

MDA Results

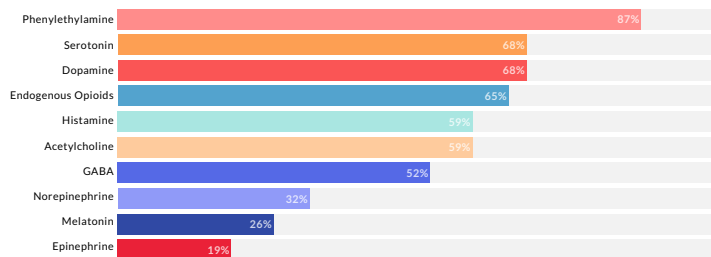
Patient: Alma Schwarcz (/patients/85212)

Date completed: 28 Oct 2021

Message sent to patient

please fill in based on current symptoms

Analysis



Neurotransmitter	Deficiency (%)	Nutritional and herbal support
Phenylethylamine	87%	Glutamine Phenylalanine Magnesium Zinc
Serotonin	68%	Pyridoxal 5-phosphate Tryptophan Hypericum perforatum herb Crocus sativus stigma (Dry) L-Theanine 5-HTP
Dopamine	68%	

		Phenylalanine Tyrosine Eleutherococcus senticosus Rhodiola rosea root (Dry Root) L-Theanine
Endogenous Opioids	65%	Glutamine Phenylalanine Magnesium Zinc
Histamine	59%	Histidine Pyridoxal 5-phosphate Ascorbic acid
Acetylcholine	59%	Choline bitartrate Eicosapentaenoic acid (EPA) Acetyl levocarnitine hydrochloride Docosahexaenoic acid (DHA)
GABA	52%	Glutamine Magnesium Pyridoxal 5-phosphate Zinc L-Theanine GABA
Norepinephrine	32%	Phenylalanine Tyrosine Eleutherococcus senticosus Rhodiola rosea root (Dry Root)
Melatonin	26%	(S)-S-Adenosylmethionine Glycine Magnesium Tryptophan Ornithine monohydrochloride Lavender oil L-Theanine 5-HTP
Epinephrine	19%	(S)-S-Adenosylmethionine Phenylalanine Tyrosine Eleutherococcus senticosus

Results

Do you find it difficult to make decisions?

Very Often (Greater than 15 times a month)

Do you experience digestive symptoms or digestive discomfort and find these symptoms have increased as you have aged?

Occasionally (twice or less a month)

Do you suffer from long-term constipation?

Never

Are you a light sleeper and wake frequently during the night?

Never

Do you experience poor coordination or balance?

Very Often (Greater than 15 times a month)

Have you been diagnosed with dementia or Alzheimer's disease?

Never

Do you find it difficult to rapidly process new information?

Often (6-15 times a month)

Do your muscles ever feel tight?

Occasionally (twice or less a month)

Do you experience vague or plain dreams?

Never

Do you ever feel unmotivated and struggle to get into what each day has to offer?

Very Often (Greater than 15 times a month)

Do you find it challenging to learn new things?

Sometimes (3-5 times a month)

Do you feel there is significantly high stress in your life?

Very Often (Greater than 15 times a month)

If applicable, do you feel you have a low sex drive?

Never

Do you ever have difficulty remembering the details of what happened yesterday?

Very Often (Greater than 15 times a month)

Do you ever misplace objects?

Very Often (Greater than 15 times a month)

Do you ever experience insomnia?

Never

Do you experience panic attacks?

Never

Do you experience manic episodes or feelings of mania?

Sometimes (3-5 times a month)

Do you experience seizures?

Never

Do you ever crave alcohol?

Never

Do you experience nervousness or worry about doing something you haven't done before?

Very Often (Greater than 15 times a month)

Excluding the use of anticoagulant (blood thinning) medications, do you find that cuts or injuries take a while to heal?

Never (small cuts and sores heal fully in a few days)

Do you experience hallucinations (or see things that are not actually there)?

Occasionally (twice or less a month)

Do you have hyperactive tendencies?

Often (6-15 times a month)

Do you find it challenging to concentrate?

Very Often (Greater than 15 times a month)

Do you feel constantly fatigued?

Often (6-15 times a month)

Do you have difficulty waking in the morning?

Very Often (Greater than 15 times a month)

Do you seem to need more sleep than others?

Very Often (Greater than 15 times a month)

Do you experience feelings of anxiety?

Very Often (Greater than 15 times a month)

Do you often have a relatively high tolerance to pain?

Sometimes (3-5 times a month)

Do you often feel fatigued for no particular reason?

Very Often (Greater than 15 times a month)

Do you experience hypotension (low blood pressure)?

Occasionally (twice or less a month)

Do you experience hypoglycaemia (low blood sugar)?

Never

Do you find it difficult to fall asleep at night?

Occasionally (twice or less a month)

Do you experience headaches or migraines?

Occasionally (twice or less a month)

Do you experience frequent or long standing insomnia?

Never

Do you experience hypertension (high blood pressure)? Answer very often if you are taking prescribed blood pressure medication/s, even if your blood pressure is not

Never

Do you find it difficult to remember what happened a long time ago (poor long term memory)?

Very Often (Greater than 15 times a month)

Do you experience chronic pain? E.g. Pain that has lasted longer than 6 weeks

Often (6-15 times a month)

Do you suffer from stress urinary incontinence?

Never

Do you put on weight easily and find it difficult to lose weight?

Sometimes

Do you use, or have you previously used, large amounts of stimulants? E.g. Caffeine, Amphetamines, Nicotine, Cocaine

Never

Have you experienced chronic stress coupled with fatigue currently or in the past?

Never

Do you have a short attention span and find it difficult to concentrate?

Very Often (Greater than 15 times a month)

Do your legs jump when you are asleep?

Never

Do you avoid regular exercise?

Never (I exercise 3 or more days per week)

Do you have overtly negative reactions to stress or dwell over stressful situations?

Very Often (Greater than 15 times a month)

Do you feel tense, anxious and worried?

Very Often (Greater than 15 times a month)

Do you smoke more than one packet of cigarettes a day? Answer never if you do not smoke at all.

Never

Do you crave or actively seek behaviour such as gambling, extreme sports, recreational drug use, frequent excess alcohol use?

Very Often (Greater than 15 times a month)

Do you experience constipation?

Never

Do you constantly worry about your body size?

Very Often (Greater than 15 times a month)

Do you feel aggressive when drinking alcohol?

Never

Are you more sensitive to pain than others (low pain tolerance)?

Sometimes (3-5 times a month)

Do you ever find yourself repeating certain actions constantly such as hand washing, counting things or checking that the door is locked?

Very Often (Greater than 15 times a month)

Do you crave sugary foods or foods high in carbohydrates?

Very Often (Greater than 15 times a month)

Do you dwell for an extended period of time over a major personal life event e.g. relationship breakup, financial worries?

Very Often (Greater than 15 times a month)

Do you have problems with self esteem?

Very Often (Greater than 15 times a month)

Do you suffer from headaches?

Occasionally (twice or less a month)

Do you avoid situations where there will be a large amount of people?

Very Often (Greater than 15 times a month)

Do you feel nervous when you have to go to public places?

Very Often (Greater than 15 times a month)

Do you feel angry or aggressive?

Often (6-15 times a month)

Do you feel more depressed or down during the winter months?

Never

Do you have panic attacks or anxiety?

Very Often (Greater than 15 times a month)

Do you suffer from feelings of being down or depressed?

Very Often (Greater than 15 times a month)

Do you have impulsive tendencies?

Very Often (Greater than 15 times a month)