

INTO GREAT HEALTH

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PYROLURIA QUESTIONNAIRE

Name _____ Date _____ Score _____

Zinc Tally Reaction _____

ARE YOU PYROLURIC?

The pyroluria screening test that follows will help you identify the physical and neurological symptoms that develop from losing large amounts of B6 and Zinc. The circulating levels of pyrroles in your body may be slightly elevated or profoundly abnormal, but in all cases, these levels rise even more when you are under stress. If you score 15 or more, it will be worth your while to be tested for pyroluria – and to get on with the needed biochemical repair.

Yes No

- | | | | |
|-------|-------|-----|--|
| _____ | _____ | 1. | Do you have poor dream recall or nightmares? |
| _____ | _____ | 2. | Do you have a reduced amount of head hair, eyebrows/eyelashes, or do you have prematurely gray hair? |
| _____ | _____ | 3. | When you were young, did you sunburn easily? Do you have fair or pale skin? |
| _____ | _____ | 4. | Are you becoming more of a loner as you age? Do you avoid outside stress because it upsets your emotional balance? |
| _____ | _____ | 5. | Have you been anxious, fearful, or felt a lot of inner tension since childhood but mostly hide these inner feelings from others? |
| _____ | _____ | 6. | Is it hard to clearly recall past events and people in your life? |
| _____ | _____ | 7. | Do you have bouts of depression and/or nervous exhaustion? |
| _____ | _____ | 8. | Do you have cluster headaches? |
| _____ | _____ | 9. | Are your eyes sensitive to sunlight? |
| _____ | _____ | 10. | Do you belong to an all-girl family, or have look-alike sisters? |
| _____ | _____ | 11. | Do you get frequent colds or infections, or unexplained chills or fever? |
| _____ | _____ | 12. | Do you dislike eating protein? Have you ever been a vegetarian? |
| _____ | _____ | 13. | Did you reach puberty later than normal? |
| _____ | _____ | 14. | Are there white spots/flecks on your fingernails, or do you have opaquely white or paper thin nails? |
| _____ | _____ | 15. | Are you prone to acne, eczema or psoriasis? |
| _____ | _____ | 16. | Do you prefer the company of one or two close friends rather than a group? |

- ____ ____ 17. Do you have stretch marks on your skin?
- ____ ____ 18. Have you noticed a sweet smell (fruity odor) to your breath or sweat when ill or stressed?
- ____ ____ 19. Do you have – or did you have, before braces – crowded upper front teeth?
- ____ ____ 20. Do you prefer not to eat breakfast, or even experience light nausea in the morning?
- ____ ____ 21. Do you tend to become dependent on one person whom you build your life around?
- ____ ____ 22. Do you have poor appetite? Or poor sense of smell or taste?
- ____ ____ 23. Do you have any upper abdominal, splenic pain? As a child, did you get a "stitch" in your side when you ran?
- ____ ____ 24. Do you tend to focus internally (on yourself) rather than on the external world?
- ____ ____ 25. Do you frequently experience fatigue?
- ____ ____ 26. Do you feel uncomfortable with strangers?
- ____ ____ 27. Do your knees crack or ache?
- ____ ____ 28. Do you overreact to tranquilizers, barbiturates, alcohol or other drugs – That is, does a little produce a powerful response?
- ____ ____ 29. Does it bother you to be seated in a restaurant in the middle of the room?
- ____ ____ 30. Are you anemic?
- ____ ____ 31. Do you have cold hands and/or feet?
- ____ ____ 32. Are you easily upset (internally) by criticism?
- ____ ____ 33. Do you have a tendency towards morning constipation?
- ____ ____ 34. Do you have tingling sensations or muscle spasms in your legs or arms?
- ____ ____ 35. Do changes in your routine (traveling, new situations) provide stress?
- ____ ____ 36. Does your face sometimes look swollen while under a lot of stress?

____ ____ Total