

Case Report of Users

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File number: DACR211127A

Report date: 2023 02 28

Review date: 2023 02 28

Title:

After two months of D A Marine Mineral's conditioning, prolactin levels were reduced to normal values

1. Overview:

The patient, a 29-year-old female, was diagnosed with hyperprolactinemia in a hospital in mainland China in 2013 due to scanty and irregular menstrual cycles. She had been taking dopamine agonists (DOSTINEX/cabergoline) to control prolactin levels. In June 2018, after stopping the medication, her prolactin levels rose to over 2000 mIU/L, and she was admitted to a hospital in Guangzhou for treatment. She continued to take medication until November 2021.

In November 2021, she sought treatment from Dr. Mi at Mi's Traditional Chinese Medicine clinic and was prescribed the oral supplement of D A Marine Mineral Drops (30 drops per day). Dr. Mi used a combination of traditional Chinese medicine and the supplement to regulate her condition. The patient stopped taking DOSTINEX in December 2021. On January 12, 2022, her prolactin levels had returned to normal. She has continued to receive treatment with D A Marine Mineral and intermittent use of traditional Chinese medicine (from January to July 2022). She has stopped taking western medicine since then, and her prolactin levels have remained within the normal range.

2. User Information: (To protect user privacy, personal information will not be disclosed to the public)

User: SAYAKA CHI *****

Year of Birth: February *, 19**

Phone: +61 41682**** Email: sayaka.fok@hotmail.com

Address: *** ** *****Street Mount Druitt, NSW, **** Australia

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3. Past medical history and illness before using D A Marine Mineral:

Diagnosed with hyperprolactinemia in 2013, has been taking DOSTINEX since diagnosis;

In June 2018, the prolactin level soared after stopping the medication and was hospitalized, also diagnosed with liver hemangioma and thyroid nodules;

Continued to take DOSTINEX from discharge until November 2021;

For the past 8 years of taking DOSTINEX, menstrual flow has been consistently low and irregular.

4. User complaints and objective medical evidence before using D A Marine Mineral:

Chief complaint:

High prolactin levels, inability to stop Western medicine, and scanty menstrual flow.

Medical test report (7 copies in total):

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1) 2016-2018 prolactin test sheet

Demographic Details	
Practice: Ms [REDACTED]	04/02/1992 Female
Lab: 266872273-E-PROL [REDACTED]	04/02/1992 Female
Provider: Douglass Hanly Moir Pathology	
Reference Details	Collection Details
Medicare:	Collected: 23/05/2018 8:32:00 AM
Veterans:	Copy to: DR JONATHAN LIM; DR CLARE WONG; DR PAK K
Pension:	Referred by: DR PAK K CHAN

Investigation Result: [REDACTED] Page 1 of 1

Prol(s)

Prolactin (Total) 25 mIU/L 85-500 L

PROLACTIN
Please note: Prolactin repeated and result confirmed.

PROLACTIN
Supervising Pathologist: GC, NT

PROLACTIN
NATA Accreditation No 2178

PROLACTIN
Tests Completed: Prol(s)

PROLACTIN
Tests Pending :

PROLACTIN
Sample Pending :

Clinical Notes : HYPERPROLACTINAEMIA

Date	16/11/17	13/12/17	07/03/18	23/05/18
Time	1025	1015	1059	0832
Lab ID	266872837	288741150	266873038	266872273 Units Reference

Prolactin L <10 L 23 H 1647 L 25 mIU/L (85-500)

Comments on Collection 23/05/18 0832:
Please note: Prolactin repeated and result confirmed.

Supervising Pathologist: GC, NT

NATA Accreditation No [REDACTED]

Tests Completed: Prol(s)

Tests Pending :

Sample Pending :

End of Report :

Report generated 04 Jun 2018 by S4S Audit4 (www.s4s.com.au)

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2) MRI ruled out pituitary tumor in 2017

Demographic Details	
Practice: Ms	04/02/1992 Female
Lab: 24046	04/02/1992 Female
Provider:	
Reference Details	Collection Details
Medicare:	Collected: 14/08/2017 11:05:00 AM
Veterans:	Copy to: DR CLARE WONG; DR BOBBY CHAN
Pension:	Referred by: DR BOBBY CHAN

Investigation Result: [REDACTED]

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MRI PITUITARY

MRI PITUITARY

This report is for: Dr B. Chan
Referred By:
Dr Bobby Chan

Copies:
Dr Clare Wong

MRI PITUITARY 14/08/2017 Reference: 24046

MRI BRAIN

CLINICAL: Hyperprolactinaemia, 7 microadenoma.

