



Clinical Nutrition and Medical Differences In Interpretation of Laboratory Reports. By Dr. Donna F. Smith

The following information applies to all Laboratory Testing and Examinations, whether performed for medical or clinical nutrition purposes. However, there is a difference between in medical and clinical nutrition interpretations of these tests and exams. For brevity's sake, references will be made to blood testing only, rather than referring to each individual type of biochemical tests, such as urine, hair, saliva, stool, etc.

GENERAL TERMINOLOGY

- Clients and Patients:** When referring to a medical interpretation, the term “patient” will be used and when referring to a clinical nutrition interpretation, the term “client” will be used. I prefer to address my patients as “clients” because the term client represents an “inter-dependent” relationship between doctor and patient, whereas the term “patient” represents a “dependent” relationship between doctor and patient.
 - In an **inter-dependent doctor-client relationship**, all decisions are made and acted upon with mutual consent of doctor and patient after the doctor (me) reports the tests findings and communicates the options available to the client so the client can make an informed decision about what is best for their body.
 - In a **dependent doctor-patient relationship**, the doctor dictates what the patient is to do and the patient does what they are told, often without question. The doctor does not communicate the various options for treatments available to the patient, which would include clinical nutrition therapy, chiropractic or other non-medical therapies, so the patient to make an informed decision as to what is best course of treatment for their body, instead the doctor chooses the course of treatment without input from the patient..
- Analysis and Interpretation:** Throughout my website, articles and e-books, which includes this educational article, when I refer to a Clinical Nutrition Analysis, I am referring to a Clinical Nutrition “interpretation” of the Laboratory Report for your biochemical tests.

INTERPRETATIONS BRIEFLY DEFINED

Medical Interpretation:

The purpose of a medical interpretation of your biochemistry is to evaluate disease, not health.

Physicians are trained to diagnosis medical conditions when the patient’s value (or number) for any blood test on the Laboratory Report is life-threatening or disease-related, i.e., when your test value (or number) is outside the “medical” reference ranges located in the right column of the Laboratory Report. By outside, I mean the patient’s value is either below, represented by



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“LOW” or above, represented by “HIGH” when compared to the reference range numbers.

The type of disease or life-threatening condition depends upon which individual or series of tests, or blood chemistries, have abnormal (high or low) medical values. **If you want to know how to read Laboratory Reports, whether urine, saliva, hair, stool or blood, and understand why a medical interpretation is not able to find causes for all your symptoms, read on.**

Clinical Nutrition Interpretation of the same Lab Reports:

The purpose of a clinical nutrition interpretation of your biochemistry is to evaluate health, not disease. The definition of health is homeostasis and thus clinical nutrition testing is the first step in restoring one's health and in preventative health care.

A Clinical Nutrition Analysis or interpretation of Laboratory Reports evaluates test values that are outside the "normal" reference ranges for **Homeostasis**. Homeostasis is perfect biochemical balance, i.e., the true definition of health.

For example, to have the right amount of oil for your car to function properly (for your car to be healthy, so to speak) is four quarts. So when testing your oil level and the measuring stick indicates four quarts, then you could say your oil is in homeostasis.

To progress to the disease stage detectable by a medical interpretation of your lab reports, your biochemistry first moves out of homeostasis, either moving above (high) or below (low). This can take weeks, months, years, even decades, from the moment chemistries move out of homeostasis for it to reach the disease stage. The pace at which the chemistries move is dependent upon a number of lifestyle factors, so some chemistries move faster and others move slower.

Symptoms can present at any time once a chemistry moves out of homeostasis, whether the chemistry is a vitamin or mineral deficiency, like Blood (Serum) Iron Deficiency, or an imbalance in biochemistry (like excessive Uric Acid that leads to Gout or a deficiency in Glucose that leads to Hypoglycemia,

Some biochemical imbalances are silent killers, i.e., you do not know through symptoms that you even have a health condition until it reaches the disease stage.

This is why it is important to have an annual Clinical Nutrition Analysis Of Your Laboratory Reports even when you are symptom free so that if you are currently in any “pattern or progression” towards disease this can be identified and corrected before reaching the disease stage. It takes more time, energy and money to heal the body when in a disease stage than in the stages preceding disease.

Also, because I do not perform all the “medical tests” available through your physician, it is important to have medical check-ups and send me a copy of all Medical Tests And Medical Interpretation Reports, so I may perform a Clinical Nutrition Analysis or



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interpretation.

