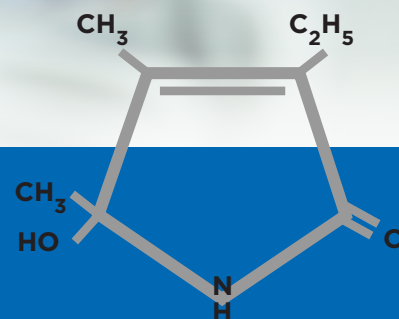




DHA LABORATORY

FAQ  
Spotlight

"Is a questionnaire more accurate than a urine test for the presence of Pyroluria?"



The answer  
is "NO."

**T**HE TEXTBOOK DEFINITION OF PYROLURIA IS THE "PRESENCE OF PYROLES IN THE URINE." However, Pyroluria has become widely accepted to be defined as an elevated level of pyrroles in the urine and not just merely their presence.

What this means is that in order for an individual to be accurately classified as having Pyroluria he

or she must have had a urinalysis and that urinalysis must contain an elevated level of pyrroles. If a person has not had their urinary level measured, then there can be no definitive way to know if that person is Pyroluric.

The actual laboratory test is called a Kryptopyrrole Quantitative Urinalysis. What is actually being measured is hydroxyhemepyrrolin-2-one, abbreviated as HPL. This is a

normal byproduct of the synthesis of hemoglobin. The technology utilized when testing for pyrroles has improved over the years, making the test more accurate and efficient than ever before.

The most common reason for this question is that a person found information either online or in a book that says the best way to diagnose Pyroluria is by using a questionnaire. While a

questionnaire is an important tool regarding the assessment for Pyroluria, the only way to tell if you have elevated pyrroles in your urine is to have your urine measured for HPL. A questionnaire cannot detect elevated pyrroles in the urine and therefore cannot diagnose Pyroluria.

HPL as a metabolite has an affinity for and binds to zinc and B6. When HPL is excreted at an elevated rate as it does in Pyroluria it depletes the body of these two key nutrients. Testing is the gold standard because the symptoms one might associate with Pyroluria can be synonymous with patients that are zinc and/or B6 deficient from other causes.

What can happen is that a person identified as having Pyroluria via a questionnaire only is administered a protocol for Pyroluria, one that includes zinc and B6. If this person's symptomology improves then the practitioner sees that positive change as confirmation that the Pyroluria questionnaire was correct since the person is "better." However, the lessening of symptoms could just be from addressing the zinc and B6 deficiency, which may not have been from that person being Pyroluric. The most important clinical aspect here is that not all zinc and B6 deficiencies are due to Pyroluria. Understanding this fact is crucial for the long-term health of the patient.

Most of the questions on the Pyroluria questionnaires that are being used are either partly or

*THE MOST IMPORTANT CLINICAL ASPECT here is that not all zinc and B6 deficiencies are due to Pyroluria. Understanding this fact is crucial for the long-term health of the patient.*

entirely developed by Dr. Carl Pfeiffer and Dr. William Walsh. They pioneered treating mental and emotional conditions by correcting a person's individual and unique biochemical profile, including the specialization in Pyroluria. Part of both doctor's protocol included testing the urine for the presence of pyrroles. They would not recommend anyone treat a patient for Pyroluria without testing the urine for the presence of pyrroles (HPL) first. The reason for this is the utmost importance of correct measurements in the diagnosis and treating of a person's biochemical and nutritional individuality. They knew the importance of taking symptoms into account, as evidenced by actually inventing the questionnaires, but due to the possibility of variability, it was crucial to base the core of care and interventions off of proper lab testing.

Why then would a practitioner who was looking to rule in or out Pyroluria only use a questionnaire and not measure a person's urine for HPLs? One of the more common reasons is that when a practitioner recommends using only a questionnaire, it is due to laws that prevent that type of practitioner from legally prescribing a urinary

pyrrole test. Additionally, there are some who say they do not recommend testing the urine because they have seen inaccurate results and that the questionnaire is a better assessment. It would be challenging to make this claim since we do not know what standard value they are comparing results to. That being said, validating their assumption would more likely be due to the fact that currently, there is no FDA regulation on the testing of urine for Kryptopyrroles. This means that conditions and standards are left up to the individual testing laboratory and may vary greatly from one facility to another. Due to this, there is a potential for results to be underreported or inaccurate if the proper testing procedures are not followed.

Important examples that ensure accuracy include using specific gravity as part of the concentration calculation to account for the volume differences in a urine sample. Using a one time catch with the exact amount of preservative is imperative, as our lab has discovered that it takes only an additional tenth of a gram of preservative to decrease the measurement of pyrroles by 22%. Additionally, proper packaging and overnight air bills make sure





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samples remain frozen from door to door to keep the samples stable. It is having these kinds of testing protocols and high standards that ensures the greatest accuracy possible when testing for the presence of Pyrroles (HPL) in the urine. We are unaware of any other lab that takes all these steps to ensure the most accurate results when testing for HPL.

