Reduction of hemochromatosis symptoms by Seokum Therapy

Damien MUTI DESGROUAS[a], Joseph NEHRING[1], Gines LINARES[1], Master JUNG Yung Hwan[1]

[a] *Centre International de Manupuncture Coréenne, Domaine de l'Escapade, 203 avenue Paul Julien Palette, 13100 Le Tholonet*

Abstract

This article presents how Seokum Therapy reduced symptoms related to hemochromatosis, a genetic disease that disturbs the concentration of iron in the blood, in a 43-year-old woman. Blood tests revealed the disease, including excessive iron levels. An energetic diagnosis revealed a Yang constitution on the right and left side with a plethora of Heart, Master Heart, Liver, Large Intestine and Bladder. A three-phase treatment was applied. The first phase is constituted by the application of silver Ki-bong on the points of the organs (N18, E22, A3), and by the simple dispersion of ki-maeks N (Liver), I (Bladder) and D (Large Intestine), during one day. In the second phase, the practitioner decides to tone the Gallbladder, Lung and Rate-Pancreas, with gold ki-bong applied on the organ points (Mu points) of the hand: N17 and C1 and F19, during two weeks. Finally, in the third phase, a stimulation of the kidney point (J23) is performed during 1 month. The positive results appeared earlier than expected at the end of one month when new blood tests revealed a "normal" iron concentration, without the person having undergone any bleeding and without taking medication.

Keywords: hemochromatosis, Yang constitution, infrared laser beam

1. Presentation of the Seokum Therapy in France

The translation of Seokum Therapy in french is "Manupuncture". This term was chosen more than twenty years ago when Master JUNG Yung-Hwan brought Seokum Therapy in France. "Manupuncture" is a concatenation of "Main" which means "Hand" and "Acupuncture".

The Seokum Therapy is distributed in France by the CIMC (Centre International de Manupuncture Coréenne - International Center of Corean Seokum Therapy) and the EMCT (École de Manupuncture Coréenne Traditionnelle - Corean Traditional Seokum Therapy

Email addresses: damien.muti@gmail.com (Damien MUTI DESGROUAS), jnehring@yahoo.fr (Joseph NEHRING), gines.linares@laposte.net (Gines LINARES), jung.doyin@gmail.com (Master JUNG Yung Hwan)

URL: http://www.manupuncture.fr (Damien MUTI DESGROUAS)

Scool). The CIMC is directed by Master JUNG Yung-Hwan, direct student of Pr. TAE Woo-Yoo. Despite the administrative difficulties inherent to the status of non-conventional medicines in France, the efforts of the CIMC and the quality of the Seokum Therapy allowed its introduction to the public hospital. The training "Use of Seokum Therapy for the non-drug treatment of pain" for paramedical personnel has been approved by the french “Haute Autorité de Santé” (Hight Authority of Health). This training implies the traceability on the “care sheet” of the use of Seokum Therapy. So far, 58 people have already been trained at the hospital of Salon de Provence in France.

In this article, we present how a Seokum Therapy treatment has reduced the symptoms of hemochromatosis, a genetic disease that affects the concentration of iron in the blood.

2. Presentation of the studied disease: hemochromatosis

2.1. Definition of hemochromatosis

Hemochromatosis is a genetic disease characterized by a disruption of the storage of iron within the body. More precisely, too much iron is absorbed into the intestine, which leads to its deposition in parenchymal cells. This phenomenon leads to the appearance of lesions, and to a dysfunction of the tissues which compose some organs.

2.2. Symptoms of hemochromatosis

he prevalence of genetic hemochromatosis (the number of people with the disease in a given population at a given time) varies considerably from one region of the world to another. HFE Hemochromatosis rarely occurs in Southeast Asian and Black populations [1, 2]. According to FFAMH (Fédération Française des Associations de Malades de l’Hémochromatose - the French Federation of hemochromatosis associations) [3, 4],[1, 2], 3 out of 1000 people are genetically predisposed to hemochromatosis. It is the most common genetic disease in France. It is a genetic disease that causes an iron overload in the blood and then in the organs. The symptoms it causes are of several types:

- Signs that affect quality of life in the early stages of the disease:
  - Chronic fatigue, a symptom that may be associated with other diseases and explains the difficulty in detecting hemochromatosis. Therefore, the diagnosis may take several years to be made.
  - Joint pain can also be caused by iron overload [5], the hemochromatosic origin of which is often unknown. The pain mainly affects the small joints of the hands. For example, shaking hands can become painful. The wrists and hips can also be affected.
  - A change in skin colour due to iron overload. The skin may look brown or grey.
  - A thinning of the skin that may peel or flake.
  - A depletion of the hair or pubic hair.
- When the disease is established, signs affecting the vital prognosis:

- Hepatic damage with the possibility of cirrhosis due to iron.
- An attack of the endocrine glands (testicles, ovaries, pituitary, thyroid) which can lead to dysfunctions of these glands in the production of hormones which they normally manufacture.
- Pancreatic disease with diabetes [6].
- Heart problems. The heart being in heart failure can have difficulties to play effectively its role of pump. This can lead to shortness of breath, heart rhythm disorders, poor oxygenation of the blood with a bluish skin colour (cyanosis).

2.3. The treatment in Western medicine

When hemochromatosis is detected in time (between 25 and 35 years), its treatment consists in desaturating the organism in which the concentration in iron is too high, thanks to regular bleeding. This treatment removes most clinical signs of the disease. It brings the patient back a normal life expectancy.

