



NATOORALES
BIOLOGICAL SOVEREIGNTY

Sample Report

**Natoorales Comprehensive Wellness Report
And recommendations**

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Sample Report

Natoorales Comprehensive Wellness Report and Treatment Plan

Natoorales Wellness & SPA

1. Introduction — Purpose & Disclaimer

This report organizes the client's available intake + scan data into a structured wellness plan to reduce current symptom burden, stabilize key risks, and guide safe stepwise improvement. It is hypothesis-driven (no diagnoses) and focuses on practical priorities first.

2. Client Data & Wellness Complaints Summary

Client: Male, ■ years (height ■ cm, weight ■ kg). Location noted: ■.

Current vitals (reported):

- Blood pressure: 161/92 (pulse 72), oxygen 98%; morning BP noted 140/90.
- Episode: BP rose to ~200 after a nosebleed episode.
- **After in-house session (ionic foot bath + Garyaev coil + Spooky2 contact): BP 129/87.**

Main complaints (reported):

- Frequent nosebleeds (epistaxis).
- Sneezing / seasonal-allergy feeling.
- Oscillating blood pressure.
- Fatigue, “not myself,” body feeling off; occasional balance issues.

Current supports (reported):

- Parasite drops + clove/black walnut/wormwood.
- Two blood pressure medications (names/doses not provided).
- Water intake ~5 cups/day.
- Garlic previously helped with joint pain (still intermittent pain).

Key objective for this plan:

Stabilize blood pressure variability and vascular fragility first, then address microbial/parasite and toxicant load without provoking destabilization.

3. Risk Stratification — System Clustering

Affected System	Priority Level & Time Focus	Identified Pattern	Supporting Data
Cardiovascular / Vascular tone	● High — Now (P1)	Pressure instability + vascular fragility	BP 161/92 with spike ~200 during epistaxis; Idiopathic hypertension D=0.035; Cardiac output 3.4 (low)
Blood / coagulation / viscosity	● High — Now (P1)	Pro-thrombotic / “thicker blood” tendency with bleed episodes	Thrombocytes 337 (high); frequent nosebleeds; “potential malignancy” markers present (ANS5 D=0.285)
ENT / allergy mucosa	● Moderate — Soon (P2)	Histamine/allergy-style reactivity	Sneezing/seasonal allergy symptoms; Eosinophils 4%; Sabadilla LM IV D=0.074; Allium cepa LM IV D=0.017
Metabolic / endocrine	● Moderate — Soon (P2)	Insulin-resistance tendency + stress load	Insulin-dependent diabetes mellitus (scan) D=0.134; fasting glucose 5.2 (within range); stress period noted
Liver / biliary / biotransformation	● Moderate — Soon (P2)	Clearance load (bilirubin high-normal; toxin signals)	Total bilirubin 19.5 (high-normal); Formaldehyde D=0.291; multiple toxic trace elements in hair
GI / microbiome / parasites	● Moderate	Dysbiosis + low parasite markers	Giardia lamblia D=0.151; Ancylostoma duodenale D=0.166; Opisthorchis felineus

Affected System	Priority Level & Time Focus	Identified Pattern	Supporting Data
	— Soon (P2)		D=0.192; Intestinal dysbacteriosis D=0.386
Musculoskeletal / bone	● Low — Later (P3)	Bone density / degenerative load	Osteoporosis D=0.002; Spondyloarthritis deformans D=0.146; intermittent joint pain

4. Excluded Pathologies & Deprioritized Findings

Excluded / Deprioritized Condition	D-Value (if available)	Reason for Exclusion	Supporting Data (labs / symptoms / history)
Bronchogenic cancer	0.379	Scan signal only; no corroborating imaging/history provided; cannot be treated as a confirmed finding	No respiratory alarm symptoms documented; O2 98%
Adenocarcinoma of prostate	0.344	Scan signal only; no PSA/urology history provided	Data not provided.
Ischemic insult	0.246	Scan signal only; no focal neurologic deficits reported; tracked as risk due to BP variability	Occasional balance issues; BP spike ~200
Insulin-dependent diabetes mellitus	0.134	Scan signal suggests metabolic risk; not a diagnosis; current glucose in range	Glucose 5.2 (within range); data on HbA1c not provided
Potential malignancy markers (ANS)	0.285–0.413	Non-specific screening-style scan outputs; not diagnostic; handled as “verify” item not as a treated condition	ANS5 D=0.285; ANS4 D=0.325; ANS2 D=0.394; ANS1 D=0.413

Excluded / Deprioritized Condition	D-Value (if available)	Reason for Exclusion	Supporting Data (labs / symptoms / history)
Acute pyelonephritis	0.379	Scan signal only; no urinary symptoms/fever data provided	Data not provided.

