

# NO NEEDLES OR BLOOD TEST

## SAFE AND ACCURATE

We use modern electronic equipment that works from a hair sample.

Our test is safe, accurate and has no harmful side effects.

Medications will not affect this test.

*One patient reported that fourteen and a half years of headaches and migraines disappeared after eliminating broccoli and other allergies.*

*A lady stopped coughing after over 50 years of suffering once she stopped eating wheat bran. Her intolerance to perfumes also disappeared.*

*50 years of asthma was gone after only 6 weeks on this programme. This lady reports that she can now run on the beach for the first time in her life.*

*A young boy's badly inflamed tonsils and adenoids cleared once off paw paw and bananas.*

*A delighted father reported his A.D.D. child had gone from the bottom to top of the class; was sleeping and eating well and her behavioural problems had disappeared only six weeks into this programme.*

*Asthma, bloating, irritable bowel, nausea and migraines all cleared once off reactive foods. Patient also reported she was off all medications and had lost 9 kg in weight.*

*A lady reported that her sinus and middle ear infections all cleared up when she removed olive oil, rice bubbles, mandarins, garlic, olives, chicken, baked beans and eye shadow.*

*Arthritis was triggered by pasta, garlic, pork, ham, milk, olive oil, chicken, and milk. His doctor took him off cortisone after 6 weeks on this programme.*

*Acne/Rosacea cleared by removing vegemite, potato, Broccoli, chocolate and dairy products.*

*Stomach pains and constipation from eating milk, soy milk and sunflower oil.*

*Irritable bowel, sinus, headache and digestion cleared by removing dairy, bread, and all seafood.*

*Hives, sinus, rashes cleared once off shellfish, wheat, green tea and coffee.*

DISCLAIMER; This programme is not intended to be construed as medical advice, nor is it intended to lead anyone away from a qualified health practitioner. We make absolutely no claims to diagnose, cure, treat or prevent any disease. We cannot take any responsibility for those who may want to help themselves outside our instructions. If you have a medical condition, we urge you to be supervised by a qualified healthcare professional of your choice.

# 600+ ITEMS TESTED BY HAIR SAMPLE

## FOR ONLY \$273.00 (inc GST) **Mail Order**

(\$225.00 in clinic with a consultation)

Simply send us a small clump of your hair (enough to cover the shaded area below)

Hair sample must be **placed in a plastic bag or Glad wrap**

Colours, perms or medications do not affect the testing.

**Please complete the following**

### LIST YOUR SYMPTOMS

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Acne / Roscea       | <input type="checkbox"/> Diarrhoea          | <input type="checkbox"/> Gout                | <input type="checkbox"/> Psoriasis         |
| <input type="checkbox"/> ADD/HD--Behavioural | <input type="checkbox"/> Digestive / Nausea | <input type="checkbox"/> Headache/Migraine   | <input type="checkbox"/> Rashes/Itchy Skin |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Earache            | <input type="checkbox"/> Hives               | <input type="checkbox"/> Reflux            |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Excess Mucous      | <input type="checkbox"/> Irritable Bowel     | <input type="checkbox"/> Restless Legs     |
| <input type="checkbox"/> Bad Breath          | <input type="checkbox"/> Eye Infections     | <input type="checkbox"/> Muscle Ache & Pains | <input type="checkbox"/> Sinus/Hay fever   |
| <input type="checkbox"/> Bloating            | <input type="checkbox"/> Fatigue            | <input type="checkbox"/> Persistent Cough    | <input type="checkbox"/> Sleep Disorders   |
| <input type="checkbox"/> Constipation        | <input type="checkbox"/> Flatulence         | <input type="checkbox"/> PMS                 | <input type="checkbox"/> Thrush            |

OTHER: .....

**Test List:** Standard 500+  \$273.00      Baby +  \$286.00  
 Indian  \$323.00      Retest  \$197.00

**Date of Birth**...../...../.....      **Sex:** M  F

Cash, Money order, Credit/debit card or Cheque is acceptable.

**Name:**.....

**Address:**.....

..... **P/code**..... **Phone**.....

**Email**.....

Would you like to receive our e-newsletter    yes     no

Mastercard     Visacard    **Expiry Date** ..... / .....

**Card Number** | | | | | | | | | | | | | | | | | | | | | |

**Name on card** .....      **Signature** .....

**Send To:**  
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*Highbury Natural Health Centre*  
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