Luminec Holdings

Luminec Pharmaceuticals | Luminec Animal Sciences | Luminec Ventures LLC

MEDIASEAM | National Veterans Rights Association | Legendary Equine Performance

10/26/2016

Clinical Summary

Ms. Jeanne Scolnick

Personal Case History

Luminec Health & Wellness Clinics

Committing to excellence means sharing this risk in generating returns aod pursing victory together!
Effective team members know that achieving peak performance requ.ircs positive attitudes and inspiring beliefs on everyone's part.

JSE

LUMINEC LIFE SCIENCES
HEALTH AND WELLNESS CLINICS

10/24/16

Patient: Jeanne Scolnick

Re: Status Report

Brief History:

In April of 2016, Ms. Scolnick, a 57-year-old woman, was referred to us and was provided our 35-page extensive history form to complete.

She presented with the following chief complaints:

- Chronic Lyme disease
- Babesia Microti
- Baronella
- Hypothyroidism
- Epstein Barr Virus
- H-Pylori
- M. Pneumonia
- Hypoglycemia
- Arthritis
- Heart murmur
- General Weakened Immune System (as a result of viral overload)

Significant History of Illness:

In college she was infected by a head full of ticks and developed Hepatitis A. Thereafter, she developed hypoglycemia and had issues of extreme irritation when blood sugar levels dropped. A heart murmur was diagnosed. By age 30 she experienced difficulty with cold weather and extremities would suffer. At approximately age 40 she started to experience hair shedding, depression, and anxiety issues. She developed scabs on her head which never healed. She developed Mono which kept her somewhat bedridden for 4-6 weeks. She developed dyslexia. She started losing weight and became dyslexic as a result of severe GI discomfort (in her words). She was unable to get out of bed, and experienced flu like symptoms, body aches, and shortness of breath. She was diagnosed with anemia, and arthralgia's. She had high cholesterol and complaints now expanded to feeling strange pins and needles in her toe. She was then diagnosed with Chronic Fatigue Syndrome (CFS). She was suffering from unbearable fatigue, sensitivity to light, sound and cold, eye twitches and a droopy right eye (bell's palsy). Her hair became brittle and dry, her skin became dry, and she started suffering from brain fog and sharp headaches, short term memory loss issues, disorganization and rage. She was subsequently diagnosed with Lyme Disease. Other remarkable items include a trauma at age 16, when she

flew into a stone wall head first and sustained a concussion. She broke her fibula and tibia in a horseback riding accident at age 29.

At the time of presentation, she described feeling viral, with her eyes often looking "viral" with isolated environment to conserve energy and exposure to taxing noise, physical and emotional drains. Energy limits, overall soreness and pain in joints, especially upon rising, significant fatigue, and ongoing recurrent infections, brain fog, etc.

She presented with an abundance of diagnostic tests that had already been done including genetic testing, blood work, stool samples, saliva tests, and various other tests.

We decided to run some further diagnostic tests that help us to determine the best protocols for healing the body via the Triamino and Tafa400 Protocol.

We ran an IgG (with compliment) food allergy panel checking 134 different foods and additives, spices, etc. We also ran a neurotransmitter panel as well as a thorough hormonal assessment looking at adrenals and hormonal relationships with cortisol, etc. Further studies included the use of a very specific fatty acid analysis done by Johns Hopkins University (Kennedy Krieger Liposomal Research Lab), and had these studies analyzed by Dr. Pat Kane and her team over at Body Bio. Jeanne's genetic analysis was assisted by Sabre Sciences under the direction of Dr. Michael Borkin.

Below I have provided some of her studies.

The first test on the next page represents the results from John's Hopkins fatty acid blood testing.

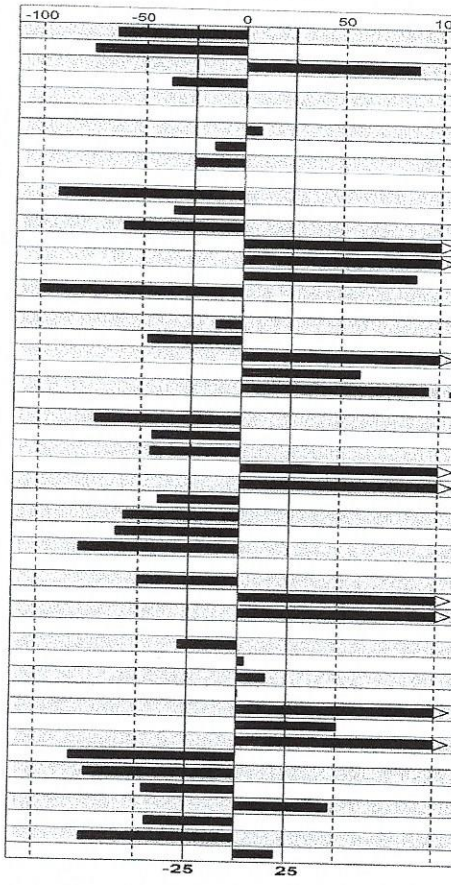
Fatty Acid Analysis from John's Hopkins Liposomal Research Institute

Red Cell Lipid Biomarkers

Jeanne Scolnick Female / Age: 57
Patient ID: (42441) Request: K0000024064

Specimen Draw Date: 5/23/2016
Practitioner: Dr. Norvelle Harris (19100)

The % Status is the weighted deviation of the lab result and will show no graph when the research does not support negative values.