5. Emotion Matrix Summary

Emotion	Root / Secondary	Constructive / Depleting	Associated Themes	Linked Physical Systems
grief	Root	Depleting	unresolved loss; heaviness	Cardiovascular; immune; sleep
financial stress	Secondary	Depleting	business pressure; uncertainty	Blood pressure; adrenal stress
nervousness	Secondary	Depleting	hypervigilance; "on edge"	Cardiovascular tone; digestion
hypersensitive vs. external influences	Secondary	Depleting	reactivity; irritability	Allergy/ENT; skin/mucosa
embarrassment	Secondary	Depleting	self-image; social tension	Autonomic tone; BP variability
To feel like a victim	Secondary	Depleting	stuckness; helplessness	Motivation; compliance; fatigue

6. Root Cause Summary

The pattern most consistent with the available data is **neurovascular dysregulation with increased vascular resistance and fragility**, where stress-driven sympathetic "overdrive" and a chronic bio toxic/clearance load (microbial/parasite + chemical burden) amplify vascular tone, disturb microcirculation, and make the system trigger-sensitive (pressure spikes, dizziness/off-balance, fatigue). This is supported by **Idiopathic hypertension D=0.035**, reported BP 161/92 with a spike ~200 during epistaxis, elevated thrombocytes

(337), low cardiac output (3.4) with borderline oxygenation metrics, toxin signals (e.g., Formaldehyde D=0.291), and parasite/microbe markers (Mycoplasma hominis D=0.130; Giardia D=0.151; Ancylostoma D=0.166; Opisthorchis D=0.192).

Phase 1 therefore focuses on stabilizing regulation and capillary integrity first, before deeper elimination work.

7. Natoorales In-House Treatment Options

Service	Triggering Findings (D-values)	Clinical Rationale	Expected Benefit	Delivery Mode	Price
Combo Ionic foot detox with foot massage, Wave Genetic Garyaev Mishin Coil, Spooky 2 Contact and Red Laser Blood Purify, Milimeter Wave, Teraherts (1h):	BP improved after session (134/97 from 161/92)	Supportive drainage + autonomic downshift + circulation support as an adjunct to Phase 1 stabilization.	Short-term steadiness + perceived vitality support.	In-person	\$85
Customized Homeopathic Remedy: After current homeopathics are over.	Homeopathy match list present (multiple low match-quality D values)	Builds the Modern Master Bottle system with client-matched remedies for regulation + acute support.	Gentle regulation support without aggressive detox.	Either (in-person or remote)	\$6
Wellness Consultation (30 min):	Implementation support needed during BP variability	Fast check-ins to adjust pacing and prevent overdoing elimination work.	Better adherence + fewer flares.	Either (in-person or remote)	\$50

8. Exercise, Lifestyle & Other Supportive Treatment Recommendations

Activity/Therapy	Frequency	Why it helps	Safety Notes
Regular exercise, weight lift training	1-2 weekly	Improves vascular elasticity, energy levels, and preserves muscle mass.	Supervised, to prevent injuries.
Blood pressure measurement routine (same arm, seated, 5-min rest)	Daily; + during symptoms	Reduces noise; detects patterns/triggers; supports safer pacing	If BP \geq 180/120 or neuro/chest symptoms occur, seek urgent medical evaluation
Hydration upgrade to 8 cups a day (water + electrolytes from food)	Daily	Low volume/low hydration worsens pressure volatility and blood viscosity	If on fluid restriction or heart/kidney failure history: Data not provided—confirm with physician
Nasal mucosa support (saline spray + humidified air) Moisturizing the nose mucosa with fish or castor oil.	Daily during dry/irritated periods	Reduces mechanical nosebleed triggers; supports mucosal barrier. Lubricating use a cotton swab.	Avoid forceful nose blowing; seek care for persistent heavy bleeding
Breathing downshift (slow nasal breathing / extended exhale)	2–3x/day, 5–10 min	Lowers sympathetic tone; can reduce BP spikes and “wired-tired” fatigue	Stop if dizziness worsens; sit/lie down
Low-impact movement (walk, easy cycling)	5–6 days/week, 20–40 min	Improves vascular elasticity, insulin sensitivity, and stress clearance	Avoid intense exertion during BP instability or active nosebleeds

Activity/Therapy	Frequency	Why it helps	Safety Notes
Regular exercise, weight lift training	1-2 weekly	Improves vascular elasticity, energy levels, and preserves muscle mass.	Supervised, to prevent injuries.
Sleep stabilization (consistent sleep/wake window)	Daily	Improves autonomic stability and BP regulation	Limit late caffeine/alcohol; assess snoring/suspected sleep apnea if present (data not provided)
Reduce bleeding triggers (high-dose fish oil/garlic, alcohol binges, nasal irritants)	Ongoing	Helps nosebleed control while vascular integrity is rebuilt	Do not change prescription meds without prescriber oversight

