excitatory function in the brain, accounting in total for well over 90% of the synaptic connections in the human brain. Excitotoxicity due to excessive glutamate release and impaired uptake is associated with stroke, autism, some forms of intellectual disability, and diseases such as amyotrophic lateral sclerosis, lathyrism, and Alzheimer's disease. In contrast, decreased glutamate release is observed under conditions of classical phenylketonuria leading to developmental disruption of glutamate receptor expression. Glutamate is sold as a dietary supplement and prevalent in foods such as Caviar, cheese, crackling, chips, dried cod, fermented beans, fish sauces, gravies, instant coffee powder, meats, miso, mushrooms, noodle dishes, oyster sauce, Parmesan cheese, ready-to-eat meals, salami, savory snacks, seafood, seaweeds, soups, soy sauces, spinach, stews, tomato, tomato sauce.

Aspartate

Aspartate is a nonessential amino acid that functions as an excitatory neurotransmitter. It is also considered as a a selective NMDA receptor agonist.

Tryptophan

Tryptophan is an α -amino acid that is used in the biosynthesis of proteins. Tryptophan is also a precursor to the neurotransmitter serotonin, synthesized by tryptophan hydroxylase. In addition, Niacin, also known as vitamin B3, is synthesized from tryptophan via kynurenine and quinolinic acids. The disorder fructose malabsorption causes improper absorption of tryptophan in the intestine that could reduce levels of tryptophan in the body. Tryptophan is present in most protein-based foods or dietary proteins.

PEA

Phenethylamine (PEA) is an excitatory neurotransmitter replete with its own receptors that acts as a central nervous system stimulant in humans. In the brain, phenethylamine regulates monoamine neurotransmission, but to a lesser extent, it also acts as a neurotransmitter in the human central nervous system. It amplifies the activity of major neurotransmitters such as dopamine, norepinephrine, acetylcholine, and serotonin. In addition to its presence in mammals, phenethylamine is found in many other organisms and foods, such as chocolate, especially after microbial fermentation. Phenethylamine is sold as a dietary supplement for purported mood and weight loss-related therapeutic benefits. Abnormally low levels of PEA are found in patients with attention deficit hyperactivity disorder (ADHD). In treatment-responsive individuals, amphetamine and methylphenidate greatly increase urinary phenethylamine concentration. In addition, thirty minutes of moderate- to high-intensity physical exercise has been shown to induce an increase in urinary phenylacetic acid, the primary metabolite of phenethylamine.

DOPAC

3,4-Dihydroxyphenylacetic acid (DOPAC) is the major metabolite of the neurotransmitter dopamine. Dopamine can be metabolized into one of three substances. One such substance is DOPAC. Dopamine is a major excitatory neurotransmitter that functions both as a hormone and a neurotransmitter and plays several important roles in the brain and body. In the brain, dopamine functions as a neurotransmitter that acts on several distinct dopamine pathways, one of which plays a major role in the motivational component of reward-motivated behavior. Other brain dopamine pathways are involved in motor control and in controlling the release of various hormones. Low dopamine levels are seen in Alzheimer's disease, multiple sclerosis, Parkinson's disease, anxiety, depression, anorexia nervosa, fibromyalgia.

HVA

Homovanillic acid (HVA) is a major catecholamine metabolite that is produced by a consecutive action of monoamine oxidase and catechol-O-methyltransferase on dopamine. HVA is associated with dopamine levels in the brain. Dopamine (3,4-dihydroxyphenethylamine) is a major excitatory neurotransmitter that functions both as a hormone and a neurotransmitter and plays several important roles in the brain and body. It is synthesized in the brain and kidneys. In the brain, dopamine functions as a neurotransmitter that acts on several distinct dopamine pathways, one of which plays a major role in the motivational component of reward-motivated behavior.