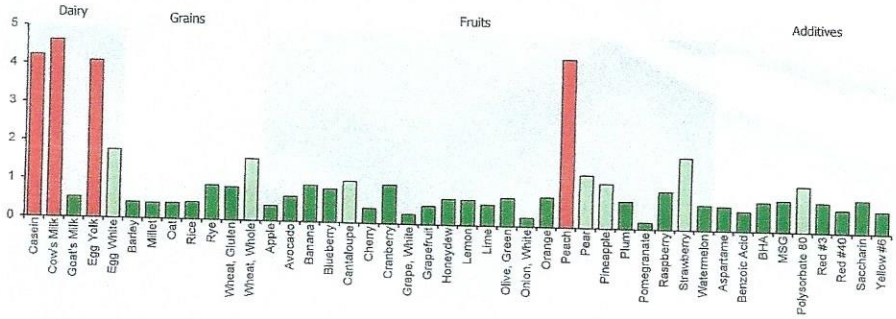
		% Status		Result	Low	High
	16 DMA	**-63.61**	**L**	1.28	1.34	1.78
	18:0 DMA	**-74.93**	**L**	2.37	2.55	3.26
	18:1 DMA	**85.33**	**H**	1.19	0.74	1.07
	C14:0 Myristic	**-37.04**	**L**	0.22	0.21	0.31
	C14:1w5 Myristoleic	0.00		0.0020	0.001	0.003
	C15:0 Pentadecanoic	-24.42		0.10	0.09	0.13
	C16:0 Palmitic	8.00		19.79	18.54	20.69
	C16:1w7 Palmitoleic	-15.09		0.13	0.09	0.20
	C16:1w9 Hexadecanoic	**-25.00**		0.06	0.05	0.07
	C17:0 Heptadecanoic	**-30.00**	**L**	0.31	0.29	0.38
	C17:1 Heptadecaenoic	**-91.67**	**L**	0.01	0.02	0.03
	C18:0 Stearic	**-34.63**	**L**	14.89	14.57	16.63
	C18:1w5 Octadecanoic	**-59.09**	**L**	0.05	0.06	0.19
	C18:1w7 Vaccenic	**152.39**	**H**	1.05	0.62	0.83
	C18:1w9 Oleic	**147.23**	**H**	13.75	10.47	12.14
LA	**C18:2w6 Linoleic**	**85.59**	**H**	11.69	7.73	10.65
	C18:2w6 Conj Rumenic	**-100.00**	**L**	0.03	0.04	0.07
ALA	C18:3w3 Alpha Linolenic	0.00		0.11	0.07	0.14
GLA	C18:3w6 Gamma Linolenic	-13.16		0.03	0.02	0.04
	C20:0 Arachidic	**-46.81**	**L**	0.37	0.36	0.46
	C20:1w9 Gondoic	**132.50**	**H**	0.31	0.16	0.24
	C20:2w6 Eicosadienoic	**58.89**	**H**	0.29	0.19	0.28
DGLA	**C20:3w6 Dihomo-y Lino.**	**92.46**	**H**	1.80	0.99	1.56
	C20:3w9 Mead	**-45.00**	**L**	0.03	0.03	0.04
AA	**C20:4w6 Arachidonic**	**-72.29**	**L**	10.21	10.77	13.31
EPA	**C20:5w3 Eicosapenta.**	**-43.82**	**L**	0.22	0.17	1.03
	C22:0 Behenic	**-44.60**	**L**	1.53	1.51	1.90
	C22:1w9 Erucic	**185.00**	**H**	0.09	0.04	0.06
	C22:2w6 Docosadienoic	**123.33**	**H**	0.10	0.05	0.08
	C22:4w6 Adrenic	**-40.34**	**L**	1.99	1.88	3.04
	C22:5w3 Docosapenta.	**-57.31**	**L**	1.41	1.46	2.17
	C22:5w6 Osbond	**-60.97**	**L**	0.32	0.36	0.74
DHA	**C22:6w3 Docosahexa.**	**-79.18**	**L**	2.11	2.70	4.71
	C23:0 Tricosanoic	**-44.29**	**L**	0.26	0.26	0.33
	C24:0 Lignoceric	**-49.89**	**L**	4.61	4.61	5.53
	C24:1w9 Nervonic	**148.36**	**H**	5.29	3.23	4.27
	C24:2w6 Tetracosadienoic	**121.78**	**H**	0.85	0.43	0.67
	C25:0 Pentacosanoic	**-43.55**	**L**	0.10	0.09	0.13
	C26:0 Hexacosanoic	**-29.22**	**L**	0.24	0.22	0.30
	C26:1 Lumequic	3.54		0.23	0.17	0.27
	C26:2 Hexacosadienoic	14.42		0.13	0.07	0.17
	C28:0 Octacosanoic	0.00		0.0040	0.003	0.005
	C30:0 Triacontanoic	**150.00**	**H**	0.0020	0.000	0.001
	Phytanic	**50.00**	**H**	0.0030	0.001	0.003
	Pristanic	**950.00**	**H**	0.0010	0.000	0.000
	Sum C16:1 Trans FAs	**-82.26**	**L**	0.03	0.04	0.07
	Sum C18:1 Trans FAs	**-74.69**	**L**	0.33	0.47	1.03
	Sum C18:2 Trans FAs	**-46.00**	**L**	0.07	0.07	0.12
	Total Lipid Content	**46.81**	**H**	1778.39	1417.24	1790.28
	Total Saturates	**-44.55**	**L**	42.44	42.28	45.29
	Total w3's	**-76.50**	**L**	3.84	4.64	7.65
	Total w6's	20.11		27.43	24.58	28.65

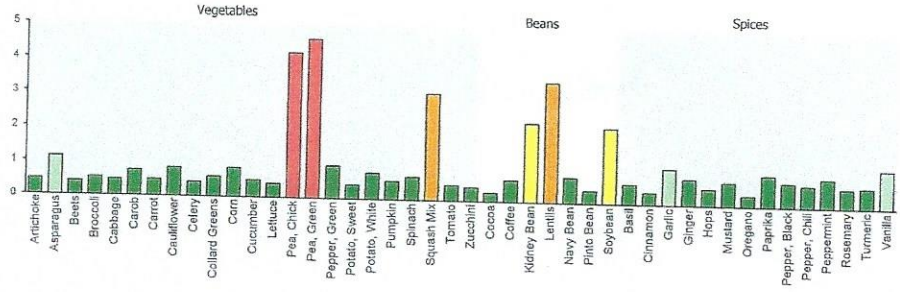
Below are results from the food allergy testing.