9. Nutrition Recommendations

Recommended nutrition

Food / Category	Frequency	Why it helps
Potassium-rich whole foods (leafy greens, avocado, beans, squash, coconut water)	Daily	Supports vascular tone and BP stability (food-first approach)
Magnesium-rich foods (pumpkin seeds, cacao, leafy greens, legumes)	Daily	Supports relaxation response and smooth muscle tone
Beetroot / arugula / citrus (nitrate + flavonoids)	4-6x/week	Supports endothelial function and capillary integrity
High-fiber plant foods (vegetables, legumes, chia/flax if tolerated)	Daily	Improves metabolic handling and supports microbiome balance
Clean protein (fish, eggs, poultry, legumes as tolerated)	Daily	Stabilizes blood sugar and supports repair
Olive oil + nuts/seeds (within tolerance)	Daily	Supports vascular health and anti-inflammatory balance

Food to avoid

Food / Category	Why avoid
High-sodium processed foods (chips, cured meats, instant soups, restaurant-heavy meals)	Worsens BP variability and fluid shifts
High-sugar/refined-carb spikes (sodas, pastries, white flour products)	Drives insulin volatility and vascular stress
Alcohol binges	Can raise BP, worsen sleep, and aggravate nosebleeds
Excess caffeine during unstable BP	Can amplify sympathetic tone and pressure spikes
Very spicy / irritating foods during active nosebleeds	Can aggravate nasal mucosa irritation in susceptible individuals

10. Modern Master Bottle Homeopathic System - Optional

Bottle 1: Bio-Regulatory Matrix (mandatory)

Bottle Governance: This bottle is taken as the daily “base layer.” Start low and observe for 48–72 hours before increasing. Avoid strong mint/camphor/eucalyptus close to dosing. If a clear aggravation occurs (worse BP volatility, worse dizziness), reduce dose or pause and reassess. Below are various options the practitioner can select based on the need.

Remedy	Potency Purpose	D-Value Justification	RR (Radionic Rate)
BARYTA MURIATICA	Vascular tone support; pressure steadiness; arterial stiffness tendency.	Match quality (D)=0.007 (lower=better match); aligned to current priority patterns.	
AURUM METALLICUM	Cardiovascular regulation support under stress-load patterns.	Match quality (D)=0.011 (lower=better match);	

Remedy	Potency Purpose	D-Value Justification	RR (Radionic Rate)
		aligned to current priority patterns.	
NUX VOMICA	Stress/reactivity regulation; supports autonomic balance.	Match quality (D)=0.014 (lower=better match); aligned to current priority patterns.	
BERBERIS	Kidney/urinary drainage support (gentle).	Match quality (D)=0.025 (lower=better match); aligned to current priority patterns.	
ALLIUM CEPA	Allergy-style sneezing/irritation support.	Match quality (D)=0.017 (lower=better match); aligned to current priority patterns.	
FERRUM PHOSPHORICUM	Microcirculation and mucosal resilience support.	Match quality (D)=0.055 (lower=better match); aligned to current priority patterns.	
NATRUM MURIATICUM	Fluid-regulation pattern support; stress + dryness tendencies.	Match quality (D)=0.067 (lower=better match); aligned to current priority patterns.	

Remedy	Potency Purpose	D-Value Justification	RR (Radionic Rate)
KALI IODATUM	Thyroid/iodine-pattern support; catabolic/stress signaling support.	Match quality (D)=0.053 (lower=better match); aligned to current priority patterns.	
CHELIDONIUM	Hepatobiliary pattern support (clearance/flow).	Match quality (D)=0.096 (lower=better match); aligned to current priority patterns.	

Bottle 2: Miasm Clearing Complex (conditional)

Bottle Governance: Use only once Phase 1 stability is present (no severe BP spikes; nosebleeds calmer). Dose less frequently than Bottle 1 and treat it as a “terrain” layer. If symptoms become more volatile, pause and return to Bottle 1 only. Below are various options the practitioner can select based on the need.

Remedy	Potency Purpose	D-Value Justification	RR (Radionic Rate)
THUJA	D1 Deep terrain / chronic regulation (miasm-layer support).	Match quality (D)=0.009 (lower=better match); aligned to current priority patterns.	
SULFUR	D1 Foundational regulation support (terrain reset).	Match quality (D)=0.019 (lower=better match); aligned to current priority patterns.	
MEDORRHINUM D1	Miasm-layer pattern support (chronic	Match quality (D)=0.017 (lower=better match);	

Remedy	Potency	Purpose	D-Value Justification	RR (Radionic Rate)
		stress/overdrive tendencies).	aligned to current priority patterns.	
Pyrogenium	6	Inflammation/toxic load pattern support (terrain).	Match quality (D)=0.386 (lower=better match); aligned to current priority patterns.	
Psorinum	5M	Chronic “stuck” terrain support; resilience modulation.	Match quality (D)=0.402 (lower=better match); aligned to current priority patterns.	

Bottle 3: Acute Stabilization Matrix (conditional)

Bottle Governance: PRN bottle for acute flares (pressure surge feeling, sudden nervousness, allergy flare). Use short bursts and stop once stable. If symptoms are severe (BP ≥180/120, neurologic or chest symptoms, uncontrolled bleeding), escalate to medical care. Below are various options the practitioner can select based on the need.

