



The Eidon Mineral Balancing Program

Providing the health conscious consumer with the following:

1. The ability to monitor their own current mineral status using a non-invasive hair mineral analysis.
2. A personalized, computerized report of the test results that will help in the designing of a mineral balancing program for each individual.

Eidon's objective is to make available for each consumer a customized mineral balancing program that will provide you with information to help achieve mineral balance.

Toxic Minerals

In today's modern environment, we are exposed to a number of toxic metals on a daily basis. Since 1980, The Environmental Protection Agency has maintained that hair can be utilized effectively to monitor the highest priority toxic minerals. The concentration of Lead found in the hair correlates well with the concentration of Lead in the bones. The body's burden of Mercury is accurately indicated in the hair as Mercury is deposited in the hair as it grows. Some toxic minerals stay in the blood very briefly after exposure and can be more easily detected in hair.

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These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.***

What is a Hair Mineral Test Analysis and Why Do You Need One?

Hair mineral analysis is a laboratory test that measures mineral content present in the hair. A small amount of hair taken easily from the scalp is scientifically analyzed. Pubic, chest, and facial hair, as well as nail clippings can also be used. The mineral content of the hair can give an overview of the mineral levels in the bodies tissues and the changes that occur over time.

Blood has to maintain a strict balance or homeostasis to sustain life. Unlike hair, blood mineral levels stay relatively the same even when the tissue mineral levels are changing. Since hair is a living, metabolically active tissue, an accurate hair mineral analysis performed by a reliable laboratory can provide the health conscious consumer with valuable information including:

- Low and/or excessive levels of minerals detected in the hair which can indicate corresponding low or high levels of these same minerals in the body.
- A possible indication of the body's ability to utilize certain minerals.
- Toxic levels of undesirable elements including Lead, Arsenic, Mercury, Cadmium, Aluminum, and Beryllium.
- Mineral ratios can be established that indicate metabolic balance. For example: Calcium/Phosphorus, Calcium/Magnesium, Sodium/Potassium, Zinc/Copper and others.
- Which important dietary and supplement changes are needed by each individual to help balance their current mineral

Mineral Imbalances

Special Points of Interest

- Mineral levels in the hair correspond to the levels of those minerals in the body.
- Minerals are essential for normal healthy functioning.
- Environmental factors contribute to mineral imbalances because of toxic mineral exposure.
- Improper dietary habits can also lead to mineral imbalances.

There are many reasons for mineral imbalances to occur:

1. Mental, physical, and emotional stress can contribute to mineral imbalances. Many nutrients are used more rapidly during these periods of stress and may need to be replenished.
2. Exposure to environmental toxins such as automobile exhaust, cigarette smoke, industrial pollution, chem trails and commonly used household products can impact mineral absorption and utilization affecting the delicate metabolic balance of mineral levels and ratios in the body.
3. The use of medications can either increase or decrease mineral levels by affecting the rate of mineral utilization, activity, and excretion. Nutritional supplements can also cause mineral imbalances by increasing or decreasing the levels of certain minerals.
4. Healthy diets can promote a proper mineral balance in the body. However, some food choices and certain dietary patterns may lead to mineral imbalances. These imbalances can occur by supplying too much or not enough mineral nutrients to maintain a healthy balance.
5. Excessive intake of processed foods, over consumption of refined carbohydrates and heavily processed fats and oils or diets that focus on too few food groups can lead to imbalance.
6. Inherited genetic patterns can give a predisposition towards mineral imbalances, and can contribute to mineral deficiencies and excesses. Mineral imbalances affect essentially every tissue in the body and can be a major factor in a number of changes in the metabolism.

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Importance of Minerals

Minerals are critically important for the normal healthy functioning of all living cells. Minerals have strong interactions with all other nutrients, especially vitamins. For example, Vitamin C improves the absorption of Iron, and Vitamin D is essential for proper utilization of Calcium.

Minerals are necessary for energy production, fluid balance, normal growth, the formation and activation of hormones, bone formation, the rate of healing, and the health and balance of every cell and tissue in the body. Minerals also function as co-enzymes and enzyme activators. A healthy balance of minerals allows for more efficient, balanced and healthy metabolism.

Key Ratios

Minerals have strong relationships with each other to maintain metabolic balance. The ratios of minerals to each other are in many respects equally as important as the individual level of any single mineral. The ratios or balance between minerals can be an indicator of metabolic balance.