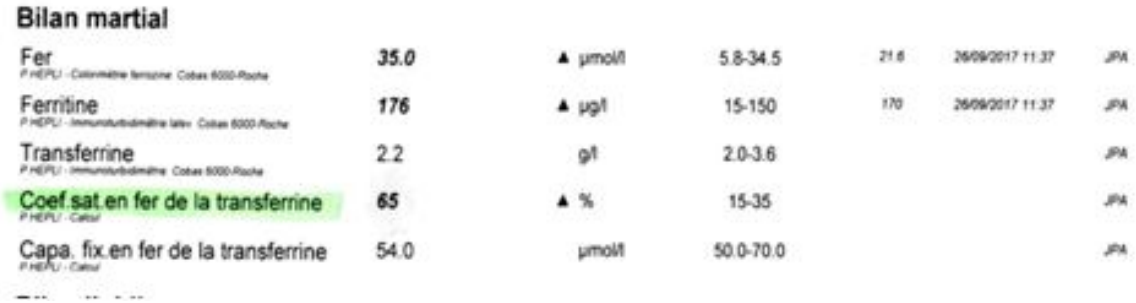
3. An experiment on hemochromatosis regulation by Seokum Therapy

3.1. Presentation of the treated person

The person treated with Seokum Therapy for hemochromatosis is a 43-year-old woman. We'll call her Frédérique. She runs regularly (between 15 and 20 km per week). She works in a hospital radiology department at the Salon-de-Provence hospital (France) and is under great professional pressure which causes permanent stress. She has been chronically tired for too long and is unable to determine the cause. In September 2017, his doctor prescribed blood tests that revealed an abnormal level of iron. Subsequently, to definitively confirm hemochromatosis, several blood samples were taken at regular intervals, twice a week. The latest analyses dated October 12, 2017, available in Appendix Appendix A, are summarized in the following table, Figure 1. They show that:

- The "iron saturation coefficient of transferrin" is 65% whereas it must be between 15% and 35% (see image below, figure 1).
- An excessive molar iron concentration of 35.0 μmol/L instead of a maximum of 34.5 μmol/L.
- An excessive molar ferritin concentration of 176 μmol/L instead of a maximum of 150 μmol/L.

The doctors conclude that Frédérique has hemochromatosis. The classic treatment in Western medicine is the monthly bleeding which generally causes disabling asthenia (fatigue). She then decided to experiment with less aggressive alternative practices and turned to Joseph NEHRING, a Seokum Therapy practitioner who works at the Salon-de-Provence hospital.



Bilan martial

Fer	**35.0**	▲ µmol/l	5.8-34.5	21.6	26/09/2017 11:37	JPA
Ferritine	**176**	▲ µg/l	15-150	170	26/09/2017 11:37	JPA
Transferrine	2.2	g/l	2.0-3.6			JPA
Coef.sat.en fer de la transferrine	**65**	▲ %	15-35			JPA
Capa. fix.en fer de la transferrine	54.0	µmol/l	50.0-70.0			JPA

Figure 1: Extract of the blood analysis of the treated person

3.2. Seokum Therapy's energetic balance

When Frédérique presents herself to Joseph NEHRING for the treatment of Seokum Therapy, her symptoms were as follows:

- She sleeps badly and wakes up tired, which is often the case in a plethora of Hearts and Master Hearts.
- She feels pain around the fifth lumbar vertebra, between L5 and L1. These lumbar pains are 90% of the time caused by a plethora of Large Intestine. Her pain occurs mainly on the left side of the body.
- Her belly swells after every meal.
- She is experiencing severe joint pain.
- She has the sensation that her heart speeds up from time to time.
- She has skin problems with a greyish complexion.

As shown in Figure 2, below, palpation of organ points on the body (Mu points) reveals on both sides (right and left) a plethora of:

- Heart,
- Master Heart,
- Liver,
- Large intestine,
- Bladder

It is therefore clear that Frédérique has Yang syndrome on the right and left side.

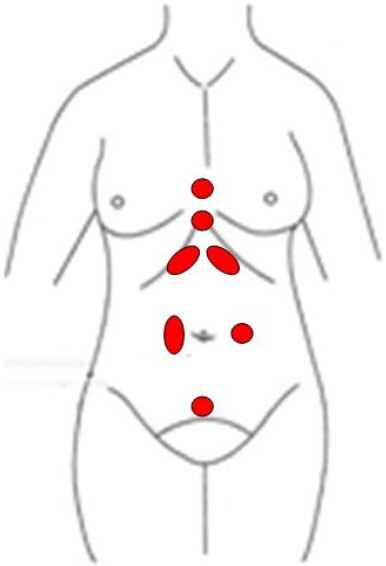


Figure 2: Painful points revealed by the palpation of the treated person

3.3. Treatment with Seokum Therapy

3.3.1. First treatment - one day duration

Initially, the classical treatment with Seokum Therapy consists of dispersing the various organs in plethora within the Yang constitution (Heart, Master Heart, Liver, Large Intestine, Bladder), on both sides. It seems, however, that the most unbalanced organs are:

- Liver,
- Bladder,
- the Large Intestine.

The practitioner (Joseph Nehring) decides not to disperse the Heart, because Frédérique has abnormal heart rhythms. As shown in Figure 3 below, the treatment on the hand is constituted by the application of silver Ki-bong on the organ points (N18, E22, A3), and by the simple dispersion of ki-maeks N (Liver), I (Bladder) and D (Large Intestine).

3.3.2. Second treatment - Two weeks duration

The next day, the Bladder plethora is dissipated. Therefore, two organs remains in plethora: the Liver and the Large Intestine, which must be dissipated. The treatment should last two weeks. As far as our experience is concerned, treatments performed alone by people who are not familiar with Seokum Therapy should include the lowest number of points to facilitate their application and monitoring of the prescription. The practitioner thus decided to stimulate only the organ points (Mu points) on the left and the right hands. Moreover, based on the Yin-Yang balance of the organs, rather than dispersing the organs which are in plethora (Liver, and Large Intestine), the practitioner decided to tone the