- i. If your tests are medically abnormal, this is important because providing clinical nutrition therapy will speed healing and assure better medical results if you are receiving medical treatment. AND
- ii. A clinical nutrition interpretation is required of all “medically” normal tests because that does not mean they are in homeostasis. Medically normal tests that are not also Nutritionally “normal” (i.e., in homeostasis) are currently progressing towards disease, they just have not yet reached the disease stage by the date tests was performed.

So having a clinical nutrition analysis performed on medically normal tests will alert you to start clinical nutrition therapy in time to assist your body in reversing this disease process and thereby prevent the disease from developing fully, where values will then be medically “abnormal.”

Also remember that just because you have a medical check-up, that reveals abnormal medical values and your physician gives you a diagnosis, does not necessarily mean you need medical treatment (drugs), when providing the nutrients required will assist your body in healing itself.

At **Advanced Clinical Nutrition**, we provide biochemical testing of blood, urine, saliva, hair and stool for our clients, as well as a clinical nutrition interpretation for their recent medical tests and examinations, when they have them.

By recent, I mean medical tests and examinations that have been performed within the last four weeks prior to submitting them to me for analysis. Tests and examinations over four weeks are too old for analysis because of changes in biochemistry that have already occurred in the preceding weeks or months.

HOW TO READ A BLOOD CHEMISTRY LAB REPORTS **This also explains a “Medical” Interpretation of the Report**

To fully understand the differences between a Medical and Clinical Nutrition Interpretation of Laboratory Reports, you must first understand how to read a Laboratory Report for Blood Chemistry. **Remember that the same principles apply to all Lab Reports whether for hair, urine, saliva, stool or blood.**

For your quick reference, I have also posted a sample of an actual client’s Blood Chemistry Laboratory Report on the website where you downloaded this educational article. In explaining how to read a Blood Chemistry Laboratory Report, I am also using this client’s test value and reference ranges for Glucose.



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As I explain how to read a Blood Chemistry Lab Report below, I will also be demonstrating a “medical” interpretation of this report.

Though this is a client of mine, I will be referring to the client as the “patient” when providing information below about a “medical” interpretation and “client” when providing information about a clinical nutrition interpretation.

Therefore, when you view the actual Blood Chemistry Laboratory Report posted for this client, you will see the following columns.

1. **TESTS** - This first column is titled TESTS, which lists the names of the different blood tests. This report begins with Blood Glucose.
2. **RESULTS** - This column provides the patient's actual test number or value. The test value for Glucose is 74.
3. **FLAG** - The word LOW or HIGH appears in this column to save the physician time by flagging the test values that are out of range when compared to the numbers in the last column, titled the Reference Intervals. If not flagged, the physician has to take time to manually compare each test value with all the numbers in the last column.
4. **REFERENCE INTERVALS** – This is the last column which provides a broad range of numbers with the lower number on the left and the higher number on the right. This column is also referred to as "medical reference ranges." In this sample Blood Chemistry Laboratory Report, you will notice that the reference ranges for Glucose are 65 – 99.
 - a. **LOW** - If the patient's test value is below the reference range or interval number on the left, the word LOW will appear in the FLAG column. For example, if this patient's Glucose was not 74, but 64 or lower, the word LOW would appear in the FLAG column because the value is below 65, which is the reference range or interval number on the left. LOW means there is a “clinical deficiency” of that blood chemistry that is disease-related or life-threatening.
 - i. The above would be like running your car when it was out of oil or had so little oil that it is at risk of breaking down and depending upon the severity and duration of this low value, the car may not be reparable.
 - ii. If this patient’s Glucose was LOW, the physician may diagnosis “Hypoglycemia.”
 - b. **HIGH** - If the test value is above the reference range or interval number on the right, the word HIGH will appear in the FLAG column. If the patient's Glucose value was not 74, but 100 or higher, the word HIGH would appear because the value is above 99, which is the reference range or interval number on the right. HIGH means there is a “clinically-excessive” amount of that blood chemistry.