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Normetanephrine

Normetanephrine is a metabolite of norepinephrine created by action of catechol-O-methyl transferase on norepinephrine. It is excreted in the urine and found in certain tissues. Norepinephrine is an organic chemical in the catecholamine family that functions in the brain and body as a hormone and neurotransmitter. Norepinephrine reaches higher levels during situations of stress or danger, in the so-called fight-or-flight response. The general function of norepinephrine is to mobilize the brain and body for action.

VMA

Vanilly Imandelic acid (VMA) is an end stage metabolite of is an end-stage metabolite of the catecholamines dopamine, epinephrine, and norepinephrine formed via the actions of monoamine oxidase, catechol-O-methyl transferase (COMT), and aldehyde dehydrogenase. VMA is found in the urine, along with other catecholamine metabolites, including homovanillic acid (HVA), metanephrine, and normetanephrine.

Oxytocin

Oxytocin is a peptide hormone and a neuropeptide. Oxytocin is normally produced in the hypothalamus and released by the posterior pituitary. It plays a role in social bonding, sexual reproduction, childbirth, and the period after childbirth. It is sometimes referred to as the "love hormone," because levels of oxytocin increase during hugging and orgasm. It may also have benefits as a treatment for a number of conditions, including depression, anxiety, and intestinal problems. Females usually have higher levels than males.

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OTHER NEUROTRANSMITTERS				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Metanephrine	8.58	4.85	40.60~127.80 mcg/g	
Tryptamine	3.63	7.83	15.80~115.70 mcg/g	
Tyrosine	14.69	24.17	5011.00~12668.00 mcg/g	
Tyramine	4.50	1.83	200.10~457.20 mcg/g	
Serine	1.51	4.18	13.70~40.90 mg/g	
5-HTP	8.69	9.38	11.40~185.60 mcg/g	
L-DOPA	7.37	6.83	0.10~855.80 mcg/g	
3-Methoxytyramine (3-MT)	6.34	3.20	13.60~35.20 mcg/g	
Xanthurenic acid	4.00	1.62	0.10~1.60 mg/g	
Quinolinic acid	1000.00	1600.00	610.30~2432.90 mcg/g	
Kynurenic acid	620.00	710.00	125.60~991.30 mcg/g	

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Metanephrine

Metanephrine (metadrenaline) is a metabolite of epinephrine created by action of catechol-O-methyl transferase on epinephrine. Epinephrine, also known as adrenaline, is a hormone and neurotransmitter which is normally produced by both the adrenal glands and a small number of neurons in the medulla oblongata where it acts as a neurotransmitter involved in regulating visceral functions (e.g., respiration). It plays an important role in the fight-or-flight response by increasing blood flow to muscles, output of the heart, pupil dilation response, and blood sugar level.

Tryptamine

Tryptamine is a monoamine alkaloid with an indole ring structure and is structurally similar to the amino acid tryptophan. Its importance as the neurotransmitter, neuromodulator and as psychedelic drugs is well known because of its presence in mammalian brain in trace amounts. The regional distribution of 5-hydroxytryptamine (5-HT) a well-known neurotransmitter helps in regulation of alcoholism in humans as well as mood, sleep and anxiety in humans. Neuromodulator function to attenuate or amplify information at synaptic junctions transferred by neurotransmitter and central effects of 5HT can be modified by tryptamine in both positive and negative directions. Neuropsychiatric manifestations arises due to the disturbance in synthesis and metabolism of tryptamine and urinary output of tryptamine is correlated with increasing severity of psychosis as Schizophrenic, Parkinsonian and depressed patients has disturbed urinary output of tryptamine.

Tyrosine

Tyrosine (4-hydroxyphenylalanine) is a non-essential amino acid and a precursor to neurotransmitters that increases plasma neurotransmitter levels (particularly dopamine and norepinephrine). In dopaminergic cells in the brain, tyrosine is converted to L-DOPA by the enzyme tyrosine hydroxylase (TH). TH is the rate-limiting enzyme involved in the synthesis of the neurotransmitter dopamine. Dopamine can then be converted into other catecholamines, such as norepinephrine (noradrenaline) and epinephrine (adrenaline). The thyroid hormones triiodothyronine (T3) and thyroxine (T4) in the colloid of the thyroid also are derived from tyrosine. Tyrosine does not seem to have any significant effect on cognitive or physical performance in normal circumstances but does help sustain working memory better during multitasking.