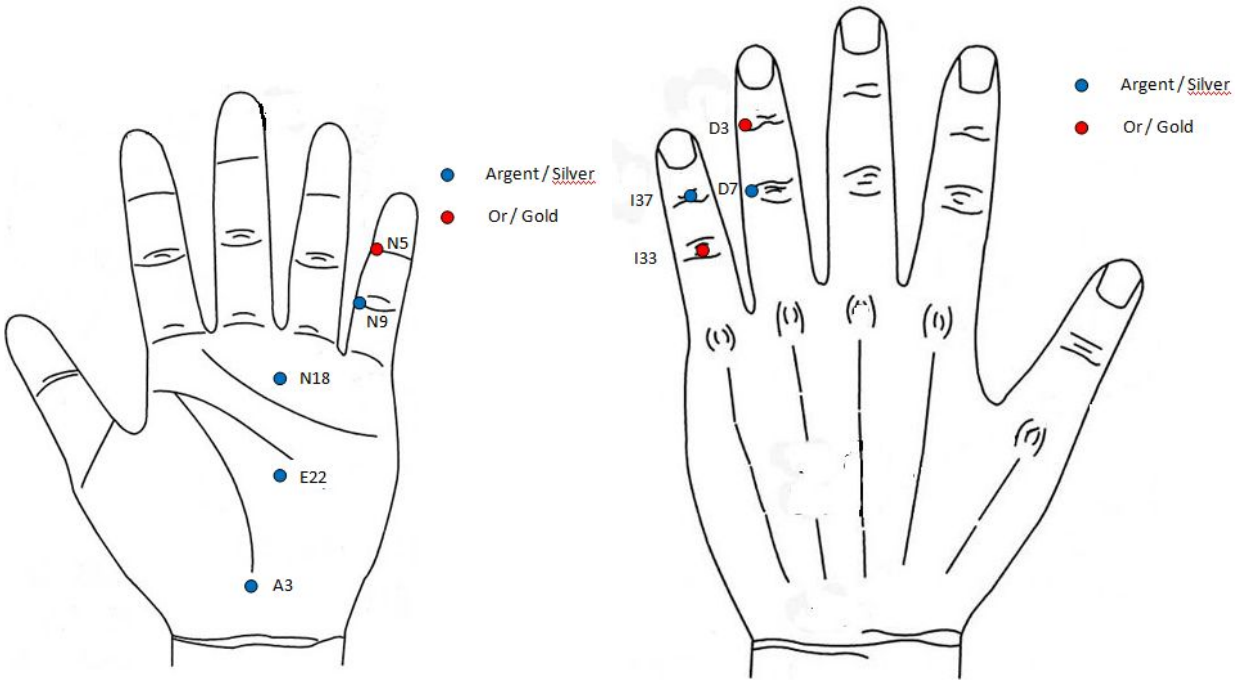


Figure 3: Treatment with Seokum Therapy using silver and golden ki-bong on the left hand

coupled organs (Gallbladder, Lung), as shown in Figure 4 below in the case of the Lung and Large Intestine.

The practitioner decides to stimulate with golden ki-bong the organ points (Mu points) on both hands: N17 and C1. Indeed, N17, corresponding to the Gallbladder, is in weakness (because of the liver plethora) and in relation with the tendons, ligaments and painful joints from which Frédérique suffers. On the other hand, it was important to stimulate point C1, because it corresponds to the energy of the Lung, in relation with the skin and oxygenation of the body. Hopefully, the stimulation of C1 point will help to solve Frédérique's skin problem, and also to play down the liver plethora thanks to the controller/controlled 5

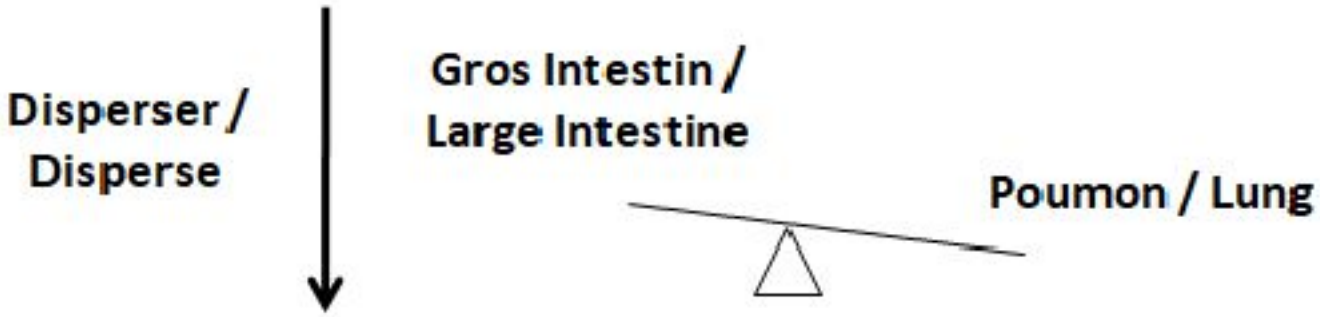


Figure 4: Lung and Large Intestine Yin-Yang couple

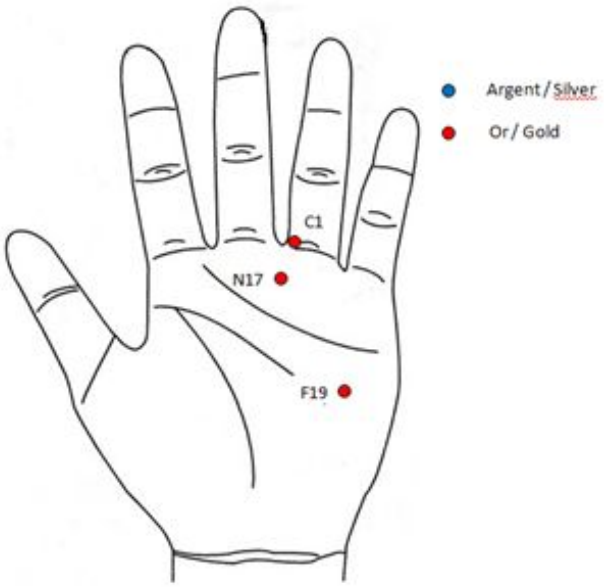


Figure 5: Second treatment with Seokum Therapy using golden ki-bong – Two weeks duration.

elements relationship. Finally, the practitioner also decides to stimulate the Spleen-Pancreas with a golden ki-bong on F19 point. Indeed, since Frederique feels bloating and is prone to poor digestion, it was relevant to stimulate the Spleen-Pancreas which is a fundamental organ in digestion. This energetic organ is also responsible for the redistribution of energy extracted from food in the body. The treatment is performed on both hands in a simple way by stimulating three points (N17, C1 and F19). In the following Figure 5, we only represent the treatment on the left hand :

3.3.3. Third treatment - Infrared LASER - Five months duration

The last phase of the treatment consists of the Kidney stimulation for one month. It is necessary to stimulate the Kidney in order to restore a good blood chemistry balance. Indeed, the bones and the marrow are curious entrails and represent le site where the red blood cells creation takes place. They are functionally linked to the Kidney. The stimulation was performed with infrared LASER (see Figure 6).