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- i. The above is like having 6 or more quarts of oil in your car at all times. That is way too much oil and the car is at risk of breaking down. Depending upon the severity and duration of this high value, the car may not be repairable.
 - ii. If this patient's Glucose was HIGH, the physician may diagnosis "Diabetes" after running other blood tests to confirm this.
- c. MEDICALLY NORMAL** - When the test value is within the left or right reference numbers, no word (LOW or HIGH) will appear in the FLAG Column. No word appears on this Sample Blood Test for Glucose because this patient's test number is 74 and thus falls within 65 - 99 (the right column reference range or interval numbers).
- i. **From a medical interpretation this means this patient's test number of 74 for Glucose is "medically" normal.** When the patient's test values are medically normal, the physician tells the patient that they are healthy. However, to be more accurate their physician should not say they are healthy, but that their test value is not disease-related or life-threatening, at least not at the time of this Glucose was tested.
 - ii. **Medically normal Glucose does not mean that the patient's Glucose is "healthy" unless the patient's actual test value of 74 is also within the clinical nutrition reference ranges for homeostasis.**
 - iii. The next section of this document will reveal if this client's value of 74 is truly healthy (in homeostasis) or just currently "not" life-threatening or disease-related at the time the test was performed.
 - iv. If this patient's test value of 74 is not in homeostasis and the patient leaves the physician's office thinking they are healthy, the patient is not aware that they start clinical nutrition therapy to restore their Glucose value to homeostasis before it becomes medically abnormal, which will be observed at one of their future medical check-ups when Glucose is retested.

Now that you know the definitions of these columns, you can easily understand a medical interpretation of this Lab Report.

CLINICAL NUTRITION INTERPRETATION OF THE SAME LAB REPORT

In respect to the Laboratory's Reference Intervals or reference ranges for Glucose, the Clinical Nutrition Reference Ranges for Homeostasis is 80-95.



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So though this client's value of 74 indicated that the client is not diseased, nor is this Glucose value "life-threatening," this client does not have "healthy" Glucose because the value is below the normal range for homeostasis (i.e., 80-95).

Therefore, on the client's **Clinical Nutrition "Blood Chemistry Report"** Glucose would be flagged "LOW."

Now, you can see how dangerous it is for physicians to communicate to their patients that they are "healthy" when the medical interpretation of their patients' Lab Reports are within medical ranges, but not within homeostasis reference ranges. Every day in every physician's office this is happening to patients who lack of Public Education in Clinical Nutrition. And each time this is done, these uninformed patients miss the opportunity to restore homeostasis through clinical nutrition therapy and soon each one is returning to their physicians complaining of severe symptoms related to test values that have now had time enough to move out of range medically.

In this case, if this was not one of our clients, this client would return to their physician complaining of symptoms of Hypoglycemia and the medical interpretation of their retested Glucose will be medically abnormal (disease-related or life-threatening).

As in the analogy of the amount of oil required for your car to function properly (four quarts), when a client's Glucose test value is low (below normal values for homeostasis), this would be like operating your car on two quarts of oil all the time. The car would not break down until it was continually run without oil (i.e., medically low), however, your car would not "function" properly when it continually has only two quarts of oil for all the car's functions that require four quarts to function. Also, in time, the two quarts would be used and the amount of oil will become less and less, until there is no more oil (medically low) and the car breaks down, the engine burns up and the engine is not repairable. That is unless the owner checks their oil regularly and adds the amount of oil that is needed until it equals four quarts.

It is the same for this client's Glucose. At the time of this test Glucose had a "clinical nutrition" low value of 74. However, over time, this value becomes lower and lower until one day the Glucose is below 65 (medically low) where the physician diagnoses disease. That is unless the client obtains regular "clinical nutrition" check-ups (or testing) so their Glucose (or any biochemistry) is monitored and when the value is out of homeostasis, clinical nutrition therapeutic supplements are provided to raise their deficiency, when flagged LOW, OR supplements assist the body in decreasing Glucose value, when flagged HIGH, so the client is able to bring their Glucose back into homeostasis (sufficiency) and prevent the Glucose-related organ/gland dysfunctions and diseases.

Therefore, in relationship to all values on any biochemical test (urine, hair, saliva, stool, or blood) or any other medical test or examination performed, when abnormal values for homeostasis are not corrected through clinical nutrition therapy, they continue to move further out of range until eventually, they become out of range medically.

Comprehensive biochemical testing is having a clinical nutrition analysis of each of your



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specimens (blood, urine, hair, saliva and stool). When values from each of these tests are in homeostasis and your saliva, urine and body pH are normal, then and only then you are truly a healthy person.

