



**TEST PATIENT**

GUa d'Y'HYgh'BUa Y  
 Sex : :  
 DUHY Collected : 00-00-0000  
 111 H9GH'ROAD TEST SUBURB  
**@AB =8: 00000000** UR#:0000000

**TEST PHYSICIAN**

DR JOHN DOE  
 111 CLINIC STF 99H  
 7@-B=7'GI 6I F 6'J =7'' \$\$\$

P: 1300 688 522  
 E: info@nutripath.com.au  
 A: PO Box 442 Ashburton VIC 3142

**INTEGRATIVE MEDICINE**

URINE, SPOT	Result	Range	Units	
<b>Urine - Specific Gravity</b>	<b>1.010</b>	1.000 - 1.030		
<b>Maive Factor (HPL)</b>	<b>0.34</b>		units	
<b>Kryptopyrroles (ug/dL)</b>	<b>42.50</b>		ug/dL	
<b>Maive Factor HPL (Normalised)</b>	<b>63.75 *H</b>	0.00 - 10.00	ug/dL	

(\* ) Result outside normal reference range

(H) Result is above upper limit of reference rang



P: 1300 688 522

E: info@nutripath.com.au  
A: PO Box 442 Ashburton VIC 3142

### TEST PATIENT

GUa d'Y'HYghBUa Y

Sex : :

DUHY Collected : 00-00-0000

111 H9GH ROAD TEST SUBURB

@AB =8: 00000000 UR#:0000000

### TEST PHYSICIAN

DR JOHN DOE

111 CLINIC STF 99H

7@B=7'GI 6I F6'J =7" \$\$\$

#### Mauve/Kryptopyrroles Comment

A specific gravity greater than 1.035 is consistent with frank dehydration.

Raised specific gravity: dehydration, diarrhea, excessive sweating, vomiting, water restriction, glucosuria, heart failure (related to decreased blood flow to the kidneys), renal arterial stenosis, adrenal insufficiency, nephrosis, congestive cardiac-failure, liver disease.

Reduced specific gravity: excess fluid intake, diabetes insipidus - central or nephrogenic, certain renal (kidney) diseases, renal (kidney) failure (i.e., loss of ability to reabsorb water), diabetes mellitus, pyelonephritis

#### HIGH MAUVE STATUS

Consider the Following Actions:

Treat Zinc and Vitamin B6 Deficiencies [1, 2]

Long-term supplementation with vitamin B6 and zinc is usually required

- \* Initial doses may be higher than maintenance doses
- \* Higher levels of zinc may be required during growth spurts
- \* Higher levels of zinc and vitamin B6/P5P may be required during high stress situations [3]
- \* Ensure copper and manganese levels are optimal as these minerals are often decreased during zinc supplementation. Be aware however that copper supplementation may exacerbate symptoms in some high-Mauve patients.

Consider Biotin supplementation [1, 6]

Test the Following and Treat Accordingly

\* Indicans Test, Intestinal Permeability Test and/or Comprehensive Digestive Stool Analysis [1]

An increased intestinal permeability has been suggested in high-Mauve patients [1]

\* Essential Fatty Acid Levels & Ratios [1]

Preliminary data suggests that Omega 6 deficiencies are present in high-Mauve patients

\* Oxidative Stress [1]

High-Mauve has been correlated with deficiencies in the key antioxidative enzymes catalase and glutathione

Test Other Family Members for the Mauve Factor

\* The presence of the Mauve Factor has been observed to be familial

#### MAUVE FACTOR & KRYPTOPYRROLES

The 'MAUVE FACTOR' (also known as hydroxyhemopyrrolin-2-one (HPL), Kryptopyrrole and Urinary Pyrrole) is a neurotoxic substance found in high levels in depression and other mental health disorders. Elevated levels of Mauve Factor are associated with deficiencies in vitamin B6 and zinc. Treating the condition with supplementation of these nutrients (vitamin B6 and zinc) results in symptom resolution, as well as lowering the Mauve Factor levels.

The origin of Mauve Factor is currently not known. It is however understood that it is induced through increased physiological and psychological stress. Elevated Mauve Factor levels may also be related with biotin deficiency, increased intestinal permeability, essential fatty acid imbalances and high oxidative stress.

Review levels 8-10 weeks post supplementation.

KRYPTOPYRROLE is the Pfeiffer Centre's name for the neurotoxic compound and has been referred to as this for more than 20 years. It has only recently come to the attention

(\*) Result outside normal reference range

(H) Result is above upper limit of reference range



P: 1300 688 522

E: info@nutripath.com.au  
A: PO Box 442 Ashburton VIC 3142

### TEST PATIENT

GUa d'Y'HYghBUa Y

Sex : :

DUHY Collected : 00-00-0000

111 H9GH ROAD TEST SUBURB

@AB =8: 0000000 UR#:0000000

### TEST PHYSICIAN

DR JOHN DOE

111 CLINIC STF 99H

7@B=7'GI 6I F 6'J =7" \$\$\$

of those involved in this area of research that the term 'kryptopyrrole' is scientifically inaccurate.

#### References:

- [1]. McGinnis, W.R., et al., Discerning the Mauve Factor. In Press, 2007.
- [2]. Pfeiffer, C.C. and V. Iliev, Pyroluria, urinary mauve factor, cases double deficiency of B6 and zinc in schizophrenics. Fed Am Soc Exp Biol, 1973. 32: p. 276.
- [3]. McCabe, D.L., Kryptopyrroles. Journal of Orthomolecular Psychiatry, 1983. 12: p. 2-18.
- [4]. Pfeiffer, C.C., A. Sohler, and E.H. Jenney, Treatment of pyroluric schizophrenia (malvaria) with large doses of pyridoxine and a dietary supplement of zinc. Journal of Applied Nutrition, 1974. 26: p. 21-28.
- [5]. Pfeiffer, C.C. and P. Holford, Mental Illness and Schizophrenia: the Nutritional Connection.

CONVERSION FACTOR (From Mauve Factor units to Pfeiffer Kryptopyrroles units)

For practitioner convenience, the reporting of both the units as Absorbance Units and the approximate equivalent in ug/dl (for Pfeiffer Centre trained practitioners).

#### PLEASE NOTE:

The correct units for Mauve Factor are Absorbance Units (Ref Range: 0.0 - 0.08 units).  
The correct units for Pfeiffer Centre Kryptopyrrole are ug/dL (Ref Range 0.0 - 10.00 ug/dL).