TECHNIQUE: Sagittal T1, axial, DWI, FLAIR and post-contrast T1-weighted sequences of the brain were obtained. Coronal and sagittal T2, T1 and post-contrast dynamic T1-weighted sequences of the pituitary were obtained.

REPORT:

There is a single left-sided periventricular T2 hyperintense focus, within normal limits for the patient's age. There is no restricted diffusion. No acute infarct. The ventricles are not dilated. There is no extra-axial collection. No cerebral enhancing lesion is seen.

The pituitary is not enlarged. The pituitary infundibulum is midline. There is no impingement of the optic chiasm. Pituitary enhancement is homogeneous and there is no evidence of an adenoma.

CONCLUSION:

No evidence of a pituitary adenoma is seen.

Radiologist: Dr W. Brown

Copies:
Dr Clare Wong

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广东省医学科学院

Guangdong Academy of Medical Sciences

广东省人民医院

Guangdong General Hospital

疾病诊断证明书

编号:

科室: 协和一区

住院号(门诊号):

姓名: 性别: 女 年龄: 26岁

入院日期: 2018-06-11 出院日期: 2018-06-13

病情摘要:

因“月经减少2年”入院。

诊 断:


1. 高催乳素血症

医 嘱:

内分泌科随诊。

复诊建议:

随诊: 6月内

医师: 麦洁兰 

日期: 2018-06-16 23:08:46

注: 1. 加盖疾病诊断证明专用章后才生效。

2. 涂改无效。

3. 只作疾病证明, 不得作其它证明使用。

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4) Discharge certificate in June 2018

广东省人民医院协和高级医疗中心					
Concord Medical Center of Guangdong General Hospital					
协和一病区出院小结 住院号: ■■■					
姓名	■■■	性别	女	年龄	26岁
入院日期	2018年06月11日		会员号 (Z)		
出院日期	2018年06月13日		住院天数	2	转归
治愈					
入院诊断: 高催乳素血症					
出院诊断: 高催乳素血症; 肝血管瘤; 甲状腺结节					
入院时情况:					
患者因“月经减少2年”入院。					
入院体检: T: 36.5℃, P: 63次/分, R: 20次/分, Bp: 117/74mmHg, 身高152cm, 体重44.9kg, 神清, 甲状腺不大, 浅表淋巴结未触及; 双侧肺呼吸音清, 未闻及干湿啰音, 心律齐, 各瓣膜听诊区未闻及杂音, 腹平软, 全腹无压痛、反跳痛, 未触及包块, 肝脾肋下无触及, Murphy征阴性, 肠鸣音4次/分, 双下肢无水肿。					
辅助检查: 2017-8-14 Waratah Private Hospital 垂体MR: 未见异常。催乳素 (Prolactin) 2017-11-16: < 10mIU/L, 2017-12-13: 23mIU/L, 2018-02-12: 1094mIU/L, 2018-3-7: 1647mIU/L, 2018-05-23: 25mIU/L。					
住院经过及治疗情况:					
入院后完善检查, 停用DOSTINEX (卡麦角林) 1周后, 复查垂体泌乳素: 1.02ng/ml。内分泌科会诊建议复查垂体MR排查垂体瘤, 追查服药史及饮食结构。					
检查结果:					
1. 心电图: 正常。					
2. 胸部片: 心、肺、膈未见明显异常。					
3. 腹部B超: 肝内实性病灶(血管瘤?) (S5段或S6段之间见一大小0.5×0.4cm); 肝内多发结石或钙化灶(其中S4段一大小为0.5×0.3cm); 胆、脾、胰、双肾、膀胱未见明显异常。					
4. 心脏B超: 心内结构未见明显异常; LVEF 65%。					
5. 甲状腺B超: 甲状腺双侧叶多发实质性及囊性病灶(结甲)(其中一大小分别约左2.4×1.1cm、右0.2×0.2cm); 颈部未见明显肿大淋巴结回声; 弹性评分为1分。					
6. 乳腺B超: 双侧乳腺增生。					
7. 妇科B超: 子宫、双侧附件区未见明显异常。					
检验结果					
1. 血常规: 白细胞计数: $5.92 \times 10^9/L$, 血红蛋白浓度: 132g/L, 血小板计数: $247 \times 10^9/L$ 。					
2. 尿常规: 血液(含血红蛋白): 2+, 红细胞: 31.70/u1 ↑; 余项正常。					
3. 大便常规: 隐血试验: 弱阳性 ±; 余项正常。					
4. 血生化: 白蛋白: 35.7g/L ↓, 氮: 109.5mmol/L ↑, 门冬氨酸氨基转移酶: 12U/L ↓, 余项均正常。					
5. 血脂分析: 总胆固醇: 4.30mmol/L, 甘油三酯: 1.22mmol/L, 高密度脂蛋白: 1.08mmol/L ↓, 低密度脂蛋白: 2.75mmol/L。					
6. D-二聚体: 250ng/ml。					
7. 凝血指标: 正常。					
住院ID: ■■■		第 1 页		打印号: 1V2WZ-12S	
地址: 广州市东川路96号广东省人民医院英东楼九楼及科教楼八至十楼					
Add: 9th Floor Dr.Y.T.Fok Heart Center and 8th to 10th Floors of the administration Building, 96 Dong Chuan Lu, Guangzhou, Guangdong P.R.C					
电话Tel: (+8620) 83874283, 83874293 83827812-10910 传真Fax: (+8620) 83874303 邮编Postcode: 510100					