SIMILARITIES IN ALL LABORATORY REPORTS

Though the examples in this article have referenced how to read and understand the differences in a medical and clinical nutrition interpretation of a Blood Chemistry Laboratory Report, the similarities of Laboratory Reports for all tests, whether urine, saliva, hair, stool, blood, etc., are they all have test values (your test results) and medical reference ranges for comparison of your values so you will know if they are “medically” low, high or normal. From the medical reference ranges on any Laboratory Report, I have been trained in how to calculate the homeostasis reference ranges to identify the clinical nutrition causes for your symptoms.

Disease develops over time as test values move further and further away from homeostasis. **So every person who has abnormal medical values, from which the physician determines their medical diagnosis, also has abnormal clinical nutrition values, i.e., values outside homeostasis. However, having abnormal clinical nutrition values does not mean that a person has abnormal medical values.**

In time, however, they will. IF they do not obtain a clinical nutrition interpretation of their laboratory tests because **without a clinical nutrition interpretation of testing, they are unaware of their abnormal clinical nutrition values, thus allow them to get worse and progress to the disease stage. The worse their clinical nutrition values become, the worse their symptoms become.**

SYMPTOMS APPEAR WHEN TEST VALUES ARE OUT OF HOMEOSTASIS

Symptoms do not appear just when a person has a disease or life-threatening health condition. The moment the blood or any biochemistry **moves out of homeostasis**, whether high or low, the body may produce symptoms to communicate that it needs your help to find and correct the cause of the symptoms. In other words, symptoms are produced to get your attention so you will have your biochemistry tested to identify which chemistry (or chemistries) is out of range for homeostasis so you can do what is required to restore homeostasis, i.e., to return to a healthy state.

Symptoms can appear at the “onset” of nutritional deficiencies, toxicity, biochemical imbalances, or organ/gland dysfunctions and continue all the way to the disease stage, if not identified and corrected before reaching the disease stage, or symptoms may present at any point in this progression from the onset to disease stage. There are many factors that determine when symptoms will present and these will not be discussed in this document.



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Because of processed foods, regular drug intake, synthetic and isolated vitamin/mineral supplements and pollution in our air, food and water, people are experiencing more symptoms today from nutritional deficiencies/excesses and toxicity in the their stages of progression towards, than the symptoms that present when these reach their disease stage.

However, just because you have symptoms does not mean they are disease-related or life-threatening, and taking pharmaceutical drugs to suppress symptoms caused by nutritional deficiencies, toxicity, biochemical imbalances or organ/gland dysfunctions, will only make these clinical nutrition conditions worse. This also means your symptoms will be worse because of medical treatment or surgery than before because of “drug side effects” and complications or consequences of surgery. **Statistics show that drugs and surgery are the Number One killers of Americans in the U.S. today.**

By consequences, I mean that the human body was designed to function with all of its body parts, so there are always new conditions that result in time whenever an organ or gland has been removed. Additionally, Drug Side Effects are new symptoms of nutritional deficiencies and toxicity causes by the chemicals in drugs.

Also, starting medical treatment or having surgery still:

1. Does not correct the cause,
2. The cause gets worse because of the delays in identifying and correcting the cause, and
3. Even if a diseased organ or gland is surgically removed to save a person’s life in the “present” time, because the cause for why it became diseased in the first place is not corrected, the cause in time just spreads or adversely affects another organ or gland as is frequently observed when infection or cancer is the cause.

Rather let me be more clear, infection and cancer are really the effects, because the true causes of all symptoms, diseases and life-threatening conditions are:

- 1. Nutritional Deficiencies/Excesses (represents 95% of all diseases)**
 - a. **Toxicity** is toxic substances poisoning the cells and tissue of the organs and glands of the body. Toxic substances are able to do this because they destroy and/or deplete nutrients in the cells and tissue, which causes more severe nutritional deficiencies.
 - b. **Biochemical Imbalances** results from long-term nutritional deficiencies and excesses,
 - c. **Organ and gland dysfunctions** results from long-term biochemical imbalances and when deficiencies/excesses, toxicity, biochemical imbalances have been present long enough where there are more unhealthy cells and tissue in the organ or gland than healthy cells and tissue, the organ or gland becomes diseased.
 - d. **Mental and Emotional Stress** depletes the body of nutrients, creating new nutritional deficiencies and/or making current ones more severe. Mental and Emotional symptoms then become even worse because the brain and nervous



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system does not have the nutrients to function properly to support stressful life situations.