Remedy	Potency	Purpose	D-Value Justification	RR (Radionic Rate)
ACONITUM	D1	Acute sympathetic surge support (sudden BP spikes/panic-like flares).	Match quality (D)=0.014 (lower=better match); aligned to current priority patterns.	
BELLADONNA	D10	Acute congestion/pressure/head symptoms support.	Match quality (D)=0.074 (lower=better match); aligned to	

Remedy	Potency	Purpose	D-Value Justification	RR (Radionic Rate)
			current priority patterns.	
GLONOINUM	LM IV	Pressure surge/head pressure pattern support.	Match quality (D)=0.170 (lower=better match); aligned to current priority patterns.	
ARNICA	D1	Vascular microtrauma/bruising tendency support; post-event recovery.	Match quality (D)=0.032 (lower=better match); aligned to current priority patterns.	
FERRUM PHOSPHORICUM	D1	Acute inflammatory/bleed tendency support.	Match quality (D)=0.056 (lower=better match); aligned to current priority patterns.	
SABADILLA	LM IV	Acute sneezing/allergy flare support.	Match quality (D)=0.074 (lower=better match); aligned to current priority patterns.	

11. Complete Supplement List (By Phase)

Supplement & Daily Intake & Timing (daily total + split + food/empty)	Phase (P1/P2/P3) & Classification (core / supportive_optional) & Pairing & Separation (dependencies + take-away rules)	Purpose
Magnesium glycinate: 400-800 mg elemental, evening with food	P1 core; pair with evening wind-down; separate ≥ 2 hours from prescription meds if sensitive	Supports autonomic calming, vascular smooth muscle tone, sleep stability
Vitamin C + bioflavonoids: 1000 mg 1–2x/day with meals	P1 core; pair with hydration; separate from homeopathy dosing by ≥ 15 min	Capillary integrity + mucosal resilience (nosebleed support); antioxidant buffering
Vitamin D3 (not D2) + K2: 4000–6000 IU D3 daily with a fat-containing meal	P1, 2 core; pair with sunlight exposure; avoid mega-dosing	Supports immune regulation and vascular resilience (vitamin D2 deficiency signal D=0.251)
B-complex (low-dose, methyl-friendly if sensitive): 1 capsule with breakfast, 5 days/week	P2 supportive_optional; avoid late dosing; pause if overstimulation	Covers clustered vitamin-table deficiencies (Niacin D=0.215; B6 D=0.284; Folic acid D=0.303; Biotin D=0.228)
Binder (activated charcoal or bentonite clay): 1 dose at bedtime, 2–4 nights/week	P2 core; separate ≥ 3 hours from all meds/supplements; increase slowly	Reduces re-circulation of microbial/toxin byproducts during elimination phase
Anti-parasitic botanical blend (clove/black walnut/wormwood): follow	P2 supportive_optional; always pair with binder nights; stop/slow if BP volatility increases	Targets parasite-marker burden while monitoring tolerance (Giardia)

Supplement & Daily Intake & Timing (daily total + split + food/empty)	Phase (P1/P2/P3) & Classification (core / supportive_optional) & Pairing & Separation (dependencies + take-away rules)	Purpose
label; cycle 5 days ON / 2 days OFF		D=0.151; Ancylostoma D=0.166)
Omega-3 (EPA/DHA): 1 g/day with food (start only once nosebleeds are controlled)	P3 supportive_optional; avoid if nosebleeds worsen or if on anticoagulants (data not provided)	Supports endothelial health and inflammation balance
Vitamin E (mixed tocopherols): 100–200 IU/day with food	P3 supportive_optional; avoid if nosebleeds worsen or if on anticoagulants (data not provided)	Addresses vitamin-table signal (Vitamin E D=0.253); supports membrane resilience

12. Integrated Treatment Protocol (Phased)

Nutrition and lifestyle actions are implemented throughout and are detailed in Sections 8–9 (not repeated here).

Phase 1 — Stabilization & Drainage

Purpose: reduce BP volatility and improve vascular stability without provoking detox reactions.

What is included: Bottle 1 daily base layer; Bottle 3 PRN; targeted Phase 1 supplements focused on calming + capillary integrity; measurement routine and safety thresholds.

What is explicitly excluded: aggressive detox, chelation, intensive antimicrobial “kill” programs, high-dose vasodilator supplements.