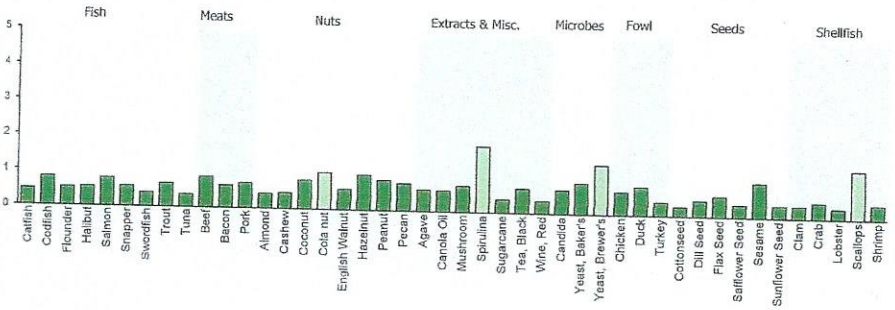
KBMO DIAGNOSTICS

Name : SCOLNICK, JEANNE
Doctor: Randall Davis
Sample Type: Serum

Severe Reaction	4+
High Reaction	3+
Moderate Reaction	2+
Mild Reaction	1+
No Reaction	Negative







Dr. Randall Davis, CEO Luminec Life Sciences Health and Wellness Clinics 240 Saunders Rd, Riverwoods, IL 60015 612- 386-7920

Below are results from Amino Acids, Neurotransmitter and Hormonal assessments using saliva and urine.

2233 Faraday Avenue • Suite K • Carlsbad • CA 92008 • (760) 448-2750

Practioner: Randall Davis, DC,
689 Williams Way, IL, United States, 60061

Lab Director: NORVELLE HARRIS MD FCAP

Patient	DOB	ID	Age	Sex	Height	Weight	Acc#	Date Collected	Date Received	Date Reported
Jeanne A Scolnick	11/04/1958	5945	57	F	5'4"	106	20490	05/11/2016	05/13/2016	05/27/2016

ABNORMAL	TEST	RESULT	UNITS	RANGES		
	HPA 4 Profile					
	Metabolic Panel (by LC/MS/MS)					
19.26	5-HTP	19.26	ug/g cr	20.10	---	106.00
	Serotonin	65.07	ug/g cr	55.60	---	157.60
14.71	L-DOPA	14.71	umol/g cr	16.40	---	62.30
91.87	Dopamine	91.87	ug/g cr	92.70	---	212.00
	3-Methoxytyramine	14.55	ug/g cr	8.25	---	65.00
	Serotonin/Dopamine Ratio	0.71	Units	0.49	---	1.67
	Norepinephrine	40.12	ug/g cr	15.70	---	51.20
	Normetanephrine	27.13	ug/g cr	20.70	---	193.30
	Epinephrine	5.85	ug/g cr	3.00	---	9.90
	Metanephrine	24.65	ug/g cr	9.90	---	35.10
	Norepinephrine/Epinephrine Ratio	6.86	Units	2.69	---	9.12
17.94	Glutamic acid	17.94	umol/g cr	3.00	---	16.80
	GABA	2.28	umol/g cr	0.47	---	4.47
	Histamine (Free)	27.82	ug/g cr	8.56	---	29.60
	Creatinine-Urine	183.00	mg/dl	5.00	---	450.00
	Aromatic AA Panel - (by LC/MS/MS)					
7.24	Phenylalanine	7.24	umol/g cr	16.80	---	73.20
0.37	Phenylethylamine (PEA)	0.37	umol/g cr	0.90	---	2.60
	Histidine	290.40	umol/g cr	53.00	---	362.60
	Tryptophan	19.77	umol/g cr	14.60	---	65.90
	Tryptamine	0.50	umol/g cr	0.29	---	1.71
11.57	Tyrosine	11.57	umol/g cr	16.20	---	87.70
1.16	Tyramine	1.16	umol/g cr	2.80	---	30.70
	Other Essential Amino Acids Panel (by LC/MS/MS)					
	Methionine	2.77	umol/g cr	2.57	---	10.11
	Hydroxylysine	1.95	umol/g cr	0.80	---	8.00
	Threonine	34.55	umol/g cr	4.30	---	136.60
	Lysine	16.54	umol/g cr	9.33	---	133.50

Jeanne A Scolnick

ABNORMAL	TEST	RESULT	UNITS	RANGES		
	Branched Chain Essential Amino Acids Panel (by LC/MS/MS)					
	Valine	28.97	umol/g cr	7.49	---	30.50
4.68	Leucine	4.68	umol/g cr	6.28	---	20.70
2.68	Isoleucine	2.68	umol/g cr	4.11	---	13.40
	Non-essential Amino Acids Panel (by LC/MS/MS)					
	Glycine	368.22	umol/g cr	99.50	---	647.50
	Hydroxyproline	1.99	umol/g cr	0.00	---	17.70
	Homoserine	3.15	umol/g cr	2.50	---	11.90
311.02	Glutamine	311.02	umol/g cr	150.00	---	305.20
17.94	Glutamic acid	17.94	umol/g cr	3.00	---	16.80
	Asparagine	49.72	umol/g cr	33.20	---	193.80
	Aspartic acid	3.68	umol/g cr	0.18	---	7.26
	Alanine	86.81	umol/g cr	21.10	---	178.60
	Proline	3.16	umol/g cr	0.51	---	19.00
	Arginine	8.93	umol/g cr	4.44	---	30.30
	Cysteine	15.57	umol/g cr	6.00	---	93.70
285.87	Serine	285.87	umol/g cr	25.90	---	245.00
	Non-proteinogenic Amino Acids Panel (by LC/MS/MS)					
	Alpha-aminobutyric acid	7.83	umol/g cr	3.58	---	14.80
	Beta-aminoisobutyric acid	10.24	umol/g cr	10.22	---	234.00
	2-aminoadipic acid	2.47	umol/g cr	0.05	---	36.50
	Sarcosine	3.41	umol/g cr	0.70	---	10.34
	GABA	2.28	umol/g cr	0.47	---	4.47
	Beta-alanine	2.21	umol/g cr	0.50	---	38.20
	Histamine (Free)	27.82	ug/g cr	8.56	---	29.60
	Carnosine	3.38	umol/g cr	1.00	---	28.20
	Ornithine	9.09	umol/g cr	2.06	---	24.30
	Citrulline	6.47	umol/g cr	1.51	---	44.40

Jeanne A Scolnick 11/04/1956 3943 51 F 54 100 20490 05/11/2010 05/13/2010 05/27/2010