This device was developed and built by the CIMC (International Center of Korean Seokum Therapy) and enables to stimulate the different points on the hand within Seokum Therapy. As shown in Figure 7 below, the emitted wavelength is 880 nm and represents infrared light included in the window where the absorption coefficients of the skin components (water, melanin, hemoglobin) are the lowest. This allows the emitted light to penetrate easily into the skin. The ultra thin beam (3 degree angle) with adjustable power (4 to 20mW) is equivalent to a light needle. Finally, an electronic component modulates the light according to the resonance frequency of the earth's electromagnetic field (called Schumann frequency of 7.83 Hz, [[7]]), in order to synchronize the effect of the light needle with the function of relaunching the earth elements.

Figure 6: Infrared LASER created by the CIMC.

The J23 point is stimulated with this technique for one month, on both hands (see Figure 8).

The treatment consists of three two-minute-stimulations, three times a day : morning, noon and evening.

Based on the blood tests results, performed on November 12, the patient carried on the treatment for an additional 4 months. Then, she spontaneously stopped the treatment at the end of March 2018.

3.3.4. Treatment Outcomes

It is important to specify the performed Seokum Therapy treatments have not been coupled with any other treatment from classical Western medicine, such as bleeding or taking medication, since Frédérique has refused the treatment attack bleeding. Indeed, bleeding causes significant asthenia (fatigue) due to volumetric loss of blood. After less than one month of treatment, Frédérique underwent new analyses (available in Appendix Appendix B) which reveal, among other things, that the blood chemistry concerning the "normal elements has not changed". A summary of these analyses is available in the table in Figure 10 below:

These analyses show:

- that the "iron saturation coefficient of transferrin" which was initially of 65% has fallen to 29% and is well between 15% and 35%, which is the so-called "normal" value.
- A decrease in iron concentration from 35.0 μmol/L to 16.1 μmol/L (a two-fold decrease),
- A decrease in ferritin, from 176 μmol/L to 143 μmol/L, i.e. in so-called normal values.

According to these analyses, we can consider that the patient is no longer prone to hemochromatosis symptoms.

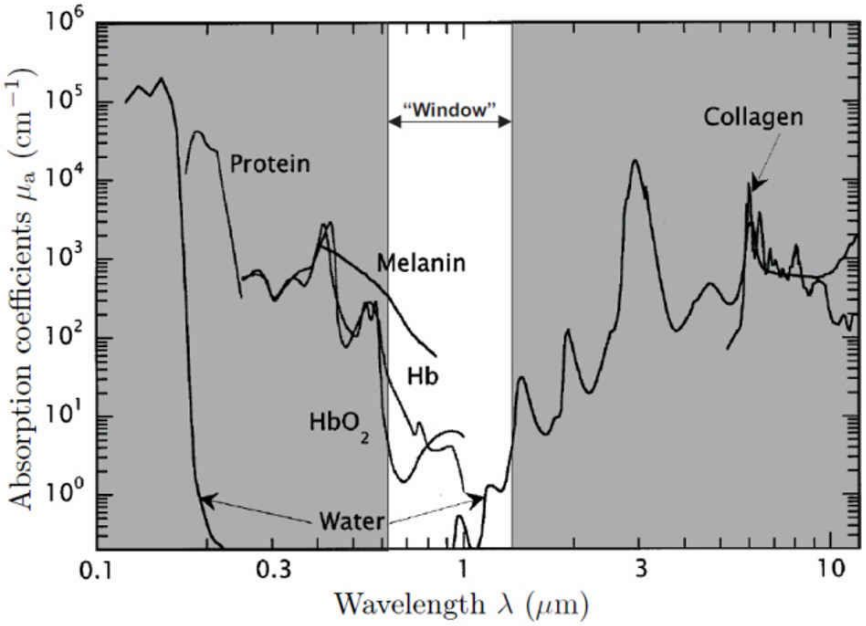


Figure 7: Caption

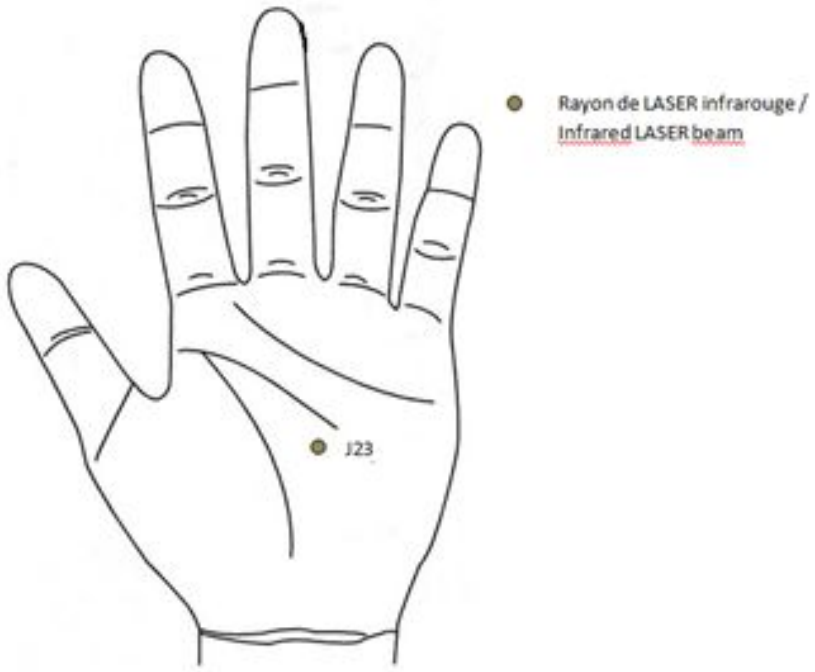
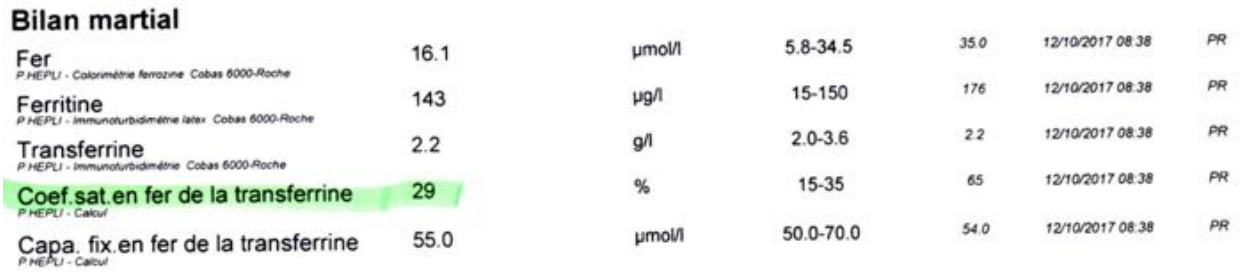


Figure 8: Third treatment - Infrared LASER - One month duration.