Intervention	Typical Range	Purpose	Data Link
Bottle 1: Bio-Regulatory Matrix	Daily base dosing (start low)	Regulation + steadiness	Idiopathic hypertension D=0.035; BP variability

Intervention	Typical Range	Purpose	Data Link
Bottle 3: Acute Stabilization Matrix	PRN short bursts	Acute surge support	BP spike ~200; epistaxis episodes
Magnesium glycinate	200–400 mg nightly	Calm autonomic tone; vascular smooth muscle support	nervousness themes; BP volatility
Vitamin D3 + K2	Daily with meal	Immune + vascular resilience	Vitamin D2 deficiency signal D=0.251
Vitamin C + bioflavonoids	500 mg 1–2x/day	Capillary + mucosal resilience	frequent nosebleeds; Vitamin C D=0.295; Bioflavonoids D=0.286

Exit Criteria	Target / Threshold	Suggested Time Window	How to Track
BP stability	Most readings <140/90; no spikes ≥180/120	7–21 days	Home BP log (AM/PM + symptoms)
Nosebleed control	Clear reduction in frequency/intensity	7–21 days	Nosebleed log (time, duration, triggers)
Subjective stability	Less dizziness/“off” feeling; improved sleep	7–21 days	Daily 0–10 symptom ratings
No detox intolerance	No new/worsening volatility after interventions	7–21 days	Notes after any changes

Stop/slow signals: severe headache, chest pain, weakness/numbness, confusion, shortness of breath; BP ≥180/120; nosebleed >20 minutes or heavy recurrent bleeds.

Progression/regression rules: If instability returns, revert to Phase 1 only and reduce any recent additions. Progress to Phase 2 only after Phase 1 exit criteria are met.

Phase 2 — Elimination (Conditional)

Purpose: reduce microbial/parasite/toxin load while preserving BP stability.

What is included: binder nights; cautious cycling of botanicals; Bottle 2 (terrain) if stable; foundational nutrient repletion.

What is explicitly excluded: “stacking” multiple kill agents at once; rapid dose escalation; sauna/strong purge protocols as first-line.

Intervention	Typical Range	Purpose	Data Link
Binder nights (charcoal/bentonite)	2–4 nights/week	Reduce recirculation of toxins/byproducts	Formaldehyde D=0.291; heavy metal signals; dysbiosis markers
Anti-parasitic botanical cycle	5 days ON / 2 OFF (per label)	Address parasite markers	Giardia D=0.151; Ancylostoma D=0.166; Opisthorchis D=0.192
Bottle 2: Miasm Clearing Complex	1–3x/week (only if stable)	Terrain layer support	miasma entries present; chronic pattern load
Vitamin D3 + K2	Daily with meal	Immune + vascular resilience	Vitamin D2 deficiency signal D=0.251
B-complex (low dose)	5 days/week	Addresses vitamin-table cluster	Niacin D=0.215; Biotin D=0.228; B6 D=0.284; Folic acid D=0.303

Exit Criteria	Target / Threshold	Suggested Time Window	How to Track
Tolerance to elimination	No increase in BP volatility or dizziness	14–42 days	BP log + symptom log
Microbial symptom trend	Reduced GI/off-feeling/allergy reactivity	14–42 days	Daily symptom ratings
Stool regularity	≥1 comfortable bowel movement/day (ideal)	14–42 days	Simple bowel log
Energy trend	Less fatigue and “wired” swings	14–42 days	Weekly reflection + 0–10 energy score

Stop/slow signals: worsening BP control; new palpitations; worsening bleeding; severe GI distress; marked insomnia/agitation.

Progression/regression rules: Increase only ONE lever at a time (either botanicals, or Bottle 2 frequency, or binder frequency). If symptoms flare, drop back to the last-tolerated step for 3–7 days.

Phase 3 — Detoxification & Regeneration (Conditional)

Purpose: rebuild resilience and long-term vascular elasticity after the system is calm.

What is included: gentle regeneration nutrients; careful anti-inflammatory support; continuation of Bottle 1 as needed.

What is explicitly excluded: high-risk detox stacks, unsupervised fasting, or anything that re-triggers bleeding/BP swings.

Intervention	Typical Range	Purpose	Data Link
Omega-3 (EPA/DHA)	~1 g/day with food (only if no nosebleeds)	Endothelial support	vascular instability history; bleeding monitored
Vitamin E (mixed tocopherols)	100–200 IU/day	Membrane resilience	Vitamin E D=0.253
Continue Bottle 1	As-needed maintenance	Ongoing regulation	BP variability pattern
Maintenance binder	1–2 nights/week if needed	Keep clearance steady	toxin markers; symptom response

The exit criteria below are the practical checkpoints that signal your system is **stable enough to reduce monitoring intensity** and plan a calmer lab re-check window. Track these markers consistently; if BP volatility or nosebleeds return, treat that as a signal to **slow the pace and re-stabilize** before adding new variables.

Exit Criteria	Target / Threshold	Suggested Time Window	How to Track
Sustained BP steadiness	Stable readings without spikes	4–12 weeks	BP log (reduced frequency once stable)

Exit Criteria	Target / Threshold	Suggested Time Window	How to Track
Bleed-free stability	No significant nosebleeds	4–12 weeks	Nosebleed log
Resilience markers	Improved stamina; fewer “off” days	4–12 weeks	Weekly function score; activity tolerance
Lab re-check readiness	Able to re-test without acute stress	4–12 weeks	Plan labs with clinician

Stop/slow signals: return of frequent nosebleeds; new bruising; BP volatility return.