ABNORMAL	TEST	RESULT	UNITS	RANGES
	Methylation Panel (by LC/MS/MS)			
	Glycine	368.22	umol/g cr	99.50 --- 647.50
	Methionine	2.77	umol/g cr	2.57 --- 10.11
	Homocystine	0.24	umol/g cr	0.00 --- 2.90
11.36	Cystine	11.36	umol/g cr	20.50 --- 49.40
0.1	Glutathione	0.10	umol/g cr	0.70 --- 2.46
	Homocysteine	0.40	umol/g cr	0.00 --- 1.63
	Cysteine	15.57	umol/g cr	6.00 --- 93.70
285.87	Serine	285.87	umol/g cr	25.90 --- 245.00
0.33	Cystathionine	0.33	umol/g cr	4.10 --- 30.30
17.94	Glutamic acid	17.94	umol/g cr	3.00 --- 16.80
	Electrolyte 3 Panel (Saliva)			
	Sodium	18.40	mmol/L	3.10 --- 39.80
	Potassium	18.00	mmol/L	3.70 --- 31.00
	Chloride	35.30	mmol/L	20.00 --- 49.60
	DHEA-S Panel (Saliva)			
32.53	DHEA-S 8AM	32.53	nmol/L	1.60 --- 18.50
	Note:[Results are confirmed by repeated analysis.]			
	DHEA-S 8PM	5.79	nmol/L	1.00 --- 10.50
42.55	DHEA-S 12AM	42.55	nmol/L	0.80 --- 8.30
	Cortisol Panel (Saliva)			
4.13	Cortisol 8AM (LC/MS/MS)	4.13	nmol/L	5.50 --- 24.80
	Cortisol 12PM	4.54	nmol/L	3.80 --- 13.20
	Cortisol 4PM	5.13	nmol/L	2.20 --- 9.40
	Cortisol 8PM	2.97	nmol/L	1.60 --- 4.40
	Cortisol 12AM	2.06	nmol/L	0.80 --- 3.30
	Cortisol 4AM	2.37	nmol/L	1.10 --- 9.40

Jeanne A Scolnick 11/07/1956 5945 51 1 54 100 20490 05/11/2010 05/13/2010 05/21/2010

ABNORMAL	TEST	RESULT	UNITS	RANGES

Hormone Evaluation Panel (Saliva)

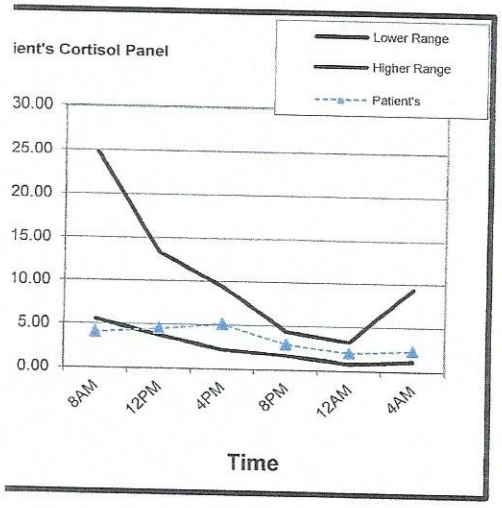
Estradiol	1.28	pg/ml			
	Premenopausal			---	
	Follicular		3.5	---	8.0
	Luteal		2.5	---	5.0
	Postmenopausal		0.5	---	1.5
	Adolescent			---	
	1 - 10		0.3	---	1.2
	11 - 17		0.5	---	0.6
Progesterone (LC/MS/MS)	131.00	pg/ml			
	Premenopausal			---	
	Follicular		50.0	---	130.0
	Luteal		75.0	---	300.0
	Mid Luteal		75.0	---	500.0
	Postmenopausal		40.0	---	95.0
	Adolescent			---	
	1 - 11		12.0	---	44.0
	12 - 17		50.0	---	300.0
Testosterone (LC/MS/MS)	7.38	pg/ml	7.00	---	31.60

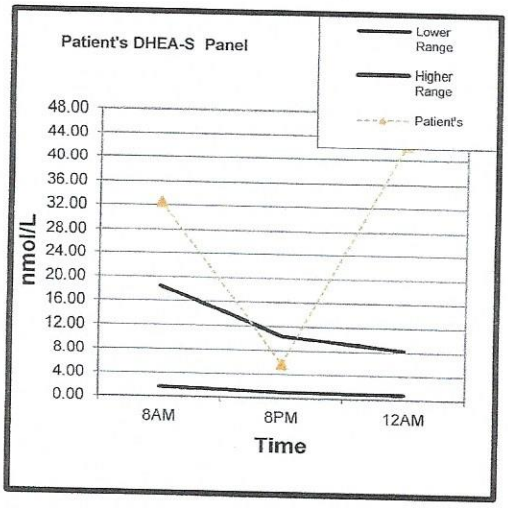
Patient's BMI*:	18.2
Weight Status	BMI (kg/m2)
rweight	Less 18.5
ıal	18.5 - 24.9
weight	25.0 - 29.9
;e	30.0 and above

Last menses - For 24 hour Circadian Panels		
Progesterone	131.00	pg/mL
Estradiol	1.28	pg/mL
P:E ratio	102.34	
Testosterone	7.38	pg/mL

CORTISOL nmol/L			
ne	Lower Range	Higher Range	Patient's
M	5.50	24.80	4.13
PM	3.80	13.24	4.54
M	2.20	9.40	5.13
M	1.60	4.40	2.97
AM	0.80	3.30	2.06
M	1.10	9.40	2.37

DHEA-S nmol/L			
Time	Lower Range	Higher Range	Patient's
8AM	1.60	18.50	32.53
8PM	1.00	10.50	5.79
12AM	0.80	8.30	42.55





