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[www.hauss.de](http://www.hauss.de)

Medical directors:

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Translation by "Candidatestest and more", Tel: 0844 330 1909

Date: xx.01.2020

Final results of xx.01.2020 Arrival of the sample 16.01.2020

<b>Patient</b> xxxxx	<b>Order-No.</b> xxxx - E	<b>Date of Birth</b> xxxxxx
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Test-ID	Description	Result	Unity	+-	Reference
Description of Probe		Remark			
PHBAKA Stuhl	<b>Stool pH:</b>	<b>increased: 7,2</b>			6.2 - 6.8 with normal nutrition
CANAL1 Stuhl	<b>Candida albicans</b>	<b>&lt; 10<sup>2</sup> normal</b>	cfu/ml		< 10 <sup>2</sup>
CANSPA Stuhl	<b>Candida spec.</b>	<b>&lt; 10<sup>2</sup> normal</b>	cfu/ml		< 10 <sup>2</sup>
SA Stuhl	<b>Pathogen: Secretory aspartic protease:</b>	<b>negative</b>			
MS Stuhl	<b>Yeast in mouth swab:</b>	<b>&lt; 10<sup>2</sup> normal</b>	cfu/ml		< 10 <sup>2</sup>
GEOA Stuhl	<b>Geotrichum spec.</b>	<b>&lt; 10<sup>2</sup> normal</b>	cfu/ml		< 10 <sup>3</sup>
SCHIMA Stuhl	<b>Moulds</b>	<b>negative</b>	cfu/ml		negative
PARAA Stuhl	<b>Worm eggs</b>	<b>all clear</b>			
CRYP Stuhl	<b>Cryptosporidium spec.</b>	<b>all clear</b>			
ENTHIS Stuhl	<b>Entamoeba histolytica</b>	<b>all clear</b>			
GIALAM Stuhl	<b>Giardia lamblia</b>	<b>all clear</b>			
BLAHOM Stuhl	<b>Blastocystis hominis</b>	<b>all clear</b>			
IGAA Stuhl	<b>Secretory IgA:</b>	<b>3140 high</b>	µg/ml		norm range: 510-2040
AIATA Stuhl	<b>Alpha 1 antitrypsin:</b>	<b>15,5 normal</b>	mg/dl		normal up to 40
CALA Stuhl	<b>Calprotectin</b>	<b>&lt;15 normal</b>	mg/kg		normal up to 50
TUMORA Stuhl	<b>Tumor M2 PK:</b>	<b>&lt;1,0 normal</b>	U/ml		positive from 4
HAEMOA Stuhl	<b>Haemoglobin/haptoglobin complex:</b>	<b>0,2 normal</b>	U/g		normal up to 2.0
HELICA Stuhl	<b>Helicobacter pylori stool antigen:</b>	<b>2,594 clearly positive</b>			negative up to 0.130 positive from 0.170



## Candidatest and more.....

Service for the Dr. Hauss Laboratory, Germany  
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Jan 2020

Dear xxxx,

Please find **your** lab results attached.

You chose our most complex test. A lot to read and to take in.

In your sample **no yeasts or moulds could be found.**

I hope you are pleased that your therapy has obviously been successful.

From this result it is very clear how valuable testing is in order not to spend a lot of time and also money on the wrong therapy. A lot of therapists diagnose candida just from symptoms, which is clearly not reliable.

Many “candida like” symptoms can also be caused for example by a low pancreas function, a bacterial imbalance or often food sensitivities etc.\_

This test is reliable, because the stool test is backed up by the mouth swab and in several cases when the stool is clear, the mouth swab shows fungal cells clearly.

In your case both samples were clear.

### **Your stool pH is too alkaline:**

The pH reading is a measure of the acidity and alkalinity of substances.

A high stool pH (higher than 6.8 = too alkaline) indicates an imbalanced intestinal flora.

Probably protein digesting bacteria have multiplied. This can have different reasons: possibly because of a diet too rich in proteins or too low on roughage or incomplete protein digestion because of a low pancreas function etc. These bacteria increase the stool pH by excreting alkaline metabolic products. These metabolic end products can be unhealthy and these putrefaction bacteria can cause symptoms similar to those caused by fungi.