- e. **Electro-Magnetic Fields (EMF)** also depletes the body of nutrients and interferes with nerve transmissions thus promoting dysfunction throughout the body.
- f. **So though there are various causes for nutrient deficiencies and excesses, from toxicity to EMFs as listed above, the bottom line is that 95% of all diseases and life-threatening conditions are nutritionally-related, i.e., caused by nutritional deficiencies or excesses.**

2. **Injury and Hereditary** (this represents only 5% of causes of disease).

Now you can understand why clinical nutrition therapy is essential whether you are currently receiving medical therapy or not. This also explains why medical or any other therapy cannot heal the human body unless the patient is also receiving clinical nutrition therapy. You would be amazed at how many new clients inform me that “everything” they have “tried” before starting clinical nutrition therapy either:

1. Did not work (no symptom relief or healing attained).
2. Made them worse.
3. Provided only temporary relief, but no healing. So when that therapy was stopped, symptoms resurfaced.

Because **Public Health Education** in America is still centered on disease and not health, the General Public has not been educated on the facts in this document, so when symptoms appear they typically seek medical attention. However, when medical tests and exam results come back normal, both the physician and the patient does not know what is causing the symptoms and when a patient seeks medical attention for their annual check-up, not because they have symptoms, and test results are normal, they are unaware that there is a time-bomb, so to speak, occurring within.

The physician’s solution for patients who present symptoms but having normal test results is to either prescribe symptom-suppressing or pain-killing drugs or if the physician suspects the patient is a hypochondriac (after all medical tests and exams were normal), the patient may be prescribed an “anti-depressant” or some other psycho-somatic addicting drug. In either case, this is:

1. Not addressing the true cause,
2. These treatments delay getting help for the true causes because people are more motivated by symptoms and when drugs suppress symptoms, they stop looking for a reason for their symptoms because they are not educated to know what to do (i.e., seek clinical nutrition therapy).
3. Create more causes (drug side effects),
4. And all of the above make the causes for their original symptoms even worse.

It is important to include that when symptoms appear, it is always a good idea to seek medical testing and examination to either:



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1. **Rule out disease**, which means medical interpretations of all biochemical test values and results from examinations are medically normal, i.e., within medical reference ranges, or
2. **Be Diagnosed** - Have their medical conditions diagnosed, which means one or more biochemical test value and/or results from examinations were abnormal, i.e., outside (High or Low) of medical reference ranges.

After all, no one should neglect medical attention when they have symptoms in case they are in a true "medical emergency" state.

However, when a medical interpretation of tests and exams are normal, the public must be educated in the importance of submitting copies for a clinical nutrition interpretation of those medical tests and examinations, so they have time to correct clinical nutrition abnormal findings (outside homeostasis) before they get worse where they can be seen in a medical interpretation of future tests/exams.

What is even better is to be a proactive person and seek annual clinical nutrition testing, rather than waiting for symptoms to motivate you.

Important Note

My clinical experience since 1981 in helping clients reverse their disease processes and restore their health, has shown me that unless a medical interpretation of one or more biochemical test or examination indicates "immediate" or "emergency" medical treatment (drugs) or surgery, OR treatment/surgery can be postponed for at least 3-4 months without putting you at further risk, you will always have better results by starting clinical nutrition therapy to correct your abnormal nutritional values and for support of your medical diagnoses.

The proof of this is in the thousands and thousands of clients who have done just that and clinical nutrition therapy has provided what their body needed to heal itself and thus no medicines or surgery was ultimately required.

You will also have much better results if medical treatment and surgery is required immediately, when you are receiving clinical nutrition therapy at the same time.

In closing this section on "symptoms" it is also important to note that just like some diseases do not produce symptoms until the disease is at its most severe, not all chemistries out of range for homeostasis produce symptoms in their earlier stages either.

So no matter what the person's age, from infants to the elderly, it is important to have clinical nutrition testing to monitor test values and immediately correct any abnormal findings so they do not get worse, whether symptoms are present, or not. This is what is called, "preventative health care."



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SUMMARY

Due to the lack of Public Health Education regarding the differences between a clinical nutrition and a medical interpretation of Laboratory Tests and Examinations, most people today are not getting to the cause of their symptoms, developing more health conditions due to drug therapy, have more surgeries and dying prematurely.