Tyramine

Týramine is a naturally occurring trace amine derived from the amino acid tyrosine. Tyramine acts as a catecholamine releasing agent notably adrenaline, noradrenaline and dopamine. It promotes blood pressure elevation, resulting in pain. Tyramine also leads to cerebral vasoconstriction and subsequent rebound vasodilatation that causes migraine attacks in susceptible persons. Episodes can be accompanied by nausea and visual abnormalities. Tyramine is found in a number of foodstuffs, most notably aged and fermented foods and beverages. Cheeses (especially Camembert, Cheddar, Parmesan, and Emmental), overripe bananas, avocado, canned figs, peanuts, pickled herring, dried and fermented meat products and alcoholic beverages (wine, beer) are known to contain tyramine.

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Serine

Serine, an unusual d-amino acid present in mammalian brain, is recently been recognized as a neurotransmitter that acts as a physiological ligand of the NMDAR co-agonist site, mediating several NMDAR-dependent processes. Serine is present at very high levels in the mammalian brain and at a much lower concentration in the peripheral tissues. serine signaling dysregulation might be involved in the NMDAR dysfunction that occurs in several pathologies, including neuro-psychiatric and neurodegenerative diseases.

5-HTP

5-Hydroxytryptophan (5-HTP), also known as oxitriptan, is a naturally occurring amino acid and chemical precursor as well as a metabolic intermediate in the biosynthesis of the neurotransmitter serotonin. 5-HTP is produced from the amino acid tryptophan through the action of the enzyme tryptophan hydroxylase. 5-HTP is normally rapidly converted to 5-HT by amino acid decarboxylase.5-HTP is sold over the counter as a dietary supplement for use as an antidepressant, appetite suppressant, and sleep aid. Oral 5-HTP results in an increase in urinary 5-HIAA, a serotonin metabolite, indicating that 5-HTP is peripherally metabolized to serotonin, which is then metabolized.

3-Methoxytyramine (3-MT)

3-Methoxytyramine (3-MT), also known as 3-methoxy-4-hydroxyphenethylamine, is a trace amine that occurs as a metabolite of the neurotransmitter dopamine. 3-MT can be further metabolized by the enzyme monoamine oxidase (MAO) to form homovanillic acid (HVA), which is then typically excreted in the urine. Determination of 3-MT provides insights into diseases such as parkinsonism, heart failure, myocardial infarction, and mental stress.

Xanthurenic acid

Xanthurenic acid is a tryptophan metabolite. Subjects with Down's syndrome (DS) exhibit defects in tryptophan metabolism, characterized primarily as a diminished urinary excretion of this tryptophan metabolite xanthurenic acid. In vitamin B6-deficient subjects, the urinary excretion of xanthurenic acid shows a marked increase following an I-tryptophan load, and this is the basis of the tryptophan load test. This is relatively easy to perform and has been widely used, but interpretation of the results requires caution as there are a number of other factors that can affect tryptophan metabolism.