Beneficial acidifying microbes may be reduced, like for example bifido, enterococci, lactobacilli etc. Once these good strains have become stronger and the diet or your digestion has been improved, the pH will become normal again. We recommend supplementation with acidifying gut bacteria (= a good multi-strain probiotic supplement) and dietary advice.

However, we also have to keep in mind that the pH can change according to the food you eat and we have to put this into perspective to your symptoms.

### **As for the parasites: It is all clear.**

The lab lists just a few major species as an example in the result sheet. However, they would detect all other protozoa cysts like those of blastocystis hominis or worm eggs. It is just impossible to list them all here. There are many possibilities.

You will find a list of all parasites, which would be detected if they were present on our website at <https://www.candidatest.co.uk/parasites/>

In case of a suspected worm infestation please be aware:

Sometimes it can take 1 to 3 months from the time of infection until larva or eggs can be detected. If you have a suspicion you might want to re-test.

If people have a tapeworm, the release of egg containing parts (proglottida) is intermittent. There might be samples without any traces.

But the tapeworm parts can be seen with the naked eye as little moving white worm like bits in the stool. You have to observe your stool in case of a suspicion.

Pinworms, which make intense anal itching, however, have to be collected in a different way.

If you suspect this, please give me a call to discuss this.

### Your secretory IgA is clearly increased

The secretory IgA is produced by mucous membranes and can be found in the secretions like saliva, tears, nose mucus and gastrointestinal secretions. It provides our first line of defence against bacteria, food residues, fungus, parasites and viruses. The concentration of sIgA in this test gives us information about the intestinal immune defence.

**Increased sIgA indicates intestinal inflammation.** Often high levels of sIgA are found in people who have chronic infections and whose immune systems are overloaded.

It can also be a sign of allergic reactions for example to foods.

Repair of the intestinal mucosa and anti-inflammatory measures can help normalise sIgA

### Leaky gut readings normal:

Alpha-1-Antitrypsine is synthesised in the liver and in intestinal cells and it is an acute phase protein. An increased reading would indicate an increased permeability of the gut lining, which is responsible for the enteral loss of Alpha-1-antitrypsine.

Enterocolitis of different reasons could also cause an increase of this parameter.

No indication of a disorder could be found here.

However, a food allergy still cannot be ruled out, because this can persist even after a leaky gut lining can have healed. The immune system has a very long memory which we value in vaccinations.

### Calprotectin normal

Inflammatory bowel diseases (IBD) are a group of conditions that cause a pathological inflammation in the bowel wall. Normally they are investigated by blood tests, endoscopy, x-rays etc. These methods are invasive and stressful for the patient, so science has looked for an alternative diagnosis. In inflammatory bowel disease the intestinal lining becomes damaged and its normal function is significantly reduced. During this process white blood cells migrate into the intestinal lumen and these provide a good measure of the degree of inflammation. Calprotectin is a protein that comes mainly from granulocytes but also from monocytes and macrophages (these are all types of white blood cells). The fecal level of Calprotectin measures the amount of white blood cells that have migrated into the intestinal lumen. The readings correlate with the severity of inflammation so the lab can quantify the inflammatory problem and also monitor an anti-inflammatory therapy. High readings indicate intestinal inflammation but cannot give any information about the cause or the location, so further investigations will be necessary. The main diseases that cause an increased excretion of fecal calprotectin are Crohn's disease, ulcerative colitis and neoplasms (cancer). However, levels of fecal calprotectin are normal in patients with (IBS). Low readings occur with immune suppressive therapies.

**In your case no abnormal readings were detected.**

### The tumour marker is nicely low.

Please see an article about this tumour marker attached.

However, the tumour markers are not always increased, unfortunately sometimes only in progressed stages. So a negative marker (=normal) does not give us 100% certainty. On the other hand slight increases of the marker can also come with harmless illnesses, smoking or alcoholism. To minimise this risk of a false negative our test also includes the test for intestinal bleeding, which makes the negative result (=normal tumour marker) much more reliable. I am personally very much in favour of tumour markers in spite of the uncertainties, because to my opinion it is still a very good way to check – apart from doing an elaborate endoscopy and biopsy. We just have to keep the limitations in mind, which actually apply to every test we can perform.