Also, because of a lack of Public Health Education in the importance of Clinical Nutrition Testing, many people are taking vitamin and mineral supplements and taking them based upon their symptoms or because some book, internet search or vitamin sales person convinced them that these supplements are needed for “maintenance” or “disease preventative” purposes. Therefore, they do not realize that without testing they have no idea what their body really needs and thus they are actually creating nutritional excesses, deficiencies and disturbances in their metabolic processes, which in time, will create new symptoms, not due to disease, but due to their newly created nutritional conditions.

Though the examples in this article have referenced how to read and the differences in a medical and clinical nutrition interpretation of a Blood Chemistry Laboratory Report, the Lab Reports for all tests, whether urine, saliva, hair, stool, blood, etc., all Lab Reports have test values (your results) and reference ranges for comparison of your values to know if they are low, high or normal. From these medical reference ranges on any Lab Report, I am able to identify the homeostasis reference ranges to determine if your biochemistry is truly healthy or your symptoms are being caused by abnormal nutritional values.

Below are the key points discussed in this article:

1. A Clinical Nutrition interpretation evaluates test values based on homeostasis (the true definition of health), whereas a Medical interpretation evaluates tests values based upon ranges that are disease-related or life-threatening.
2. Obtaining a clinical nutrition analysis or interpretation of biochemical testing is the first and most important step in true preventative health care. Without this internal map, so to speak, people are treating their symptoms with drugs or vitamin/mineral supplements, both of which leads to more health challenges because:
 1. Drugs deplete the body of essential nutrients and poison the body.
 2. Taking Vitamin and Mineral Supplements without testing first to know what is needed leads to...
 1. **Vitamin and Mineral Excess** – For examples, if you are sufficient in Vitamin F or Protein and the supplements you are taking has these nutrients in it, soon you will have an excessive amount of Vitamin F and Protein and all the health challenges and symptoms associated with excessive amounts of them.
 2. **Vitamin and Mineral Deficiencies** – Nutrients are synergistic and inter-



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dependent, so taking one nutrient that you do not need can cause an excess in that nutrient, but it can also cause a deficiency in another nutrient.

3. **Metabolic Disturbances** - these excesses and deficiencies that occur cause metabolic disturbances in the normal functioning of the metabolism, which then sets up a chain reaction of imbalances through the biochemistry and affects the proper function of all organs and glands.
3. Symptoms may present at any time once test values move out of homeostasis. **This is why patients are experiencing symptoms yet their physician can find no medical cause when all tests/exams are normal.**
4. **Some symptoms may not present until at its most severe disease stage. This is why it is important to have regular clinical nutrition testing, as well as medical check-ups.**
5. Having surgery to remove a diseased organ or gland does not correct the cause for why the organ/gland became diseased, so the cause just spreads to another organ or gland. So though it may immediately save one's life to have a part of the body removed, in due time, their life will be threatened again due to the disease that will occur in some other organ or gland.
6. Taking drugs to suppress symptoms only makes the causes for their symptoms worse because they develop more symptoms from drug side effects and delay seeking help for the true cause of their symptoms.
7. Increases in the number of surgeries performed today are often because drugs are no longer effective in suppressing symptoms of nutritional deficiencies so the physician solution is to remove the organ or gland producing the symptoms and/or drugs have been consumed long enough to destroy the healthy cells and tissues causing disease in the organ or gland which must now be surgically removed.
8. Unless a medical interpretation of tests/exams indicate emergency medical treatment or surgery is needed, it is wiser to start clinical nutrition therapy to correct all findings on tests and examinations and thus have the opportunity to:
 1. Help your body heal itself,
 2. Avoid delays in correcting the real causes, and
 3. Prevent development new symptoms from drug side effects and consequences and/or complications from surgeries.

Even if medical treatment/surgery is immediately required, adding clinical nutrition therapy will always bring better medical results, increase over-all body healing and recovery potential and actually address the true causes for their medical conditions.

Therefore, everyone, regardless of age, requires clinical nutrition testing and a clinical nutrition interpretation of their medical tests to become healthy, stay healthy, reverse the disease processes and prevent disease.