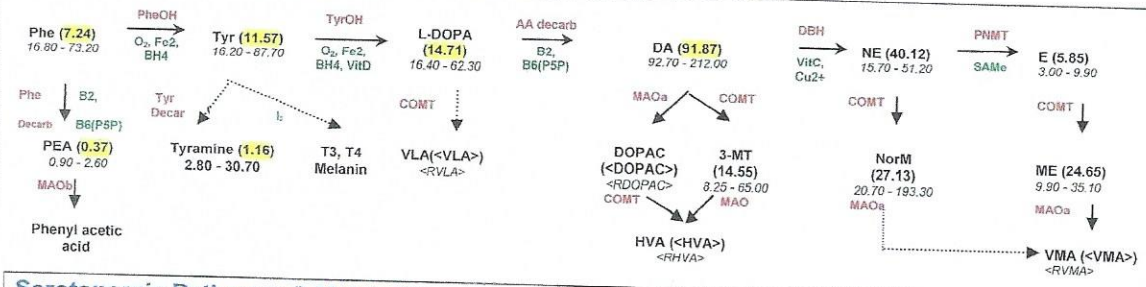
SABRE SCIENCES

Metabonomic HPA Profile / Norvelle Harris MD FCAP / Medical Director

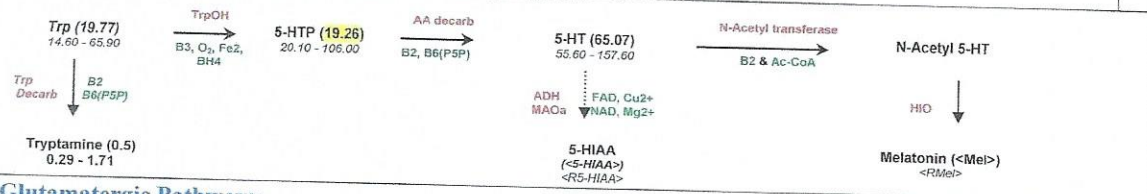
DOB: 11/4/1958 Age: 57 Height: 5'4" Wt: 106 Date Printed: 5/27/2016

Name	Practitioner	Lab#	Date Reported
Jeanne A Scolnick	Randall Davis, DC	20490-P	5/27/2016

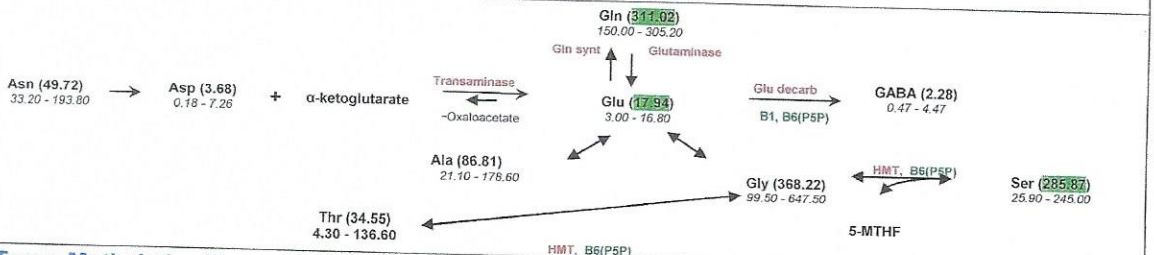
Catecholaminergic Pathways & Metabolites: NE:E Ratio 6.86 Range 2.69 - 9.12



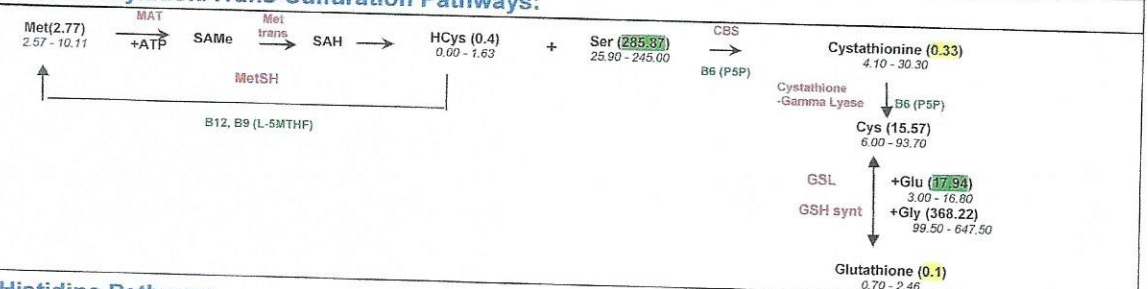
Serotonergic Pathways & Metabolites: 5-HT:DA Ratio 0.71 Range 0.49 - 1.67



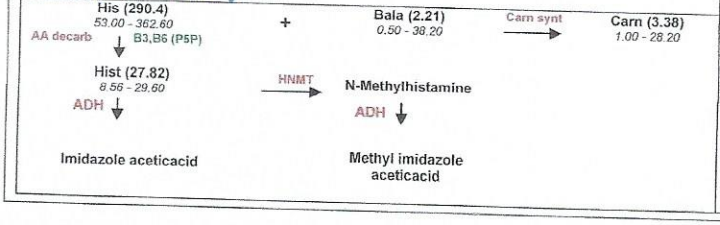
Glutamatergic Pathways:



Trans-Methylation/Trans-Sulfuration Pathways:



Histidine Pathway:



Legend:

High:

Low:

Transaminase: enzyme
B6(P5P): Cofactor

Below are genetic testing analysis results.

20490

Name	1A1	1A2	1B1	2B6	2C8	2C9	2C19	3A4	3A5	3A7	excretion	nocyp
Clindamycin								S Inh				
alternative drugs for Clindamycin	**1A1**	**1A2**	**1B1**	**2B6**	**2C8**	**2C9**	**2C19**	**3A4**	**3A5**	**3A7**	**excretion**	**nocyp**
Tetracyclin												
Erythromycin	S	Inh S	S	S				Inh S				
Chloramphenicol					Inh	Inh	Inh S	Inh Ind S	S Inh	S		
Chloramphenicol					Inh	Inh	Inh S	Inh				
Natamycin								Inh				
Amphotericin B												X
											X	

Substrate-Substrate Interaction	If more than one drug is metabolized by the same CYP, it is possible that its metabolism is inhibited because of the competition between the drugs. That means, it can be useful to lower the dosage of the drugs in the drug-cocktail because they remain longer in the organism than in monotherapy.
Inhibitor-Substrate Interaction	Combining drugs that have inhibitory effect and are substrates of one particular CYP, should be compensated by lowering the dosage. They rest longer in the organism than in monotherapy. Not adapting the dosage bears the risk of even more side effects.
Inducer-Substrate Interaction	Combining drugs that are inducers and substrates of one CYP should be compensated by increasing the dosage because metabolism is stimulated and faster than in monotherapy. Therefore, the drugs are even earlier eliminated.
Inducer-Inducer Interaction	Combining two or more inducers of one CYP, should be compensated by increasing the dosage to reach the normal therapeutic effect because their metabolism is stimulated. Therefore, the drugs are even earlier eliminated.
Inhibitor-Inhibitor Interaction	Combining two or more inhibitors of one CYP, should be compensated by lowering the dosage of these drugs because the metabolism is reduced and the drugs remain longer in the organism than in monotherapy. Not adapting the dosage bears the risk of even more side effects.