There are concerns about how some minerals interact with each other. There can be for example both an antagonism and/or synergism that occurs between minerals. Large doses of Iron can reduce Copper levels or make Copper less available. However, these same minerals may compliment each other as well. Copper and Iron work together in the formation of hemoglobin. Similar patterns occur between other minerals and those corresponding ratios can give insight on the overall state of metabolic balance.

Minerals Tested:

Nutrient Minerals

Calcium, Magnesium,
Sodium, Potassium, Copper,
Zinc, Phosphorus, Iron,
Manganese, Chromium,
Selenium, Cobalt,
Molybdenum, Sulfur,
Vanadium

Toxic Minerals

Antimony, Arsenic, Beryllium,
Mercury, Cadmium, Lead,
Aluminum, Uranium

Additional Minerals

Barium, Bismuth, Germanium,
Lithium, Nickel, Platinum,
Rubidium, Strontium,
Thallium, Tin, Titanium,
Tungsten, Vanadium,
Zirconium

Heavy Metals

While any element may become toxic if consumed in excess, heavy metals are toxic at any amount. When consumed or absorbed, the body will attempt to excrete them using nutrient minerals such as silica, iodine, selenium, zinc, and lithium. When our natural eliminators are lacking, the body sequesters these toxins inside our cells where they act to impede normal cellular function. This then impedes normal organ function, resulting in a state of bodily dis-ease.

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Important Information about Your Mineral Supplement Guidelines:

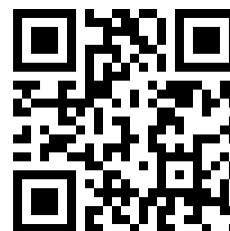
1. During the normal process of mineral rebalancing, detoxification may occur. This can result in periods of “feeling worse before feeling better” and/or an aggravation of prior or existing health issues. If any aggravation occurs of a potentially serious nature, do not hesitate to contact your primary physician or health care provider.
2. These mineral supplement guidelines should not be used indefinitely. A hair mineral analysis should be repeated at least every 3-6 months to observe the changes in the analysis results in order to make appropriate adjustments.
3. The results of a mineral supplementation program vary from one person to another in the amount of time it takes for change and the degree of change.
4. The mineral supplement recommendations are not intended to replace a well-balanced diet, but rather to complement your diet to achieve and maintain balance.

Sampling Instructions:

1. Prior to sampling, read and complete the HTMA Health Assessment Submittal Form.
2. ***Do not submit hair that has been colored, chemically straightened, permed, or otherwise treated. Scalp hair produces the most accurate results, and it is best to wait for new growth to come in if your hair has been treated before obtaining a sample.*** Nails or body hair can also be used (pubic/chest/armpit) if you cannot use scalp hair. **DO NOT MIX SAMPLE TYPES.**
3. Do not cut a hair sample if you have used a dandruff shampoo in the past 2 weeks.
4. When taking your sample, use hair that is clean and free of styling products such as hair spray, styling gel or leave-in conditioners.
5. Use freshly cleaned stainless steel scissors or thinning shears to cut hair from the nape of the neck, as close to the scalp as possible (newest hair growth). To ensure the most current results, **cut and save only 1 inch of hair from the length from the end nearest your scalp.**
6. Continue to cut your hair until you have enough to fill a **heaping teaspoon or can tip the scale provided.** More hair is better than less. Too little hair will result in delays.
7. If you are unable to use hair, you may use unpolished fingernails or toenails.
8. Label the small envelope with your name, which must match your submittal form. Once you place the sample in the envelope, make sure to fully seal it. **DO NOT PUT HAIR IN A PLASTIC BAG.**
9. Review and sign the Consent Statement on the back of the HTMA Health Assessment Submittal Form.
10. ***Place the HTMA Health Assessment Submittal Form, Informed Consent signature page and the paper envelope containing your hair sample into the envelope provided and mail to Eidon, Inc. 12330 Stowe Drive, Poway, CA 92064.***
11. Expect to receive your results within 3-6 weeks.