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Though obtaining Clinical Nutrition Testing and Therapy is essential when symptoms present, whether these symptoms of Nutritional Deficiencies and Excesses are presenting at the onset or at any time in their progression towards or when currently in the disease stage, acting responsibly (proactively) when you and your children are “Symptom Free” you have the opportunity to:

1. Correct abnormal nutritional ranges in their earliest stages,
2. Avoid the experience of painful symptoms,
3. Prevent disease and
4. **Do all of the above much faster and with much greater savings in time, energy and money than it takes when you allow abnormal values to progress to the point where symptoms do present.**

ABOUT DR. SMITH

Dr. Donna Smith has a Ph.D. in Clinical Nutrition, is a Naturopathic Doctor (N.D.), a Board Certified Clinical Nutritionist (C.C.N.), Certified Dietitian-Nutritionist (C.D.N.), and a Canadian Chartered Herbalist (C.H.).

Dr. Smith is also a Free Lance Nutritional Health Writer and has written over 100 articles for Internet and traditional magazines, such as the **American Chiropractic Magazine, the largest chiropractic magazine in the United States.**

Some of her best selling e-books has been listed below. She is frequently invited to speak on NBC and ABC local networks, and at clubs, hospitals, universities and corporations on a variety of nutrition and health-related topics, such as, the national groups of scientists and biochemists at the **American Society of Clinical Laboratory Science (ASCLS), International and American Associations of Clinical Nutritionists (IAACN), Stephen F. Austin University, Midwestern State University,** Optimist Clubs, Toastmasters, Business and Professional Women's Club, Women Entrepreneurs, Worksite Wellness, American Heart Association, Parkinson's Group, and St Gobain Corporation, to name a few.

Dr. Smith owns **Advanced Clinical Nutrition (est. 1981)** in Wichita Falls, Texas, where she provides a **Clinical Nutrition Analysis or Interpretation of Laboratory Tests (blood, urine, saliva, stool and hair)** to identify and correct dietary, vitamin and mineral deficiencies adversely affecting the healthy function of the human mind and body.

From the findings of these scientific Laboratory Reports, Dr. Smith designs and dispenses therapeutic, whole food supplements, available only through nutritional health care providers, and a Dietary Plan, which is a list of foods selected for the food chemistry's positive effect on the individual's biochemistry, which is also based on test results.



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Dr. Smith's Clinical Nutrition Services are also provided to **Healthcare and Fitness Providers**, who want to offer clinical nutrition services to their patients/clients, yet do not have the time or training to do so.

Clinical Nutrition Testing, Therapy, and Personalized Dietary and Lifestyle Education Services are provided by mail, e-mail and telephone consultations. A.C.N. clients save money as there are no in-office appointment fees, gas expense to/from appointments or time away from home or work for nutritional services. Lab Kits are mailed to the clients' homes, where they collect the samples and mails them directly to our Labs.

Dr. Smith has over 90% success in helping her clients improve their health, increase energy, balance hormones, improve mental function, strengthen joints, muscle, immune system, restore over-all organ/gland function (including the hair system to restore its natural color), manage weight, prevent/reverse disease and enhance life and/or sports performance. Her clientele encompasses 36 U.S. States and five international countries.

For more information, to order a clinical nutrition analysis and laboratory tests, and to contact Dr. Smith, call (940) 761-4045 or e-mail at Services@AdvancedClinicalNutrition.com. Meanwhile, please browse www.AdvancedClinicalNutrition.com to subscribe to Dr. Smith's FREE Newsletter, read Free Articles by Dr. Smith and view ***Dr. Smith's Secrets To Healing*** TV shows and slide presentations. You may also view Dr. Smith's TV Shows and videos on YouTube.com/DrDonnaFSmith, post questions on her blog at DrDonnaSmith.blogspot.com and follow her on Twitter.com/DrDonnaSmith and Facebook.com/DonnaFSmithPhD.

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- Anti-Aging Personal Care Program (Hair, Skin, and Nails) – Over 250 Pages
- Dental Health Program – The Dangers of Traditional Dentistry and an Introduction to Holistic Dentistry (169 pages – articles, charts, forms and therapeutic supplement information for acute symptoms (toothaches), chronic dental health challenges (abscesses, gum disease) and dental health (how to internally repair and strengthen teeth and gums).
- Fibromyalgia – A Clinical Nutrition Syndrome” (69 Pages).
- Dr. Smith's Hair Color Restoration Program – Anti-Grey Solutions (71 Pages).
- Lyme's Disease – Clinical Nutrition Approach To Healing (32 Pages).
- 15 False Assumptions the Public Makes About Vitamin and Mineral Supplements (15 Pages)



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