This brings us back to practitioners whose clients may have tested positive on the Pyroluria questionnaire, but when a urine test was performed for pyrroles, it came back within a normal range. Therefore, in their eyes, the Pyroluria questionnaire was correct and it is the lab test that was wrong, and therefore, the urine test is inaccurate. This conclusion is shortsighted and unfortunate, as there are many people who are dealing with mental and emotional illness. Making decisions based upon illogic and incorrect assumptions may have a detrimental effect.

It is of utmost importance for people to understand that you can be negative for a urine pyrrole test and still be deficient in zinc and B6. If someone who is not Pyrolu-

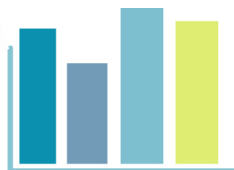
ric but is deficient in zinc and B6 takes those two nutrients and feels better, that's awesome. It would seem irresponsible and inaccurate to assume Pyroluria despite a negative test for urine pyrroles. It is much more likely that it is was a deficiency of the zinc and B6 deficiency that was addressed, and not from the Pyroluria that didn't exist in the first place.

What the research and collected data supports is that the Urinary Quantitative Kryptopyrrole test accurately measures the level of HPL in a person's urine. Doctors Carl Pfeiffer and William J. Walsh, along with great current practicing medical doctors such as Albert Mensah MD and Judith Bowman MD, have tested and cataloged well over 40,000 quantitative urine kryptopyrrole tests. Many of these patients have repeated tests and follow-ups that track progress and changes of these findings before,

during and after treatments. Dr. Pfeiffer had some patients whom he did repeated urine pyrrole tests on for over 20 years. There is no other collection of data like this in the world on testing for Pyroluria

Remember, these were the doctors and researchers who created these same questions and questionnaires for the symptoms of Pyroluria. Of great importance to this discussion is that they did use them routinely in conjunction with urine testing for the presence of pyrroles. As much as they put their faith in the questions and questionnaires about Pyroluria, they would never leave out something as important as testing the urine for pyrroles, especially when it comes to the proper care of thousands of their patients.

No person or practitioner should be assessing the mental and emotional well being of an





individual, let alone making treatment recommendations, based off of a single modality, whether that is a questionnaire or even a urinary pyrrole test. Even as much importance as the medical doctors put on the measurement of urinary HPL, they also include testing for levels of Copper serum, whole blood histamine and zinc plasma to name just a few analytes. They would not just test for urine pyrroles alone because no matter how accurate that result is, it is clinically only a part of the picture if used by itself.

Proper care revolves around proper assessment, and that comes

from educated, open minded and experienced caregivers. This includes medical doctors, naturopaths, chiropractors, nutritionists and others who are specifically trained and educated on biochemical individuality. We work with hundreds of these professionals and feel honored to help facilitate their great care and results with their patients.

That is why DHA Laboratory recommends that people who take a Pyroluria questionnaire, or suspect that they may be dealing with a pyrrole disorder, seek a physician or practitioner who specializes in understanding a person's unique

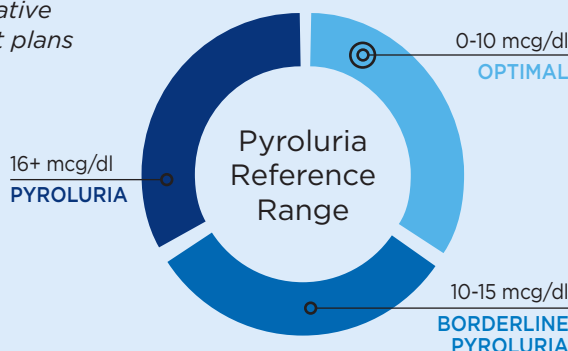
biochemical individuality. These doctors will assess you through a proper history, examination, and of course, the appropriate biochemical laboratory testing. You can visit [walshinstitute.org](http://walshinstitute.org) and find a practitioner who has gone through Dr. Walsh's training program and might be in your area. We also make available through our website, Albert Mensah MD, who will do phone consultations on your thorough lab testing and history.

As a laboratory that specializes in testing for the presence of Pyroluria, we stand on the shoulders of three generations of experience, the brilliance and foresight of pioneering doctors, researchers, as well as the current connection to the hundreds of physicians and practitioners whom we serve on a daily basis. What we know is that there is hope out there for people who are unduly suffering and who might feel lost and helpless. We know there are solutions and it is our wish that there is a shift in consciousness, awareness and education so that testing for biochemical individuality one day is the norm.

## Kryptopyrrole Tests

We provide accurate quantitative testing and unique treatment plans for Pyroluria.

- + ADHD
- + Post-Traumatic Stress
- + Bipolar Disorder
- + Autism
- + Depression
- + Behavioral Disorder
- + Alzheimer's Disease
- + Schizophrenia



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