SCAN THE QR CODE FOR AN
INSTRUCTIONAL VIDEO ON
HAIR SAMPLE COLLECTION



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HTMA HEALTH ASSESSMENT SUBMITTAL FORM (Please Print)

Last Name: _____ First Name: _____ Sex: _____ Age: _____
 Occupation: _____ Height: _____ Weight: _____ Pregnant: Yes ___ No ___ Breast Feeding: _____
 Allergies: _____ Cups of Coffee Daily: _____ Preferred Language: _____
 Ethnic Origin: Caucasian: ___ Black/African American: ___ Hispanic: ___ Asian: ___ Other: _____
 Natural Hair Color: Black : ___ Blonde: ___ Brown: ___ Grey: ___ Red: ___ White: ___
 Current Medications: _____

Current Supplements: _____
 Alcohol Use Frequency & Amount: _____

Sample Type: **Scalp (Recommended):** ___ Pubic: ___ Axillary/Armpit: ___ Fingernails: ___ Other: _____
 Shampoo and other **hair preparations/treatments** (Clean hair, no treatments recommended): _____
 Home water source/treatments: (City, Well, Salt Water Softener, Other): _____ Drinking water: _____

HEALTH HISTORY CHECKLIST (PRESENT AND PAST)

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> ADDICTION | <input type="checkbox"/> CANDIDA/LEAKY GUT | <input type="checkbox"/> FIBROMYALGIA | <input type="checkbox"/> INFECTIONS, (BACTERIAL) | <input type="checkbox"/> MUSCLE CRAMPS/ SPASMS |
| <input type="checkbox"/> ALLERGIES (FOOD) | <input type="checkbox"/> CHEMICAL SENSITIVITIES | <input type="checkbox"/> FREQUENT URINATION | <input type="checkbox"/> INFECTIONS (VIRAL) | <input type="checkbox"/> OSTEOPOROSIS/PENIA |
| <input type="checkbox"/> ALLERGIES (SEASONAL/ RESPIRATORY) | <input type="checkbox"/> CHRONIC FATIGUE | <input type="checkbox"/> GALL STONES | <input type="checkbox"/> INSOMNIA | <input type="checkbox"/> OVARIAN CYSTS |
| <input type="checkbox"/> ALZHEIMER'S/ DEMENTIA | <input type="checkbox"/> COLD HANDS/FEET | <input type="checkbox"/> GALLBLADDER REMOVAL | <input type="checkbox"/> IRRITABILITY | <input type="checkbox"/> PARKINSON'S |
| <input type="checkbox"/> AMALGAM/SILVER FILLINGS | <input type="checkbox"/> COLITIS | <input type="checkbox"/> GASTRITIS | <input type="checkbox"/> IRRITABLE BOWEL SYNDROME (IBS) | <input type="checkbox"/> PERIODONTAL DISEASE |
| <input type="checkbox"/> ANEMIA, TYPE: _____ | <input type="checkbox"/> CONSTIPATION | <input type="checkbox"/> GOUT | <input type="checkbox"/> JOINT DISEASE | <input type="checkbox"/> PMS |
| <input type="checkbox"/> ANGINA/CHEST PAIN | <input type="checkbox"/> COVID 19 VACCINE (#?): _____ | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> JOINT STIFFNESS | <input type="checkbox"/> PSORIASIS |
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> CROHN'S DISEASE | <input type="checkbox"/> HEART DISEASE/ FAILURE | <input type="checkbox"/> KIDNEY FAILURE/ DISEASE | <input type="checkbox"/> RACING THOUGHTS |
| <input type="checkbox"/> ARTHRITIS-OSTEO | <input type="checkbox"/> DECREASED TESTOSTERONE | <input type="checkbox"/> HEART PALPITATIONS | <input type="checkbox"/> LIVER DYSFUNCTION | <input type="checkbox"/> SHORT ATTENTION-SPAN/ADD/ADHD |
| <input type="checkbox"/> ARTHRITIS-RHEUMATOID | <input type="checkbox"/> DEPRESSION | <input type="checkbox"/> HEARTBURN | <input type="checkbox"/> LOSS OF TASTE/SMELL | <input type="checkbox"/> SMOKING (NICOTINE/ VAPE) |
| <input type="checkbox"/> ASTHMA/COPD | <input type="checkbox"/> DESPAIR, SUICIDAL THOUGHTS, HOPELESSNESS | <input type="checkbox"/> HEPATITIS (A, B, C) | <input type="checkbox"/> LOW BLOOD PRESSURE | <input type="checkbox"/> SWELLING, LOWER LEGS OR OTHER |
| <input type="checkbox"/> AUTISM | <input type="checkbox"/> DIABETES TYPE I | <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> MANIC DEPRESSION/ BIPOLAR | <input type="checkbox"/> TACHYCARDIA/RACING HEART |
| <input type="checkbox"/> AUTOIMMUNE, TYPE: _____ | <input type="checkbox"/> DIABETES TYPE II | <input type="checkbox"/> HIGH CHOLESTEROL | <input type="checkbox"/> MENOPAUSE | <input type="checkbox"/> TREMORS |
| <input type="checkbox"/> BRADYCARDIA/SLOW HEARTRATE | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> HIGH TRIGLYCERIDES | <input type="checkbox"/> MENSTRUAL BREAST SORENESS | <input type="checkbox"/> ULCERS (GASTRIC/ DUODENAL) |
| <input type="checkbox"/> BRAIN FOG | <input type="checkbox"/> DIVERTICULITIS | <input type="checkbox"/> HISTORY OF BIRTH CONTROL | <input type="checkbox"/> MENSTRUAL CRAMPS | <input type="checkbox"/> URINARY TRACT INFECTIONS |
| <input type="checkbox"/> BREAST IMPLANTS OR OTHER: _____ | <input type="checkbox"/> ECZEMA | <input type="checkbox"/> HYPERTHYROID | <input type="checkbox"/> MENSTRUAL IRREGULARITY | <input type="checkbox"/> VACCINATIONS |
| <input type="checkbox"/> CANCER, (TYPE): _____ | <input type="checkbox"/> ENDOMETRIOSIS | <input type="checkbox"/> HYPOGLYCEMIA/LOW BLOOD SUGAR | <input type="checkbox"/> MIGRAINES | <input type="checkbox"/> YEAST INFECTIONS |
| | <input type="checkbox"/> ENLARGED PROSTATE | <input type="checkbox"/> HYPOTHYROID | <input type="checkbox"/> MOLD EXPOSURE | <input type="checkbox"/> OTHER: _____ |
| | <input type="checkbox"/> FATIGUE/EXHAUSTION | <input type="checkbox"/> HOSTILITY | <input type="checkbox"/> MULTIPLE SCLEROSIS | |
| | <input type="checkbox"/> FIBROIDS | <input type="checkbox"/> IMPOTENCE | | |