Progression/regression rules: If bleeding returns, pause omega-3/vitamin E and revert to Phase 1 stabilization supports until stable again.

13. Monitoring & Adjustment Guidance

- **BP tracking:** log AM + PM readings for 2–3 weeks (same arm, seated, 5-minute rest), plus any symptom-trigger readings.
- **Nosebleed tracking:** note date/time, duration, approximate volume, triggers (heat, exertion, alcohol, nasal irritation), and what stopped it.
- **Medication boundary:** do not change prescription BP medications without the prescribing clinician; use your logs to support shared decision-making.
- **One-change rule:** change only one variable every 3–5 days (dose, frequency, or adding/removing one item).
- **If BP or bleeding worsens:** reduce/eliminate the newest addition first; return to Phase 1.
- **Suggested lab follow-ups (clinician-ordered):** CBC with platelets (thrombocytes), CMP (kidney/liver), fasting glucose + HbA1c, lipid panel, hs-CRP, ferritin/iron studies, thyroid panel if symptomatic (data not provided).

14. Sources & References

- General hypertension lifestyle and risk guidance (e.g., AHA/ACC clinical guidance principles; DASH dietary pattern).
- Nutrition principles for BP variability and metabolic risk reduction (whole-food, low sodium, adequate potassium/magnesium from foods).

- Standard lab interpretation ranges as displayed in the provided lab panels (CBC, electrolytes, liver enzymes, lipids).
- Homeopathic remedy selection is based on the provided match list (match quality D-values; lower = better match).

15. Medical Disclaimer

This report is for educational and wellness planning purposes only and is not medical advice. All supplements and remedies must be reviewed by the client's prescribing physician if applicable.

16. Contact Information

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Sample Report

Appendix 1: Root Cause Analysis Background

0) Safety triage

- BP variability with a reported spike ~200 plus recurrent epistaxis increases acute vascular risk; if BP \geq 180/120 or neurologic/chest symptoms occur, seek urgent medical evaluation.
- Thrombocytes are elevated (337), which can raise clotting risk in vulnerable contexts—this should be rechecked with a clinician.
- If nosebleeds are heavy, recurrent, or hard to stop (>20 minutes), or if there is easy bruising/new bleeding elsewhere, medical evaluation is warranted.
- “Potential malignancy” scan markers are non-specific and not diagnostic; appropriate age- and risk-based screening should be handled by a licensed clinician.

1) Mother Driver

Chronic neurovascular overdrive (sympathetic dominance) layered onto a clearance/toxin-microbe burden, driving unstable vascular tone and mucosal fragility.

2) Mother Driver — Proof & Mechanism

Evidence anchors (strongest):

- Idiopathic hypertension D=0.035; BP 161/92 with a reported spike ~200 during epistaxis.
- Thrombocytes 337 (high) with recurrent nosebleeds.
- Cardiac output 3.4 (low); speed oxygenation 259 (low); fatigue and “off/balance” episodes.
- Microbial/parasite markers deeper in the organs: Mycoplasma hominis D=0.130; Giardia lamblia D=0.151; Ancylostoma duodenale D=0.166; Opisthorchis felinus D=0.192.
- Clearance/toxin signals: Formaldehyde D=0.291; multiple toxic trace elements in hair; total bilirubin 19.5 (high-normal).

Mechanism (how it fits together):

The body is showing a “load > capacity” pattern. Stress peaks push sympathetic tone up, raising vascular resistance and making BP more variable. In parallel, microbial/parasite and chemical burden can increase inflammatory signaling and oxidative load, which

reduces endothelial performance and microcirculation quality. Reduced throughput signals (low cardiac output and borderline oxygenation metrics) make the whole system more trigger-sensitive: smaller inputs (stress, low hydration, stimulants, nasal irritation, alcohol, or exertion) can tip the system into a spike or bleed episode.

3) Relief Driver (ONE) — Phase 1 lever

Implement a daily **pressure-stability routine** that prioritizes autonomic downshifting + steady volume/mineral support + capillary integrity (before any aggressive elimination).

Targets:

- BP spikes/variability
- Nosebleed frequency/intensity
 - Fatigue/“off” feeling and dizziness

Why safest fastest lever:

- Works with regulation systems rather than provoking die-off.
- Reduces trigger sensitivity (stress, dehydration, stimulants).
- Creates the stability gate required before elimination work.

Expected early wins (first 7–21 days):

- Fewer high spikes and more predictable BP readings.
- Reduced nosebleed frequency and faster resolution when they occur.
- Improved sleep and steadier energy.

Stop/Slow rules:

- If BP $\geq 180/120$, or if chest pain, severe headache, weakness/numbness, confusion, or shortness of breath occurs → urgent medical evaluation.
- If nosebleed is heavy or lasts >20 minutes → medical evaluation.
- If dizziness worsens after any new intervention → step back to the last tolerated baseline.