URINARY DIURNAL NOREPINEPHRINE				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Norepinephrine (1st Morning)	9.30	6.28	9.00~20.60 mcg/g	
Norepinephrine (2nd Morning)	8.84	4.76	12.50~39.70 mcg/g	
Norepinephrine (Evening)	4.57	2.14	20.40~40.10 mcg/g	
Norepinephrine (Night)	1.61	6.69	19.80~36.90 mcg/g	



Norepinephrine

Norepinephrine (NE), also called noradrenaline (NA) or noradrenalin, is an organic chemical in the catecholamine family that functions in the brain and body as a hormone and neurotransmitter. The general function of norepinephrine is to mobilize the brain and body for action. Norepinephrine release is lowest during sleep, rises during wakefulness, and reaches much higher levels during situations of stress or danger, in the so-called fight-or-flight response. In the brain, norepinephrine increases arousal and alertness, promotes vigilance, enhances formation and retrieval of memory, and focuses attention; it also increases restlessness and anxiety. In the rest of the body, norepinephrine increases heart rate and blood pressure, triggers the release of glucose from energy stores, increases blood flow to skeletal muscle, reduces blood flow to the gastrointestinal system, and inhibits voiding of the bladder and gastrointestinal motility. Outside the brain, norepinephrine is used as a neurotransmitter by sympathetic ganglia located near the spinal cord or in the abdomen, and it is also released directly into the bloodstream by the adrenal glands. Low levels of norepinephrine are implicated in Alzheimer's disease, depression, fatigue, hypotension, anorexia, ADHD, low mood, memory issues, slow pulse rate, and weight issues. Norepinephrine may be elevated by supplementing with tyrosine or phenylalanine, or cofactor support with ascorbic acid, iron, tetrahydrofolate, and vitamin B6.

FULL NAME: TEST2 PATIENT ACCESSION ID: 2006190275 DATE OF SERVICE: 06-18-2020 16:03

URINARY DIURNAL EPINEPHRINE				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Epinephrine (1st Morning)	7.86	4.94	0.60~1.50 mcg/g	
Epinephrine (2nd Morning)	5.44	6.58	0.70~6.00 mcg/g	
Epinephrine (Evening)	3.25	6.68	2.50~8.70 mcg/g	
Epinephrine (Night)	1.76	3.32	1.10~4.00 mcg/g	

(Comments

Epinephrine

Epinephrine, also known as Adrenaline, is a hormone and neurotransmitter. Epinephrine is normally produced by both the adrenal glands and a small number of neurons in the medulla oblongata where it acts as a neurotransmitter involved in regulating visceral functions (e.g., respiration). It plays an important role in the fight-or-flight response by increasing blood flow to muscles, output of the heart, pupil dilation response, and blood sugar level. As a medication, it is used to treat a number of conditions including anaphylaxis, cardiac arrest, and superficial bleeding. Increased adrenaline secretion is observed in pheochromocytoma, hypoglycemia, myocardial. A general increase in sympathetic neural activity is usually accompanied by increased adrenaline secretion. Low, or absent, concentrations of adrenaline can be seen in autonomic neuropathy, Alzheimer's disease, and metabolic syndrome. Low epinephrine levels may cause impaired attention problems, depression, dizziness, memory issues, chronic fatigue, low mood and libido.

RATIO				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Norepinephrine/Epinephrine	4.93	1.43	6.70~12.80 mcg/g	
HVA/VMA Ratio	1.10	1.20	0.74~1.88	
HVA/DOPAC Ratio	5.90	5.40	2.60~8.30	
Quinolinic acid/5-HIAA Ratio	0.29	0.39	0.32~1.10	

(☐) Comments

Quinolinic acid/5-HIAA Ratio

A high ratio of quinolinic acid to the metabolite 5-hydoxyindole-acetic acid indicates excessive inflammation, which will age and damage the brain. High levels of these markers could be due to recurrent infections, including persistent infections in the gut, immune overstimulation, too high tryptophan intake, excessive adrenal production of cortisol (stress), sleep deprivation, and frequent exposure to phthalates (chemical used in plastics and many household items).

