

PYRROLURIA

Pyrrroles are chemicals that were identified over 50 years ago by researchers who observed that urine of certain psychiatric patients turn reddish-purplish when exposed to light. Drs. Abraham Hoffer and Carl Pfiffer coined the term Pyrrole to identify and study these chemicals. Based on their studies of the urine of thousands of psychiatric patients, they identified Pyrroluria as a genetic or acquired disorder of hemoglobin synthesis and metabolism. While all of us have some Pyrrole because all of us have hemoglobin, more than the normal levels may be an underlying cause of many disorders.

Pyrrroles have affinity for two important nutrients in the body: vitamin B6, and zinc. Pyrroluric patients tend to be depleted in B6 and zinc as their excessive Pyrrole binds with them and depletes the body. Because both B6 and zinc are important nutrients in production of several neurotransmitters such as Dopamin, Serotonin and GABA, deficiencies could contribute to a wide range of psychiatric and physical ailments.

Pyrroluria symptoms may include: anxiety, depression, ADHD, inability to cope with cumulative stress, repeated infection, tendency toward autoimmunity, delusional thinking, inability to tan, preference for spicy and salty food, menstrual and hormonal abnormalities, sensitivity to sound and light, among many.

Testing for Pyrroluria is tricky because Pyrrroles are very fragile and can easily disintegrate on exposure to light or mishandling. Also there are only few labs in the country that can test for Pyrroluria, and not all of those labs can accurately measure the levels taking into account urine concentration and a patient's hydration status.

Sometime diagnosis could be easily predicted based on a Pyrrole questionnaire. According to Dr. William Walsh, currently the most experienced Pyrrole expert in the world, positive answers to at about 40% of a Pyrrole questionnaire raises the index of suspicion. See the separate section on this website about the Walsh Advanced Nutrient Therapy Protocol, and my training with the Walsh Research Institute.

Treatment of Pyrrol involves supplementation with appropriate forms of B6 and zinc at therapeutic non-toxic doses, along with a number of other additional supplements that would help with proper treatment. Patients do respond quickly if they do not have any other epigenetics or physical ailments. Prognosis is good but depends on continued adherence to the prescribed regime. Any discontinuity in supplementation soon results in relapse of symptoms. Any emotional or physical stress could exacerbate the symptoms as the levels of excreted Pyrrole elevate.

For more information on Pyrrroles see:

<https://pyroluriatesting.com/pyroluria-questionare/>

<http://www.mensahmedical.com/resourcecenter/pyrroledisorder.html>

<https://www.youtube.com/watch?v=QyoPtGtQvHI>

https://www.doctorsdata.com/resources/pdfs/DDI_Clinical_Microbiology_Brochure.pdf

<https://www.gdx.net/product/gi-effects-comprehensive-stool-test>