Life Stressors Rated on a Scale of 1-5, 1 = Low, 5 = High (Circle)

Work:	1	2	3	4	5	Personal Relationships:	1	2	3	4	5
Homelife:	1	2	3	4	5	Trauma (Past/Present):	1	2	3	4	5
Financial:	1	2	3	4	5	Emotional/Internal:	1	2	3	4	5

Informed Consent Statement:

I hereby attest and agree to the following:

1. I fully understand that Eidon, Inc. consists of natural health advisors who help people improve their health through information.
2. I fully understand that Eidon, Inc. are not licensed physicians and cannot diagnose diseases, prescribe drugs, or recommend treatment for specific conditions.
3. I understand that all analyses performed by Eidon, Inc. are designed to allow me to make informed decisions regarding my health. I further understand that said analyses cannot determine specific disease conditions I may have and do not replace diagnostic services offered by licensed physicians.
4. I understand that Eidon, Inc. neither claims nor implies that any services they provide, whether in person, by mail, phone, or email, will cure, treat, prevent, or mitigate any disease condition; but are provided solely for the purpose of information supported by actual research.
5. I certify that Eidon, Inc. has not suggested that I cease medical care I may be currently receiving. I understand that the decision I make regarding my health and the health care of those under my guardianship are my responsibility and certify that I will not hold Eidon responsible for the consequences of my decisions.
6. I have read and understand the foregoing and agree to the terms and conditions set therein. I may retain a copy of this Informed Consent for my records. By my signature, I hereby consent to the aforementioned.

PLEASE REMIT PAYMENT VIA CREDIT CARD OR CHECK/MONEY ORDER TO EIDON, INC.

Cost per individual test: \$125.00 each. Cost per two tests at same time: \$120.00 each. Cost per three or more tests at same time: \$115.00 each

☐ **CREDIT CARD - PLEASE PAY ONLINE AT: <https://shop.eidon.com/hair-mineral-analysis> OR CALL OUR OFFICE**

☐ **CHECK/MONEY ORDER**

Signature: _____

Street Address: _____

Name: _____

City, State, Zip Code: _____

Date: _____

Email: _____

Phone: _____



800-700-1169

12330 Stowe Drive

Poway, CA 92064

www.eidon.com - Info1@eidon.com

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