Bilan martial

Fer P.HEPLI - Colorimétrie ferrozine Cobas 6000-Roche	16.1	µmol/l	5.8-34.5	35.0	12/10/2017 08:38	PR
Ferritine P.HEPLI - Immunoturbidimétrie latex Cobas 6000-Roche	143	µg/l	15-150	176	12/10/2017 08:38	PR
Transferrine P.HEPLI - Immunoturbidimétrie Cobas 6000-Roche	2.2	g/l	2.0-3.6	2.2	12/10/2017 08:38	PR
Coef.sat.en fer de la transferrine P.HEPLI - Calcul	29	%	15-35	65	12/10/2017 08:38	PR
Capa. fix.en fer de la transferrine P.HEPLI - Calcul	55.0	µmol/l	50.0-70.0	54.0	12/10/2017 08:38	PR

Figure 9: Extract of blood tests after Seokum Therapy treatment.

4. Emotional analysis of the treated person

4.1. Frédérique's initial emotional state

Frédérique is under maximum stress. The radiology department in which she works is undergoing a complete restructuring and many colleagues are on sick leave. She felt obliged to compensate for the staff shortage and was under pressure from management. She regularly locks herself in her office to cry with rage, anger and sadness. The consequences of this stress were as follows:

- She sleeps badly and does not get a real night's rest.
- She suffers from an excess of heart, a cardiac arrhythmia, with a loss of joy.
- She is subject to hyper-vigilance characteristic of an imbalance of Bladder energy, with an excess of anticipation and fear. It is important to note that generally, when heart and bladder are affected stress appears.
- She especially feels a great difficulty in making decisions and "cutting off" during her normal life, which is characteristic of the energy of the Large Intestine, a metal meridian (the blade that slices).
- She feels a repressed anger linked to the energy of the Liver, and harms it.
- She has a feeling of betrayal since her department head does not support her.

4.2. Evolution

15 days after the treatment start, Frédérique finally sleeps at night. She is enable to say "NO!". She says she feels more at ease and listens to her children. She finally manages to listen to herself and refocus her priorities. She is finally calm, rested and manages to live the present moment. She discovered a new breath (lung energy). She feels calm, reassured and more flexible (energy of the Gallbladder) in life positions (energy of the Earth embodied by the Spleen-Pancreas). She says she lives a true revelation about life and the present moment that she appreciates.

4.3. Conclusion

This experiment shows how Seokum Therapy can also influence the emotional state of the treated person. Assessment and critique of the experiment

The improvement of symptoms experienced by Frédérique after less than a month of treatment lasted as long as she continued the last prescription, i.e. until the end of March. Then the symptoms related to hemochromatosis reappeared, which shows that treatment should have been continued for a longer period, or even for life, in order for them not reappear.

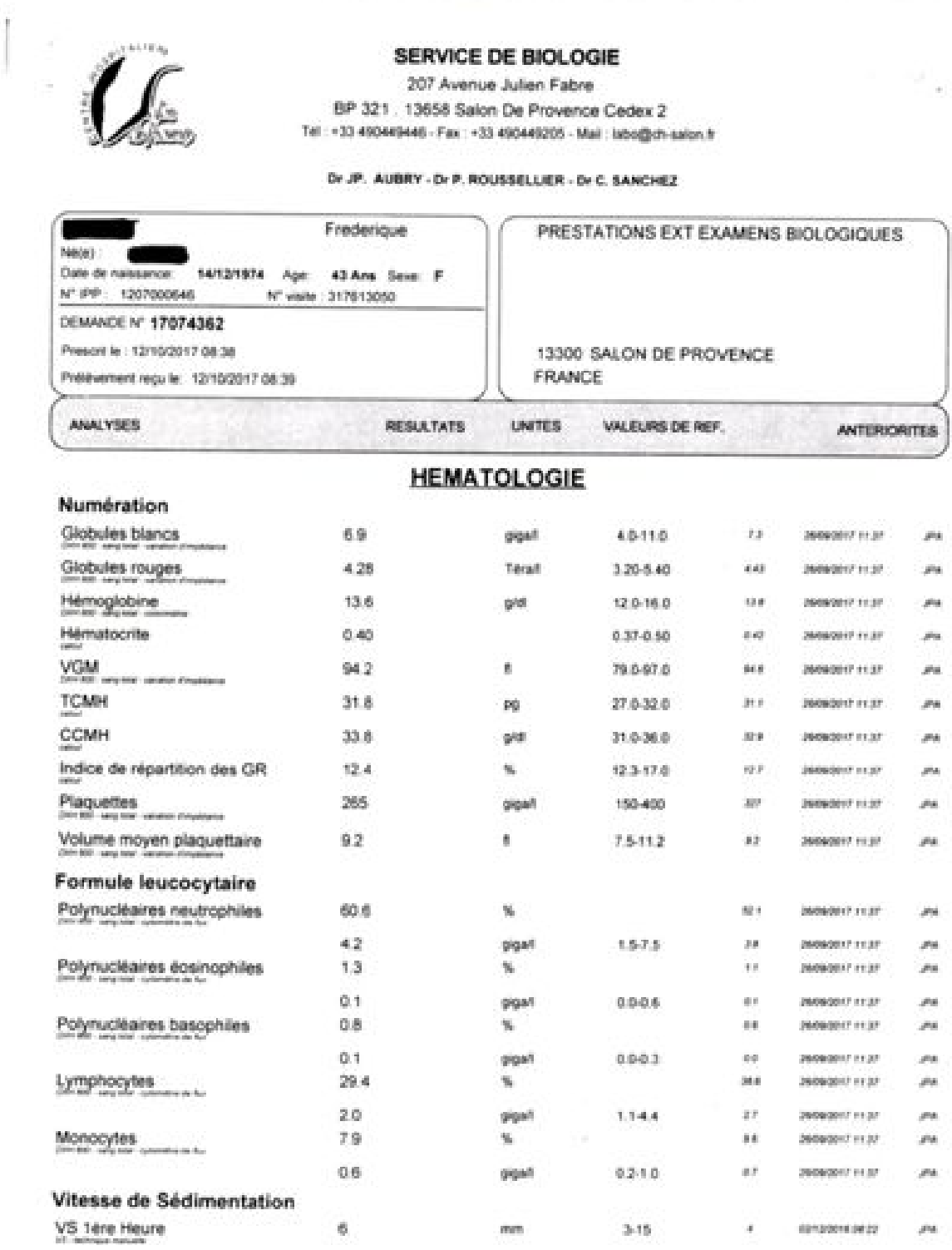
Frédérique was not cared for directly at the hospital, in regular follow-up. She had to apply herself the Seokum Therapy practitioner's prescription, without the latter being able to verify the regularity and the accuracy of the treatment. This is a problem inherent to the lack of recognition of Seokum Therapy in France. However, based on the positive results, we can say that the treatment worked well.