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协和一病区出院小结

住院号: ■■■■

8. 糖化血红蛋白: 5.4%。
9. 肿瘤标志物: CA-125: 7.81U/ml, 人附睾蛋白(HE4)测定: 45.94pmol/L ↑; 甲胎蛋白(AFP)、癌胚抗原(CEA)、糖类抗原(CA19-9)均正常。
10. 甲功五项: 总T3, 总T4, 游离T3, 游离T4, 促甲状腺素均正常。
11. 红细胞沉降率: 5mm/h。
12. CRP-干化学法: 0.4mg/L。
13. 性激素五项: 卵泡刺激素: 4.67mIU/ml, 黄体生成素: 2.49mIU/ml, 雌二醇: 52.0pg/ml, 垂体泌乳素: 1.02ng/ml, 睾酮: 0.57ng/ml。
14. 血液三项: 叶酸: 12.90ng/ml ↑, VitB12: 205Pmol/L, 铁蛋白: 59.5ng/ml。

出院时情况:

患者一般情况好, 患者因佩戴金属牙齿矫正器, 不能完成垂体MR检查。建议先按原方案用药。

出院带药:

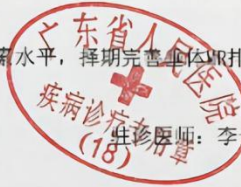
DOSTINEX (卡麦角林) 500mg 口服 qw (自备)

建议:

1. 规律用药, 每3-6个月复查催乳素水平, 择期完善垂体MR排查垂体瘤, 内分泌科随诊。
2. 定期体检。

主诊医师: 杨华章 (内分泌科)

日期: 2018-06-13 10:19



住院医师: 李子俊/麦洁兰

麦洁兰

住院ID: ■■■■


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打印号: 1V2WZ-12S

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5) October 2021 prolactin test sheet

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PATHOLOGY

Pathology Report
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RESULTS ENQUIRIES
13 39 36

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The Royal College of Pathologists of Australasia
Accredited for compliance with
NPAAC Standards and ISO 15189


**NATA**
NATA
Accreditation NO. 2203

FC5066-12/18 RMBD 1.1

Report to
DR BOBBY CHAN
Ste 4b, Level 4
34 Macmahon St
HURSTVILLE 2220

Patient


Page 3 of 4

Phone
D.O.B 

Age
29 Years


Sex
F

Ref. by/copy to
CC Drs: C WONG.