4) House-of-Cards Map (Mother → Amplifiers → Expressions)

- Mother Driver: chronic neurovascular overdrive + clearance burden
 - Amplifier: stress peak (business pressures)
 - Expression: BP volatility + pressure spikes

1. **Mother Driver**
 - Amplifier: dehydration/volume variability (reported ~5 cups/day)
 - Expression: BP instability; fatigue
2. **Mother Driver**
 - Amplifier: microbial/parasite burden (Giardia/Ancylostoma/Opisthorchis signals)
 - Expression: inflammatory load; “off” feeling; reactivity
3. **Mother Driver**
 - Amplifier: toxin burden signals (formaldehyde/heavy metals)
 - Expression: oxidative load; endothelial strain
4. **Mother Driver**
 - Amplifier: low cardiopulmonary throughput (cardiac output low)
 - Expression: fatigue; occasional balance issues
5. **Mother Driver**
 - Amplifier: platelet elevation (thrombocytes 337)
 - Expression: clot/flow risk context that requires medical verification

5) Silent Drivers (Amplifiers)

- **Hydration/volume variability** amplifies BP swings; evidence: water intake ~5 cups/day; Priority: Now.
- **Microbial/parasite load** amplifies inflammation/vascular reactivity; evidence: Mycoplasma D=0.130; Giardia D=0.151; Ancylostoma D=0.166; Priority: Soon.
- **Chemical/toxin load** amplifies oxidative load and endothelial strain; evidence: Formaldehyde D=0.291; toxic trace elements in hair; Priority: Soon.
- **Vitamin/mineral depletion pattern** lowers resilience; evidence: vitamin table cluster (niacin, B6, folate, vitamin C/E, vitamin D2); Priority: Soon.
- **Sleep-disordered breathing possibility:** a common BP amplifier; evidence: Data not provided; Priority: Verify.

6) Symptomatic Expressions (Downstream)

- **Epistaxis (nosebleeds)** → capillary fragility + pressure swings; anchor: frequent nosebleeds + BP spike ~200.
- **Sneezing/allergy reactivity** → autonomic/mucosal reactivity; anchor: seasonal allergy feeling; eosinophils 4%; Sabadilla LM IV D=0.074.
- **Fatigue / “not myself”** → throughput + load; anchor: cardiac output 3.4; speed oxygenation 259.

- **Occasional balance issues** → perfusion sensitivity; anchor: symptom report + ischemic insult marker D=0.246 (non-diagnostic).
- **Intermittent joint pain** → inflammatory burden + degenerative load; anchor: spondyloarthritis D=0.146; garlic helped.

A. Deficiency & Toxicity Summary (Data-Dependent)

Deficiency patterns (severity D; lower = more severe):

- Niacin D=0.215; Biotin (Vitamin H) D=0.228; Inositol D=0.240.
- Vitamin D2 (calciferols) D=0.251; Vitamin E D=0.253.
- Vitamin B6 D=0.284; Bioflavonoids D=0.286; Vitamin C D=0.295; Folic acid (B9) D=0.303.

Toxicity / biotransformation patterns (priority/relevance D; lower = more relevant):

- Formaldehyde D=0.291; salicylates D=0.335.
- Multiple toxic trace elements in hair are present, alongside a broader element-load picture in the Mineral Table.
- Bilirubin high-normal (19.5) suggests clearance strain in context.

Mitochondria, Signaling, Redox & Cellular Membranes (conditional)

The data suggests a throughput-and-redox constraint: fatigue plus “transport/oxygen consumption” metrics (cardiac output 3.4; speed oxygenation 259) indicate reduced delivery/usage efficiency. Clustered vitamin-table signals (niacin, B6, folate, vitamin C/E, vitamin D2) imply lowered cofactor availability for mitochondrial energy production and antioxidant buffering. Toxin and microbe burden signals can raise oxidative load, stressing endothelial function and membrane signaling (fluidity, receptor sensitivity, and nitric-oxide / vascular signaling stability).

Mineral Regulation Map (conditional)

Minerals implicated:

Mineral	Evidence (D-values/Patterns)	Clinical Expression	Interpretation
Sodium	Na in plasma 140.4 (normal); Mineral Table sodium D=0.328	BP variability	Likely regulation/volume signaling issue more than absolute deficiency
Potassium	K in plasma 4.8 (normal)	BP variability	Maintain food-first intake; avoid extremes with BP meds (names not provided)
Magnesium	Mg in plasma 1.0 (high-normal)	Nervous system tone	Serum can look normal while intracellular need persists; titrate gently
Iodine	Mineral Table iodine D=0.246	Energy/thyroid signaling	Suggests iodine/thyroid-pattern relevance; verify clinically if symptomatic
Copper / Iron	Mineral Table copper D=0.195; iron D=0.286; iron-deficiency anemia signal present in scan	Fatigue	Confirm with ferritin/iron studies; avoid supplementing iron without labs

Systemic drivers affecting minerals:

Driver	Effect on Minerals	Supporting Data
Stress / sympathetic dominance	Can increase mineral wasting and BP volatility	nervousness themes; BP variability; recent stress
Clearance/toxin load	Can disrupt membrane transport and enzyme systems	Formaldehyde D=0.291; toxic trace elements in hair
Gut dysbiosis / parasites	Can impair absorption and increase losses	Giardia D=0.151; dysbacteriosis D=0.386
Hydration variability	Can alter sodium/potassium signaling and perfusion	Water intake ~5 cups/day; BP swings

What to Verify Next (Highest-Yield, max 5)

- CBC with platelets repeat → confirms thrombocyte trend and bleeding/clot context → urgency: Now.
- HbA1c + fasting insulin → clarifies insulin-resistance risk suggested by scan → urgency: Soon.
- Ferritin/iron studies (±B12/folate as clinician prefers) → clarifies fatigue/anemia pattern → urgency: Soon.
- CMP (kidney/liver) → confirms clearance capacity before elimination work → urgency: Soon.
- Exposure history + targeted testing if indicated (heavy metals/VOCs) → confirms toxin drivers → urgency: Later/Soon depending on exposures.

Evidence Quick-List (optional, compact)

BP 161/92; BP spike ~200 with epistaxis; Idiopathic hypertension D=0.035; thrombocytes 337; cardiac output 3.4; speed oxygenation 259; total bilirubin 19.5; Formaldehyde D=0.291; Mycoplasma D=0.130; Giardia D=0.151; Ancylostoma D=0.166; Opisthorchis D=0.192; Niacin D=0.215; Biotin D=0.228; Vitamin D2 D=0.251; Vitamin E D=0.253; Vitamin C D=0.295; Folic acid D=0.303.

Appendix 2: Recommended Holistic Mouth Hygiene Protocol

Goal: support healthy oral flora, protect saliva enzymes, reduce plaque-forming activity, strengthen enamel, calm sensitivity, and keep gums resilient.

Daily core routine (AM + PM)

Oil pulling (optional, 3–5x/week)

Use 1 tsp coconut or sesame oil.

Swish gently 10–20 minutes (start with 2–3 minutes if new).

Spit into trash (not the sink). Rinse with water.

Safety notes: skip if it triggers gagging, nausea, jaw pain, or if there's aspiration risk. Do not swallow.

Brush with nano-hydroxyapatite + xylitol

Use a soft brush, light pressure, 2 minutes.

Choose toothpaste with nano-hydroxyapatite + xylitol.

If your paste has no xylitol, add a small pinch of xylitol to the bristles.

After brushing, spit well. Avoid aggressive rinsing so minerals can sit on enamel longer.

Xylitol “oral reset” (after meals)

Use xylitol gum/mints or dissolve a big pinch of xylitol in the mouth after meals.

Note (compatibility): If homeopathic remedies are part of your plan, avoid mint products within ≥60 minutes of dosing.

This supports a less acid-forming environment and reduces plaque stickiness over time.

Gum support + sensitivity support

Water floss (instead of string floss when gums are sensitive)

Use warm water, low pressure, aim along the gumline.

Increase pressure slowly over weeks.

If gums bleed heavily or persistently beyond ~7–10 days, pause and reassess technique.

Clove essential oil (use with care)

Clove oil is potent and can burn oral tissue if undiluted.

Prefer dilution: 1 drop clove essential oil mixed into ½–1 tsp carrier oil (coconut/olive).

Apply a tiny amount with a clean finger to the top of your mouth and let it slowly spread into the mouth.

Stop if any unusual burning occurs.

Avoid daily long-term use; use short bursts (e.g., 3–5 days a week).

Avoid if pregnant, for kids, if you have mouth ulcers, if you take blood thinners, or if you have allergy history to clove/eugenol.

“Never / Avoid” list (kept, but clarified)

Avoid industrial antiseptic mouthwash as a daily habit (it can disrupt oral ecology and irritate mucosa).

Avoid fluoride toothpaste.

Avoid routine hydrogen peroxide rinses.

Avoid routine baking soda brushing.

Use baking soda only as an occasional tool (1–2x/week) if deposits persist after proper brushing, and stop if sensitivity increases.

Weekly add-ons (enamel + microbiome-friendly)

Mineral support rinse (simple): plain water rinse after acidic drinks/coffee.

Timing rule: wait 30–60 minutes after acidic foods/drinks before brushing (protects softened enamel).

Tongue hygiene: gentle tongue scraping once daily.

Priority message: get the right kind of dentist

See a biological (integrative) dentist.

Ask them to assess:

- existing root canals for unresolved inflammation risk,
- jawbone health and chronic inflammatory sites,
- crowns/margins for leakage or chronic irritation.

Discuss material options and conservative dentistry approaches that preserve tooth structure when appropriate.

Bottom line

Choose a dentist who treats the mouth as part of the whole body, prioritizes tooth preservation, clean margins, and long-term stability.