Finally, we conducted this study with only one person. To be able to claim an official recognition from the French hospital authorities, we would have to conduct this study on a larger number of patients and establish a serious statistical study allowing us to identify an irrefutable percentage of success.

5. Acknowledgement

special thanks to Iris Papawasiliou, a 3rd year student at the EMCT (Ecole de Manupuncture Coréenne Traditionelle - Traditional Seokum Therapy School) for her precious proofreading of the english version of this article.

Appendix A. Frédérique's first blood tests before treatment with Seokum Therapy



SERVICE DE BIOLOGIE
207 Avenue Julien Fabre
BP 321 . 13658 Salon De Provence Cedex 2
Tel : +33 490449446 - Fax : +33 490449205 - Mail : labo@ch-salon.fr

Dr JP. AUBRY - Dr P. ROUSSELLIER - Dr C. SANCHEZ

[redacted] Frederique
Né(e) : [redacted]
Date de naissance : 14/12/1974 Age : 43 Ans Sexe : F
N° IPP : 1207000646 N° visite : 3178/13050
DEMANDE N° 17074362
Prescrit le : 12/10/2017 08:38
Prélèvement reçu le : 12/10/2017 08:39

PRESTATIONS EXT EXAMENS BIOLOGIQUES
13300 SALON DE PROVENCE
FRANCE

ANALYSES	RESULTATS	UNITES	VALEURS DE REF.	ANTERIORITES
HEMATOLOGIE				
Numération				
Globules blancs	6.9	giga/l	4.0-11.0	7.3 26/09/2017 11:37 JPA
Globules rouges	4.28	Téra/l	3.20-5.40	4.43 26/09/2017 11:37 JPA
Hémoglobine	13.6	g/dl	12.0-16.0	13.8 26/09/2017 11:37 JPA
Hématocrite	0.40		0.37-0.50	0.42 26/09/2017 11:37 JPA
VGM	94.2	fl	79.0-97.0	94.8 26/09/2017 11:37 JPA
TCMH	31.8	pg	27.0-32.0	31.1 26/09/2017 11:37 JPA
CCMH	33.8	g/dl	31.0-36.0	32.9 26/09/2017 11:37 JPA
Indice de répartition des GR	12.4	%	12.3-17.0	12.7 26/09/2017 11:37 JPA
Plaquettes	265	giga/l	150-400	307 26/09/2017 11:37 JPA
Volume moyen plaquettaire	9.2	fl	7.5-11.2	8.2 26/09/2017 11:37 JPA
Formule leucocytaire				
Polynucléaires neutrophiles	60.6	%		52.1 26/09/2017 11:37 JPA
	4.2	giga/l	1.5-7.5	3.8 26/09/2017 11:37 JPA
Polynucléaires éosinophiles	1.3	%		1.1 26/09/2017 11:37 JPA
	0.1	giga/l	0.0-0.6	0.1 26/09/2017 11:37 JPA
Polynucléaires basophiles	0.8	%		0.6 26/09/2017 11:37 JPA
	0.1	giga/l	0.0-0.3	0.0 26/09/2017 11:37 JPA
Lymphocytes	29.4	%		36.6 26/09/2017 11:37 JPA
	2.0	giga/l	1.1-4.4	2.7 26/09/2017 11:37 JPA
Monocytes	7.9	%		8.6 26/09/2017 11:37 JPA
	0.6	giga/l	0.2-1.0	0.7 26/09/2017 11:37 JPA
Vitesse de Sédimentation				
VS 1ère Heure	6	mm	3-15	4 02/12/2016 08:22 JPA

Validé par : Jean Paul AUBRY

Diffusé le : 13/10/2017 à 14:46 Etat : Complet Page 1/5

[redacted]
Né(e) : [redacted]
DDN : 14/12/1974 SEXE : Féminin
DEMANDE N° **17074362** Prescrit le : 12/10/2017 08:38

PRESTATIONS EXT EXAMENS BIOLOGIQUES

ANALYSES	RESULTATS	UNITES	VALEURS DE REF.			ANTERIORITES

BIOCHIMIE SANG

Aspect du plasma	Limpide					JPA
Sodium	143	mmol/l	136-145			JPA
Potassium plasmatique	4.0	mmol/l	3.4-4.5			JPA
Chlore	105	mmol/l	98-107			JPA
Réserve alcaline (bicarbonates)	24	mmol/l	22-29			JPA
Protéines sériques totales	73	g/l	64-83			JPA
Protéines plasmatiques totales	77	g/l	64-83			JPA
Urée (azotémie)	4.8	mmol/l	2.1-7.1	4.7	07/12/2016 08:50	JPA
Créatinine	53	µmol/l	45-84	53	07/12/2016 08:50	JPA

Pour le diagnostic et le suivi de l'insuffisance rénale chronique, l'estimation du débit de filtration glomérulaire se fait par l'équation la plus appropriée:MDRD ou CKD-EPI.
Dans le cadre d'une adaptation posologique de médicament(s) indiquée explicitement par le médecin l'estimation de la clairance à la créatinine est obtenue par l'équation de Cockcroft et Gault.