Name	1A1	1A2	1B1	2A6	2B6	2C8	2C18	2C19	2D6	3A4	3A5	3A7	excretio
Clarithromyc		Inh						S Inh		Inh Ind S	S	S	
alternative drugs for Clarithromycin	**1A1**	**1A2**	**1B1**	**2A6**	**2B6**	**2C8**	**2C18**	**2C19**	**2D6**	**3A4**	**3A5**	**3A7**	**excretio**
Troleandomycin				Inh		Inh	Inh	Inh		Inh S			
Erythromycin	S	Inh S	S		S					Inh Ind S	S Inh	S	
Roxithromycin		Inh			Inh					S Inh			
Rokitamycin										Inh S			
Josamycin										Inh			
Telithromycin		S							Inh	S Inh	S	S	
Miocamycin										S Inh			
Midecamycin										Inh			
Spiramycin										S			X
Azithromycin				Inh						Inh S			X
Dirithromycin										S			
Oleandomycin										Inh			
Flurithromycin										Inh			

Substrate-Substrate Interaction	If more than one drug is metabolized by the same CYP, it is possible that its metabolism is inhibited because of the competition between the drugs. That means, it can be useful to lower the dosage of the drugs in the drug-cocktail because they remain longer in the organism than in monotherapy.
Inhibitor-Substrate Interaction	Combining drugs that have inhibitory effect and are substrates of one particular CYP, should be compensated by lowering the dosage. They rest longer in the organism than in monotherapy. Not adapting the dosage bears the risk of even more side effects.
Inducer-Substrate Interaction	Combining drugs that are inducers and substrates of one CYP should be compensated by increasing the dosage because metabolism is stimulated and faster than in monotherapy. Therefore, the drugs are even earlier eliminated.
Inducer-Inducer Interaction	Combining two or more inducers of one CYP, should be compensated by increasing the dosage to reach the normal therapeutic effect because their metabolis stimulated. Therefore, the drugs are even earlier eliminated.
Inhibitor-Inhibitor Interaction	Combining two or more inhibitors of one CYP, should be compensated by lowering the dosage of these drugs because the metabolism is reduced and the drugs remain longer in the organism than in monotherapy. Not adapting the dosage bears the risk of even more side effects.

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Name	1A1	1A2	1B1	2C8	2C9	2D6	3A4	3A5
Hydroxychlor						Inh		
alternative drugs for Hydroxychloroquine	1A1	1A2	1B1	2C8	2C9	2D6	3A4	3A5
Chloroquine	S			S		S Inh	S	S
Primaquine	Ind	Inh Ind S	Ind			Inh	S Inh	
Amodiaquine	S		S	S	Inh	Inh		

Substrate-Substrate Interaction	If more than one drug is metabolized by the same CYP, it is possible that its metabolism is inhibited because of the competition between the drugs. That means, it can be useful to lower the dosage of the drugs in the drug-cocktail because they remain longer in the organism than in monotherapy.
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Inhibitor-Inhibitor Interaction	Combining two or more inhibitors of one CYP, should be compensated by lowering the dosage of these drugs because the metabolism is reduced and the drugs remain longer in the organism than in monotherapy. Not adapting the dosage bears the risk of even more side effects.

Treatment Strategy:

Without getting into too much detail, we made adjustments in her diet based on the food test, and eliminated all of the foods in the hypersensitive ranges. She is avoiding sugars and refined foods, etc. as much as possible. We gave her specific oils in the diet to help normalize the cell membranes with regard to omega 3 and omega 6 fatty acids. Based on the various tests, we put her on a customized protocol of our proprietary products, Triamino and Tafa 400 in *3 different, concurrent applications*. The first application involved an *oral* dosage of Triamino in the morning and Tafa400 at night. We have the patient on probiotics during the day and the Tafa400, when taken at night, does not compete with the probiotics. The product is in liquid form and she started at 4 tbs per day of each. We then introduced a *nebulizer*, as the product works very nicely to repair lungs and respiratory tissue, as well as handle harmful pathogens. Breathing treatments are used with Triamino and Tafa 400 (at night), and typically last 20-40 minutes. The third, and usually the *most powerful* version of our protocol involves using both products in an *IV* format for a one-hour drip. (note we would never mix the two of them in one IV, so it is either given as an IV of Triamino, or Tafa400 in 250 ml of saline.)

In Jeanne's case, with the assistance of her Dr. in Florida, we started with 50 ml of Triamino for the first 2 treatments, which are given 2x per week. The third IV was with 75 ml of Triamino. The fourth treatment was with 50 ml of Tafa400. We have basically been alternating between the two using 75 ml of Triamino and 50 ml of Tafa400. This is an 8-12-week protocol, minimum. The dosages may vary depending upon the height and weight.

Additionally, our program involves specific nutritional supplements for balancing amino acids, and neurotransmitters, and hormones. We are trying to overcome genetic mutations with various specific items like a methylated version of B12. We provided supplementation to assist in methylation issues and detoxification issues. As well as assisting the Tafa and Triamino in the anti-inflammatory roles. She has also been on a regimen of anti-biotics with one of her MD's. They had been cycling Tetracycline 2 weeks on and 2 weeks off.

Overall condition prior to beginning our protocol:

She basically stated that she has felt "awful most of her adult life since about the age of 20." She has progressively worsened losing an operatic quality singing voice as well as a valedictorian intelligence. She is very capable and functional, but was in a lot of pain and discomfort on a constant basis. The immune system was tired and she was very fatigued. She was getting sick a lot and in constant pain. Her brain fog and overall outlook on life was much less then she had hoped for. She wasn't as sharp and has recall issues, with dyslexia, and having a really hard time getting along.