URINARY CREATININE				
Test name	Current Result	Previous	Reference Range 06/19/2020	
Creatinine (pooled)	9.16	4.09	0.25~2.16 mg/ml	
Creatinine (1st Morning)	6.41	0.77	0.25~2.16 mg/ml	
Creatinine (2nd Morning)	15.46	11.75	0.25~2.16 mg/ml	
Creatinine (Evening)	5.33	5.21	0.25~2.16 mg/ml	
Creatinine (Night)	7.54	2.44	0.25~2.16 mg/ml	

Citaons/ Sources

- 1. Young SN. How to increase serotonin in the human brain without drugs. Journal of psychiatry & neuroscience: JPN. 2007; 32: 394-9.
- 2. Briguglio M, Dell'Osso B, Panzica G, et al. Dietary Neurotransmitters: A Narrative Review on Current Knowledge. Nutrients. 2018; 10.
- 3. Corcuff JB, Chardon L, El Hajji Ridah I and Brossaud J. Urinary sampling for 5HIAA and metanephrines determination: revisiting the recommendations. Endocrine connections. 2017; 6: R87-r98.
- 4. Cohen BI. The significance of ammonia/gamma-aminobutyric acid (GABA) ratio for normality and liver disorders. Medical Hypotheses. 2002; 59: 757-8.
- 5. Pearl PL, Hartka TR, Cabalza JL, Taylor J and Gibson MK. Inherited disorders of GABA metabolism. Future neurology. 2006; 1: 631-6.
- 6. Bowery N and Smart T. GABA and glycine as neurotransmitters: A brief history. British journal of pharmacology. 2006; 147 Suppl 1: S109-19.
- 7. Nuutinen S and Panula P. Histamine in neurotransmission and brain diseases. Adv Exp Med Biol. 2010; 709: 95-107.
- 8. Szabo A, Billett E and Turner J. Phenylethylamine, a possible link to the antidepressant effects of exercise? Br J Sports Med. 2001; 35: 342-3.
- 9. Emamzadeh FN and Surguchov A. Parkinson's Disease: Biomarkers, Treatment, and Risk Factors. Frontiers in neuroscience. 2018; 12: 612.
- 10. Dobryakova E, Genova HM, DeLuca J and Wylie GR. The dopamine imbalance hypothesis of fatigue in multiple sclerosis and other neurological disorders. Front Neurol. 2015; 6: 52.
- 11. Martorana A and Koch G. "Is dopamine involved in Alzheimer's disease?". Front Aging Neurosci. 2014; 6: 252.
- 12. Sharp T, Zetterstrom T and Ungerstedt U. An in vivo study of dopamine release and metabolism in rat brain regions using intracerebral dialysis. J Neurochem. 1986; 47: 113-22.
- 13. Muskiet FA, Thomasson CG, Gerding AM, Fremouw-Ottevangers DC, Nagel GT and Wolthers BG. Determination of catecholamines and their 3-O-methylated metabolites in urine by mass fragmentography with use of deuterated internal standards. Clin Chem. 1979; 25: 453-60.
- 14. Ovallath S and Sulthana B. Levodopa: History and Therapeutic Applications. Annals of Indian Academy of Neurology. 2017; 20: 185-9.
- 15. O'Donnell J, Zeppenfeld D, McConnell E, Pena S and Nedergaard M. Norepinephrine: a neuromodulator that boosts the function of multiple cell types to optimize CNS performance. Neurochem Res. 2012; 37: 2496-512.
- 16. Gordan R, Gwathmey JK and Xie LH. Autonomic and endocrine control of cardiovascular function. World journal of cardiology. 2015; 7: 204-14.
- 17. Grouzmann E, Drouard-Troalen L, Baudin E, et al. Diagnostic accuracy of free and total metanephrines in plasma and fractionated metanephrines in urine of patients with pheochromocytoma. Eur J Endocrinol. 2010; 162: 951-60.
- 18. Katsu Y and Iguchi T. Subchapter 95D Cortisol. In: Takei Y, Ando H and Tsutsui K, (eds.). Handbook of Hormones. San Diego: Academic Press, 2016, p. 533-e95D-2.
- 19. Glyn J. The discovery and early use of cortisone. J R Soc Med. 1998; 91: 513-7.