JPA

Estimation du débit de filtration glomérulaire (DFG)

MDRD	>90	ml/mn/1.73 m²	>90	07/12/2016 08:50	JPA
CKD-EPI	>90	ml/mn/1.73 m²	>90	07/12/2016 08:50	JPA

Classification de la maladie rénale chronique (MRC)

STADE	DFG ml/mn/1,73 m2	DEFINITION
1	>ou = 90	MRC avec DFG N ou ↑
2	60 - 89	MRC avec DFG (↓)
3A	45 - 59	Insuffisance rénale chronique (IRC) modérée
3B	30 - 44	IRC modérée
4	15 - 29	IRC sévère
5	< 15	IRC terminale

JPA

Glucose (tube vert)	4.8	mmol/l	4.1-5.9	4.7	07/12/2016 08:50	JPA
soit	0.86	g/l	0.74-1.06	0.84	07/12/2016 08:50	JPA
Calcium	2.34	mmol/l	2.15-2.50	2.38	07/12/2016 08:50	JPA
Bilirubine totale	16	µmol/l	2-21			JPA
Bilirubine directe	5	µmol/l	2-5			JPA

Validé par : Jean Paul AUBRY

Diffusé le : 13/10/2017 à 14:46

Etat : Complet

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N&(e) : [redacted]

DDN : 14/12/1974 SEXE Féminin

DEMANDE N° **17074362** Prescrit le : 13/10/2017 08:36

PRESTATIONS EXT EXAMENS BIOLOGIQUES

ANALYSES	RESULTATS		UNITES	VALEURS DE REF.		ANTERIORITES	
ENZYMES							
LDH Lactate Déshydrogénase	291		UI/l	240-480	311	07/12/2016 08:50	JPA
Transaminase GO (ASAT)	19		UI/l	5-32	20	29/09/2017 11:37	JPA
Transaminase GP (ALAT)	29		UI/l	5-33	23	29/09/2017 11:37	JPA
Phosphatases alcalines	49		UI/l	35-105			JPA
Gamma glutamyl transférase	27		UI/l	3-40			JPA
CPK Créatine phosphokinase	70		UI/l	7-170			JPA
Bilan martial							
Fer	**35.0**	▲	µmol/l	5.8-34.5	21.0	29/09/2017 11:37	JPA
Ferritine	**178**	▲	µg/l	15-150	170	29/09/2017 11:37	JPA
Transferrine	2.2		g/l	2.0-3.6			JPA
Coef sat en fer de la transferrine	**65**	▲	%	15-35			JPA
Capa. fix en fer de la transferrine	54.0		µmol/l	50.0-70.0			JPA
Bilan lipidique							
Aspect du plasma	Limpide						JPA
Cholestérol total	3.8		mmol/l	0.1-5.2	3.7	07/12/2016 08:50	JPA
soit	1.5		g/l	<2.0	1.4	07/12/2016 08:50	JPA
Triglycérides	0.60		mmol/l	0.10-2.26	0.49	07/12/2016 08:50	JPA
soit	0.5		g/l	<1.5	0.4	07/12/2016 08:50	JPA
HDL Cholestérol	1.5		mmol/l	1.2-1.7	1.6	07/12/2016 08:50	JPA
soit	**0.6**	▼	g/l	>0.7	0.6	07/12/2016 08:50	JPA
LDL Cholestérol	2.0		mmol/l		1.9	07/12/2016 08:50	JPA
soit	0.8		g/l		0.7	07/12/2016 08:50	JPA

Pour une exploration d'une éventuelle anomalie lipidique
les résultats ne sont interprétables qu'après 12h de jeûne contrôlé

JPA

Prévention du risque cardiovasculaire LDL:
- patient <50 ans sans risque <2.2 g/L
- patient avec 1 facteur de risque <1.9 g/L
- patient avec 2 facteurs de risque <1.6 g/L
- patient avec 3 ou + facteurs de risque <1.3 g/L
- patient à haut risque <1.0 g/L
Reco HAS/AFSSAPS 2013-2015

PROTEINES

Protéine C réactive (CRP)	**0.9**	▼	mg/l	3.0-5.0			JPA

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Etat : Complet

Appendix B. Frédérique's second blood tests after treatment with Seokum Therapy

SERVICE DE BIOLOGIE
207 Avenue Julien Fabre
BP 321 . 13658 Salon De Provence Cedex 2
Tél : +33 490449446 - Fax : +33 490449205 - Mail : labo@ch-salon.fr

Dr JP. AUBRY - Dr P. ROUSSELLIER - Dr C. SANCHEZ

[redacted] Frederique
Né(e) : [redacted]
Date de naissance: **14/12/1974** Age: **43 Ans** Sexe: **F**
N° IPP : 1207000646 N° visite : 317675648
DEMANDE N° **17082509**
Prescrit le : 10/11/2017 12:52
Prélèvement reçu le: 10/11/2017 12:53

CONSULTATIONS POLYVALENTES

13300 SALON DE PROVENCE
FRANCE

HEMATOLOGIE

ANALYSES	RESULTATS	UNITES	VALEURS DE REF.	ANTERIORITES		
Numération						
Globules blancs	7.4	giga/l	4.0-11.0	7.4	16/10/2017 09:00	TK
Globules rouges	4.34	Téra/l	3.20-5.40	4.32	16/10/2017 09:00	TK
Hémoglobine	13.7	g/dl	12.0-16.0	13.5	16/10/2017 09:00	TK
Hématocrite	0.41		0.37-0.50	0.41	16/10/2017 09:00	TK
VGM	94.4	fl	79.0-97.0	94.7	16/10/2017 09:00	TK
TCMH	31.7	pg	27.0-32.0	31.3	16/10/2017 09:00	TK
CCMH	33.5	g/dl	31.0-36.0	33.0	16/10/2017 09:00	TK
Indice de répartition des GR	12.9	%	12.3-17.0	12.4	16/10/2017 09:00	TK
Plaquettes	299	giga/l	150-400	274	16/10/2017 09:00	TK
Volume moyen plaquettaire	9.3	fl	7.5-11.2	9.7	16/10/2017 09:00	TK
Formule leucocytaire						
Polynucléaires neutrophiles	50.3	%		61.4	16/10/2017 09:00	TK
	3.7	giga/l	1.5-7.5	4.5	16/10/2017 09:00	TK
Polynucléaires éosinophiles	1.2	%		1.3	16/10/2017 09:00	TK
	0.1	giga/l	0.0-0.6	0.1	16/10/2017 09:00	TK
Polynucléaires basophiles	1.0	%		1.6	16/10/2017 09:00	TK
	0.1	giga/l	0.0-0.3	0.1	16/10/2017 09:00	TK
Lymphocytes	36.7	%		26.8	16/10/2017 09:00	TK
	2.7	giga/l	1.1-4.4	2.0	16/10/2017 09:00	TK
Monocytes	10.8	%		8.9	16/10/2017 09:00	TK
	0.8	giga/l	0.2-1.0	0.7	16/10/2017 09:00	TK
Numération des réticulocytes						
Réticulocytes	0.7	%				TK

