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PYRROLE DISORDER

Introduction

Pyrrole Disorder is an abnormality in biochemistry resulting in the overproduction of pyrrole molecules, normal by-products of hemoglobin synthesis and other processes in the body. Excess pyrroles have little or no function in the body and are effectively excreted in the urine; however, pyrroles have an affinity for zinc and may contribute to zinc deficiency by increasing its urinary loss. When elevated in the urine, they represent a marker for functional deficiencies in Vitamin B-6 and zinc. A high incidence of Pyrrole Disorder is found in individuals with anxiety disorder, depression, ODD, schizophrenia, bipolar disorder and ADHD. The decisive laboratory test is analysis for kryptopyrroles in urine. Biomedical treatment centers on restoring the body with necessary nutrients.

SYMPTOMS

Poor stress control, nervousness, anxiety, mood swings, severe inner tension, episodic anger and depressions are hallmarks of Pyrrole Disorder and represent the symptoms of combined zinc and Vitamin B6 deficiencies. Most individuals with Pyrrole Disorder are easily agitated and react with a short fuse. Other symptoms include poor short-term memory, frequent infections, inability to tan, poor dream recall, abnormal fat distribution, and sensitivity to light and sound.

DIAGNOSIS

Pyrrole Disorder is diagnosed by finding elevated kryptopyrroles in urine. The decisive laboratory test is analysis for kryptopyrroles in urine. Individuals with low-normal Kp levels of 10-20 mcg/dl are considered to have Pyrrole Disorder, if clinical symptoms are present. Individuals with Kp levels of 20 mcg/dl or greater are very likely to exhibit clinical symptoms. It is important to note that the chemical analysis for Kp is difficult due to the tendency for Kp to decompose if the sample is not kept frozen and away from the light. The correct interpretation of the Kp laboratory result is very dependent on proper collection technique and knowledge of the patient history.

TREATMENT

Biomedical treatment centers on restoring the body with necessary nutrients. Pyrrole Disorder is corrected by supplementing individualized, therapeutic dosages of Vitamin B6, pyridoxine-5-phosphate (the active form of Vitamin B-6) and zinc, and other supportive nutrient elements i.e. Vitamin C, Vitamin E, and Evening Primrose Oil.

ADDITIONAL INFORMATION

If no other chemical imbalances are present, individuals with mild or moderate symptoms of Pyrrole Disorder may see a response to treatment in two to four (2-4) weeks. Individuals with more severe symptoms usually require one to three (1-3) months before some improvement is seen, with greater improvement occurring gradually over three to 12 months.

Since Pyrrole Disorder is a marker for a genetic tendency of increased need for Vitamin B-6 and zinc, it is very likely that the symptoms of Pyrrole Disorder will reoccur if nutritional treatment is stopped. Furthermore, since stress, illness and injury all exacerbate zinc deficiency and Pyrrole Disorder, individuals respond to treatment more rapidly when these factors are absent, and may relapse in times of stress or illness.