Patient response to treatment:

She has had no signs of any negative effects from taking the two products at all. Upon initiating the protocols using just the oral and some nebulizer (not as consistent as we would prefer), she did notice some slight improvements in pain reduction in the affected joints. Prior to beginning our treatments, she was experiencing night sweats, especially on the nights that she was taking the antibiotics. Once she started the IV treatments, she noticed an incredible response. If fact, after the very first IV of 50 ml of Triamino, she stated that she slept well for a while that night, but as usual she awoke, and usually she's in so much pain at that time, but that night she woke up with the most extreme night sweats she has had, "soaking the sheets". She then stated that she noticed for the first time in many years, maybe decades, that her joints were not in pain! She couldn't believe it. She called me the next day and said "I don't know what's in this stuff, but I feel amazing!" She went on to describe how over the next several weeks she had so much energy, and was exercising more. She was running around like a teenager, and doing so much more. She was bouncing off the walls, she had so much energy. She was in a much better mood. She began to increase activities that she had not been able to do such as yoga. She feels like she is almost in a state of remission for the most part after several weeks of the IV treatments. She still has issues with her cognitive functions, although that is a little bit less, and she can organize a little bit better. Her singing voice is starting to improve as well. When I talk to her on the phone she has more energy and excitement in her voice and I can sense an improvement in many areas with her compared to earlier this year when we first started.

Comments:

We believe there is a synergistic affect with the Tetracycline. Recently, on day 11 of her 14 days off of the antibiotic, she noted that the pain was starting to reappear in some of the joints. She went back on the Tetracycline that night, ahead of the schedule, and the next morning felt no pain once again. The fulvic acid helps to act as a transport agent for the materials, and for other medications, or nutritional supplements.

In most patients, we have seen an amplification effect of our material over and over again. We have seen an increase in side effects of medications associated with the use of the Tafa and Triamino, in some cases to the point where the MD either discontinued a drug, or significantly reduced it. It also enhances the action of these medications so it may help the Tetracycline in its own antibacterial missions. It could also strengthen the action of chemotherapy medications, while at the same time helping to reduce the negative effects of harsh drugs as those used in chemotherapy, as we have witnessed in several of our patients.

Another impressive response to the treatments we have provided Ms. Scolnick has to do with the function of her liver. She has a history of hepatitis A, which is a liver disease. She showed a high ammonia level in her blood at the beginning and prior to seeing us.

An ammonia test measures the amount of ammonia in the blood. Most ammonia in the body forms when protein is broken down by bacteria in the intestines . The liver normally converts ammonia into urea, which is then eliminated in urine.

Ammonia levels in the blood rise when the liver is not able to convert ammonia to urea. This may be caused by cirrhosis or severe hepatitis.

For this test, a blood sample may be taken from either a vein or an artery.

An ammonia test is done to:

- Check how well the liver is working, especially when symptoms of confusion, excessive sleepiness, coma, or hand tremor are present.
- Check the success of treatment for severe liver disease, such as cirrhosis.
- Help identify a childhood disorder called Reye syndrome that can damage the liver and the brain. Ammonia testing can also help predict the outcome (prognosis) of a diagnosed case of Reye syndrome.
- Help predict the outcome (prognosis) of a diagnosed case of acute liver failure.
- Check the level of ammonia in a person receiving high-calorie intravenous (IV) nutrition (hyper alimentation).

Below is a blood test showing her ammonia levels in an abnormal range:

The test below was dated June 17, 2016.

SCOLNICK,JEANNE A

Interactive Insights™

DOB: 11/04/1958
Sex: F
Phone: (347) 804-6969
Patient ID:

Age: 57
Fasting:

Specimen: MR746810U
Requisition: 0000628
Report Status: FINAL / SEE REPORT

Collected: 06/17/2016 09:44
Received: 06/17/2016 09:58
Reported: 07/13/2016 12:33

Client #: 39724159
ROSENBERG,MARK
TRINGALI VIBRANT HEALTH
Phone: (561) 283-1166
Fax: (561) 910-4645

225 S OLIVE AVE
WEST PALM BEACH, FL 33401-5617

FASTING:YES

⚠ T4, FREE

T4, FREE	0.7 L	Reference Range: 0.8-1.8 (ng/dL)

⚠ THYROGLOBULIN PANEL

THYROGLOBULIN ANTIBODIES	9 H	Reference Range: < or = 1 (IU/mL)
THYROGLOBULIN	1.2 L	ng/mL

Reference Range:
Intact Thyroid 2.8-40.9
Athyrotic <0.1
Note: Abnormal flagging is based on the reference interval for patients with intact thyroid.
This test was performed using the Beckman Coulter chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. Thyroglobulin levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease. This specimen was found to contain anti-thyroglobulin antibodies. The presence of these autoantibodies may cause falsely low thyroglobulin values. In Tg-antibody positive patients the thyroglobulin by tandem mass spectrometry (test code 90810 - Thyroglobulin, LC/MS/MS; or panel test code 90814 - Thyroid Cancer (Thyroglobulin) Monitoring) test is recommended because it has no interference from autoantibodies.

⚠ TESTOSTERONE, FREE,BIO AND TOTAL, LC/MS/MS

TESTOSTERONE, TOTAL, LC/MS/MS	15	Reference Range: 2-45 (ng/dL)

For more information on this test, go to: http://education.questdiagnostics.com/faq/TotalTestosteroneLCMSMS

TESTOSTERONE, FREE	0.4	Reference Range: 0.2-5.0 (pg/mL)
TESTOSTERONE,BIOAVAILABLE	0.7	Reference Range: 0.5-8.5 (ng/dL)
SEX HORMONE BINDING GLOBULIN	197 H	Reference Range: 14-73 (nmol/L)
ALBUMIN,SERUM	4.1	Reference Range: 3.6-5.1 (g/dL)

⚠ AMMONIA (P)

AMMONIA (P)	48 H	Reference Range: < OR = 47 (umol/L)

⚠ LEGIONELLA PNEUMOPHILA IGG AND IGM ABS, (1-6)

L. PNEUMOPHILA TYPE 1 IGG	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 1 IGM	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 2 IGG	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 2 IGM	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 3 IGG	1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 3 IGM	1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 4 IGG	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 4 IGM	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 5 IGG	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 5 IGM	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 6 IGG	<1:64	Reference Range: < 1:64 (titer)
L. PNEUMOPHILA TYPE 6 IGM	<1:64	Reference Range: < 1:64 (titer)

⚠ LEGIONELLA PNEUMOPHILA, ANTIBODIES, (IGM)

L. PNEUMOPHILA (SERO 1)	<1:16	

See the next page for follow up blood test showing a reduction in the ammonia levels after having Triamino and Tafa400 IV treatments, along with ongoing oral dosages and nebulizer treatments.