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[redacted] Frederique

Né(e) le : [redacted]

DDN : 14/12/1974 SEXE :Féminin

DEMANDE N° **17082509** Prescrit le : 10/11/2017 12:52

CONSULTATIONS POLYVALENTES

ANALYSES	RESULTATS	UNITES	VALEURS DE REF.			
Soit calcul	31.7	giga/l	20.0-120.0			TK
Indice de maturation réticulocytes calcul	0.27					TK

HEMOSTASE

Exploration de la coagulation

Temps de Quick

TQ patient	13.8	sec		13.6	16/10/2017 09:00	TK
TQ témoin STAR - Plasma - Chronométrie	12.6	sec		12.6	16/10/2017 09:00	JPA

Taux de Prothrombine

Taux de Prothrombine STAR - Plasma - Chronométrie	90	%	70-100	93	16/10/2017 09:00	TK

Temps de Céphaline Activée (PTT A)

TCA patient	37.2	sec		37.1	16/10/2017 09:00	TK
TCA témoin	33.0	sec		33.0	16/10/2017 09:00	TK
Rapport patient / témoin STAR - Plasma - Chronométrie PTT- Automate	1.1		0.8-1.2	1.1	16/10/2017 09:00	TK

Fibrinogène

Résultat STAR - Plasma - Chronométrie	2.9	g/l	2.0-4.0	3.3	16/10/2017 09:00	TK

BIOCHIMIE SANG

Aspect du plasma P.HEPLI	Limpide					PR
Sodium P.HEPLI - Potentiométrie indirecte Cobas 6000-Roche	142	mmol/l	136-145	143	12/10/2017 08:38	PR
Potassium plasmatique P.HEPLI - Potentiométrie indirecte Cobas 6000-Roche	4.0	mmol/l	3.4-4.5	4.0	12/10/2017 08:38	PR
Chlore P.HEPLI - Potentiométrie indirecte Cobas 6000-Roche	105	mmol/l	98-107	105	12/10/2017 08:38	PR
Urée (azotémie) P.HEPLI - Colorimétrie uréase GLDH Cobas 6000-Roche	4.1	mmol/l	2.1-7.1	4.8	12/10/2017 08:38	PR
Créatinine P.HEPLI - Méth enz trayable IDMS (calc.) Cobas 6000-Roche	50	µmol/l	45-84	53	12/10/2017 08:38	PR

Pour le diagnostic et le suivi de l'insuffisance rénale chronique, l'estimation du débit de filtration glomérulaire se fait par l'équation la plus appropriée:MDRD ou CKD-EPI.
Dans le cadre d'une adaptation posologique de médicament(s) indiquée explicitement par le médecin l'estimation de la clairance à la créatinine est obtenue par l'équation de Cockcroft et Gault. JPA

Estimation du débit de filtration glomérulaire (DFG)

MDRD P.HEPLI - Calcul Standardisation IDMS	>90	ml/min/1.73 m²		>90	12/10/2017 08:38	PR
CKD-EPI P.HEPLI - Calcul Standardisation IDMS	>90	ml/min/1.73 m²		>90	12/10/2017 08:38	PR

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[redacted] [redacted]

Né(e) : [redacted]

DDN : 14/12/1974 SEXE : Féminin

DEMANDE N° **17082509** Prescrit le : 10/11/2017 12:52

CONSULTATIONS POLYVALENTES

ANALYSES	RESULTATS	UNITES	VALEURS DE REF	ANTERIORITES

Classification de la maladie rénale chronique (MRC)

STADE	DFG ml/mn/1,73 m2	DEFINITION
1	>ou = 90	MRC avec DFG N ou ↑
2	60 - 89	MRC avec DFG (↓)
3A	45 - 59	Insuffisance rénale chronique (IRC) modérée
3B	30 - 44	IRC modérée
4	15 - 29	IRC sévère
5	< 15	IRC terminale

Bilirubine totale	5	µmol/l	2-21	16	12/10/2017 08:38	PR
Bilirubine directe	2	µmol/l	2-5	5	12/10/2017 08:38	PR
ENZYMES						
LDH Lactate Déshydrogénase	291	UI/l	240-480	291	12/10/2017 08:38	PR
Transaminase GO (ASAT)	18	UI/l	5-32	19	12/10/2017 08:38	PR
Transaminase GP (ALAT)	26	UI/l	5-33	29	12/10/2017 08:38	PR
Phosphatases alcalines	46	UI/l	35-105	49	12/10/2017 08:38	PR
Gamma glutamyl transférase	29	UI/l	3-40	27	12/10/2017 08:38	PR
Lipase	29	UI/l	13-60			PR
CPK Créatine phosphokinase	68	UI/l	7-170	70	12/10/2017 08:38	PR
Bilan martial						
Fer	16.1	µmol/l	5.8-34.5	20.0	12/10/2017 08:38	PR
Ferritine	143	µg/l	15-150	176	12/10/2017 08:38	PR
Transferrine	2.2	g/l	2.0-3.6	2.2	12/10/2017 08:38	PR
Coef sat en fer de la transferrine	29	%	15-35	60	12/10/2017 08:38	PR
Capa. fix en fer de la transferrine	55.0	µmol/l	50.0-70.0	54.0	12/10/2017 08:38	PR
Bilan lipidique						
Aspect du plasma	Limpide					PR
Cholestérol total	3.8	mmol/l	0.1-5.2	3.8	12/10/2017 08:38	PR
soit	1.5	g/l	<2.0	1.5	12/10/2017 08:38	PR

PROTEINES

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