### Haemoglobin-haptoglobin complex negative:

This is an immunological test for human blood, which has a much higher sensitivity than the usual chemical test and no special diet is necessary. Normally haemoglobin is bonded to haptoglobin in

the body to protect the kidney tubuli. This complex is not decomposed in the intestine as fast as haemoglobin.

This gives a higher chance to detect tumours even of the right hand colon areas.

This test would also detect polyps from a certain size which are suspected to be pre-cancerous. In your case nothing abnormal could be detected.

### Helicobacter:

In your case our laboratory could detect an infection with Helicobacter pylori.

Only in the year 1982 the spiral shaped bacterium Helicobacter pylori was detected on the inner lining of the human stomach by Marshall and Warren.

Most bacteria are killed by the strong stomach acid. H. pylori, however, thrives on it. It settles in the mucous tissue of the stomach and usually leads to a lifelong inflammation of all parts of the stomach.

Today it is known that this bacterium causes 80-90% of all gastritis forms.

Helicobacter is also the most common cause of stomach and duodenal ulcers worldwide. Its toxic metabolic end products damage the stomach lining, and since 1994 the WHO even classifies Helicobacter in group 1 of carcinogenics (cancer causing substances).

An H. pylori infection is most likely acquired by ingesting contaminated food and water or through person to person contact. In the United States, 30% of the adult population is infected and infected individuals usually carry the infection indefinitely unless they are treated with medications to eradicate the bacterium.

In case of a Helicobacter pylori infection conventional medicine uses the “triple therapy” which means that the patient takes two kinds of antibiotics and an antacid medication. You would have to see your GP or gastroenterologist for this.

Our laboratory also suggests a naturopathic approach using bismuth, an alkaline mineral mixture and vitamin C. Good results have been observed with this therapy. But please contact your GP and follow his/her advice.

### Comments:

The first good news is that the tumour marker is totally normal. This is very reassuring – although, as I said above, unfortunately there is no 100% certainty with any test in this world. But still a good reassurance, especially with the negative result for human blood in the stool, which makes the tumour test more reliable. Like this the test is probably similarly sensitive to an endoscopy. Also the all clear for parasites, leaky gut and intestinal inflammation.

But we can see an increased sIgA. The other inflammation marker, Calprotectin, is normal.

Calprotectin indicates inflammatory bowel disease, like crohn’s disease or ulcerative colitis. So fortunately you can now exclude these problems.

Increased sIgA could either relate to the inflamed stomach lining due to the Helicobacter bacterium or it could indicate food sensitivity. I think we should first look at the Helicobacter infection. After the therapy sIgA could be tested again. Most likely it should be down.

The lab found a clearly positive Helicobacter reading.

The Helicobacter bacterium has many negative effects.

I think you should definitely see a health professional and assess this problem.

You told me that you will see xxxx.

She will decide if you have to see a doctor who might want to repeat the test.

Then however, it is up to you which kind of therapy you want to go with. The medical triple therapy can be very stressful. But you will be able to discuss this with xx who will look at your whole situation and then decide. Your reflux symptoms could well be caused by Helicobacter.

As for your constipation: xx will also look at your whole situation and take it from there.

As a laboratory we are not permitted to give specific therapy recommendations to patients because neither do we know your exact case history nor about all medication or supplements you might take.

I will not even include *a general bowel health plan* since you are going to see a health professional who can devise a more appropriate therapy.

In case you want any more help in understanding your test result, please feel free to best **email** me on [ute@candidatest.co.uk](mailto:ute@candidatest.co.uk) or call me. Telephone **0844 330 1909**, usually I am at our phone on Wed and Fri mornings from 10 – 13 UK time. If you cannot get me, please email me, so we can agree a time. (Phone calls inside Europe are cheap now). Unfortunately we cannot offer a call-back service. I apologize for the restricted telephone times but we are practising therapists and not just a call centre, which will hopefully be to the benefit of our customers.

Kind regards, Ute  
Ute Allison, ND

PS: We always email all files.  
I will also send you a hard copy back-up of the result + letter by post.  
Please let us know if either fails to arrive.