This test is dated Sept. 15, 2016.

See the next page near the bottom.

Date of Service: 09/15/2016
Specimen: TM847302F

Health ID: 8573008927108772

COMMENTS: FASTING:YES

Test Name	Results	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL			MI
GLUCOSE	83	65-99 mg/dL	
Fasting reference interval			
UREA NITROGEN (BUN)	21	7-25 mg/dL	
CREATININE	0.80	0.50-1.05 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.			
eGFR NON-AFR. AMERICAN	82	> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	95	> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE	6-22 (calc)	
SODIUM	137	135-146 mmol/L	
POTASSIUM	4.1	3.5-5.3 mmol/L	
CHLORIDE	101	98-110 mmol/L	
CARBON DIOXIDE	24	20-31 mmol/L	
CALCIUM	9.4	8.6-10.4 mg/dL	
PROTEIN, TOTAL	7.7	6.1-8.1 g/dL	
ALBUMIN	4.5	3.6-5.1 g/dL	
GLOBULIN	3.2	1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.4	1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	36	33-130 U/L	
AST	28	10-35 U/L	
ALT	12	6-29 U/L	
THYROID PEROXIDASE ANTIBODIES	3	<9 IU/mL	MI
AMMONIA (P)	33	< OR = 47 umol/L	MI
T4, FREE	1.0	0.8-1.8 ng/dL	MI
TSH	0.06 L	0.40-4.50 mIU/L	MI
THYROGLOBULIN PANEL			MI
THYROGLOBULIN ANTIBODIES	6 H	< or = 1 IU/mL	
THYROGLOBULIN	0.8 L	2.8-40.9 ng/mL	
Reference Range: Intact Thyroid 2.8-40.9 Athyrotic <0.1			
Note: Abnormal flagging is based			

Based on these results, and her clinical responses to our treatments, the preponderance of evidence points to the Tafa400 and Triamino protocols as being an effective and extremely safe agent for helping to restore normal function to the liver, and to be very effective in relief of chronic pain and inflammation, as seen in serious auto immune types of infectious disease.

The Tafa400 and Triamino and our special formulations of these using the SK-713 technology for enhancing absorption, looks promising in treatment of Lyme Disease, and multiple pathogenic invasion, as is the case with this patient, with a combination use of traditional antibiotics such as Tetracycline in helping to break thru the protein coat of the bacteria and to render it useless. Microbes may not mutate against the Tafa400 because of the nature of the cellular membranes of microbes vs. normal cells, and how the Tafa400 interacts with these cells. We feel over time, however, the antibiotics may not be necessary, as we have proven that the Tafa400 itself has antibiotic properties.

Triamino and Tafa400 once again has proven to be as safe as distilled water and Jeanne can personally testify to that, noticing the absence of any significant side effects. The Triamino IV at 75 ml makes her a bit sleepy, and the Tafa400 IV feels very energizing to her, however, lately she has not experienced the sleepiness affect so much anymore.

This program has also been in preparation for a very specific type of laser stem cell therapy that will be working to address cognitive issues within the brain from decades of fighting off many pathogens within the nervous system.

She has made progress beyond expectations in this short time and we are all very pleased with her condition. I believe she has more significant healing in her future and should continue with our program.

Dr. Randall Davis, DC, CCST

CEO, Luminec Life Sciences Health and Wellness Clinics

CASE HISTORY FOR JEANNE SCOLNICK ON LUMINEC PROTOCOL

I am a 57 year old white female born and raised in Queens, New York who has been diagnosed with chronic lyme, chronic fatigue syndrome, fibromyalgia, osteoarthritis, interstitial cystitis with joint and nerve issues. I have experienced an elevated level of ANA for autoimmune disease which comes and goes and have dealt with issues of anxiety, ADHD, cognitive impairment, dyslexia, memory issues and have been diagnosed with Hashimoto's disease and Addision's disease. Additionally, I have dealt with high levels of mercury and lead, intestinal dysbiosis and multiple food sensitivities. Chronic pain which has been a serious issue was exacerbated by changes in barometric pressure. Pain experienced most often in hands and feet with headaches presenting in rainy weather.

I have been treated since 2006 by approximately 40 physicians using a wide array of antibiotics, herbals, nutraceuticals, IV antibiotics and nutraceuticals, hyperbaric chamber dives, sauna therapy, ozone treatments and rife machine frequencies. There has never been the result by any of the treatments I've received that has come close or endured in both the immediate and deep resetting of my body into a whole and functioning human being. They have all been temporary band-aids that have removed layers but never reached the core and reset my body to a normal functioning level.

With initiation of IV's of Tri-Amino and TAFA400 there was immediate and significant response and benefit. Upon the 1st and 3rd IV I experienced a healing crisis in which I sweat through the sheets and woke up feeling better, renewed and more vibrant. The treatment often made me sleepy and sometimes I would nap or get to bed early on days when I received the IV's. Almost from the beginning of the treatment protocol with the IV I was more energetic, the pain subsided and I was happier. My business partner immediately noticed my change in behavior which was often aggressive, direct and unpleasant. My chronic pain had made me short tempered and clearly with that dramatically subsiding my personality and demeanor was restored to the person I have known for years inside. I became much happier in our daily dealings so much so that my partner thought I was doing drugs, (the change was so noticeable). Even rainy weather has not brought on the usual symptoms of arthritis and headaches, athralgias and mandatory bed rest. Without the mask of pain and daily energy restored I am a person I recognized as the teenager I was another life ago. I am no longer short tempered, and the neurological issues of noise sensitivity, light sensitivity have mostly resolved. With every ensuing week of treatment my health and well being improved noticeably. I have been increasing my regimen of Bikram yoga and now adding some running to my daily walks which was unimaginable prior. I am calmer, pain free, more focused, energetic and happier. I feel more myself than I ever have since firstly becoming ill with lyme at 19/20 years old. Additionally, although mostly gluten free when I cheat I do no suffer serious repercussions that before would occur as a matter of course. I am getting my life back, functioning at a higher level and being able to live a more normal life.

Approved by Jeanne Scolnick

10/26/16