Citaons/ Sources

- 20. Tordjman S, Chokron S, Delorme R, et al. Melatonin: Pharmacology, Functions and Therapeutic Benefits. Current Neuropharmacology. 2017; 15: 434-43.
- 21. Kousar S, Anjuma S, Jaleel F, Khana J and Naseema S. Biomedical Significance of Tryptamine: A Review. Journal of Pharmacovigilance. 2017; 5.
- 22. Thomas JR, Lockwood PA, Singh A and Deuster PA. Tyrosine improves working memory in a multitasking environment. Pharmacology, biochemistry, and behavior. 1999; 64: 495-500.
- 23. Costa MR and Glória MBA. MIGRAINE AND DIET. In: Caballero B, (ed.). Encyclopedia of Food Sciences and Nutrition (Second Edition). Oxford: Academic Press, 2003, p. 3940-7.
- 24. Wu JY and Prentice H. Role of taurine in the central nervous system. Journal of biomedical science. 2010; 17 Suppl 1: S1.
- 25. Ridley RM, Bowes PM, Baker HF and Crow TJ. An involvement of acetylcholine in object discrimination learning and memory in the marmoset. Neuropsychologia. 1984; 22: 253-63.
- 26. Wolosker H, Dumin E, Balan L and Foltyn VN. d-Amino acids in the brain: d-serine in neurotransmission and neurodegeneration. The FEBS Journal. 2008; 275: 3514-26.
- 27. Birdsall TC. 5-Hydroxytryptophan: a clinically-effective serotonin precursor. Alternative medicine review: a journal of clinical therapeutic. 1998; 3: 271-80.
- 28. Lee HJ, Macbeth AH, Pagani JH and Young WS, 3rd. Oxytocin: the great facilitator of life. Progress in neurobiology. 2009; 88: 127-51.
- 29. McCoy EE and Sneddon JM. Cell Biological Aspects of Down's Syndrome. In: Fedoroff S and Hertz L, (eds.). Advances in Cellular Neurobiology. Elsevier, 1983, p. 249-66.
- 30. Ayling RM. CHAPTER 10 Clinical biochemistry of nutrition. In: Marshall WJ, Lapsley M, Day AP and Ayling RM, (eds.). Clinical Biochemistry: Metabolic and Clinical Aspects (Third Edition). Churchill Livingstone, 2014, p. 180-99.
- 31. Magera MJ, Thompson AL, Matern D and Rinaldo P. Liquid chromatography-tandem mass spectrometry method for the determination of vanillylmandelic acid in urine. Clin Chem. 2003; 49: 825-6.
- 32. Fernstrom JD. Role of precursor availability in control of monoamine biosynthesis in brain. Physiological reviews. 1983; 63: 484-546.
- 33. Schaechter JD and Wurtman RJ. Serotonin release varies with brain tryptophan levels. Brain Res. 1990; 532: 203-10.



Risk and Limitations

This test has been developed and its performance characteristics determined by Vibrant America Clinical Laboratory, a CLIA certified lab. These assays have not been cleared or approved by the U.S. Food and Drug Administration.

Vibrant Neurotransmitters panel does not demonstrate absolute positive and negative predictive values for any condition. Its clinical utility has not been fully established. Clinical history and current symptoms of the individual must be considered by the healthcare provider prior to any interventions. Test results should be used as one component of a physician's clinical assessment.

Neurotransmitters testing is performed at Vibrant America, a CLIA certified laboratory and utilizes ISO-13485 developed technology. Vibrant America has effective procedures in place to protect against technical and operational problems. However, such problems may still occur. Examples include failure to obtain the result for a specific antibody due to circumstances beyond Vibrant's control. Vibrant may re-test a sample in order to obtain these results but upon re-testing the results may still not be obtained. As with all medical laboratory testing, there is a small chance that the laboratory could report incorrect results. A tested individual may wish to pursue further testing to verify any results.

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