Collect date
11/10/21

Lab ref
21-16342010-I

Collect time
08:41

Your ref


Printed
15/11/21

Tests requested
All requested tests have been reported.
Completed - TFT,CHEM,FBE,PROL

Clinical notes
Hyperprolactinaemia.

PROLACTIN

Specimen Type: Serum

Request Number	Date Collected	Prolactin mIU/L
	Ref Range	(40-570)
22876444	21/09/20	155
25966240	15/12/20	261
24716198	12/04/21	291
16342010	11/10/21	541

11/10/21
PROLACTIN

CC Drs: C WONG.

18971 1

SURGERY USE

☐ Normal

☐ No Action/Ref

☐ Patient Notified

☐ Make Appointment

☐ Further Tests

☐ Notes Required

☐ Speak with Dr

☐ On Correct Treatment

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6) January 2022 prolactin test sheet

Demographic Details	
Practice:	Ms [REDACTED] 04/02/1992 Female
Lab:	22-17228567-PRL-0 [REDACTED] 04/02/1992 Female
Provider:	Lavery Pathology

Reference Details	Collection Details
Medicare:	Collected: 12/01/2022 11:33:00 AM
Veterans:	Copy to: DR LEFT PRACTICE; DR CLARE WONG; DR BOBB
Pension:	Referred by: BOBBY CHAN

Investigation Result: [REDACTED] Page 1 of 1

SERUM PROLACTIN (PRL-0)

Prolactin 274 mIU/L 40-570

Hyperprolactinaemia.

Clinical Notes : Hyperprolactinaemia.

PROLACTIN

Specimen Type: Serum

Request Number	Date Collected	Prolactin mIU/L
17228567	12/01/22	274

Requested Tests : PRL

End of Report:

Report generated 17 Jan 2022 by S4S Audit4 (www.s4s.com.au)

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7) Ans' Chinese medicine medical record



**Ans'
Acupuncture
& Herbs**

Tel 02 8544 4888

Mob 0466 122 081

Email ansacuandherbs@gmail.com

Add 353 Kingsway, Caringbah NSW 2229

Surname	FOK	Date of Birth	25.03.1980
First Name	JOYCE	Sex	F
Contact Number		Address	111, 111, 111, 111
(Home)			
(Mobile)	01 1234567	Suburb	111111
Email	joyce.fok@gmail.com	Postcode	2770
Occupation	childcare educator		
How Do You Know Us	from friend		
Health Fund	ahm		
Allergies	nil		

Main Complaints

16/11/2021月经量少，泌乳素高8年余。期间一直服用卡麦角林，18年曾于广州住院治疗，17年查MRI正常。曾试图停用西药，但停药3月，泌乳素高于正常2-3倍。同时伴有乳腺增生，甲状腺囊肿，平时或有夜寐不安，大便数日一次。服用中药及海矿每日30滴，1月后停用西药，停用西药一月后检查（12/1/2022）泌乳素正常。嘱其中药海矿继续调理，3月后复查。16/05/2022复诊。4月初外感，嗓子痛，咳嗽，发烧。因此停用中药一月，5/5/22采血复查prl 766（60-600）。现在仍咳嗽，痰少，头疼。查甲状腺正常，B超甲状腺left lobe囊肿24*12mm。月经正常，量可，无乳胀腹痛。易醒，纳可。舌红苔白，脉弦细。丹栀逍遥7，陈皮2，麦芽2，益母草2，枳壳2，枇杷叶2，玄参2，蝉蜕1，蔓荆子2，夜交藤2。23/5/2022 短信复诊。诉感冒症轻，晨起稍咳嗽，已无头痛。丹栀逍遥7，陈皮2，麦芽3，益母草2，枳壳2，桃仁2，红花2，杏仁2。7副（18.87=131.6）

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5. User description of the process of using D A Marine Mineral (product used, dosage, administration, execution time, etc.):

From November 16, 2021, take 30 drops of oral D A Marine Mineral Drops every day.

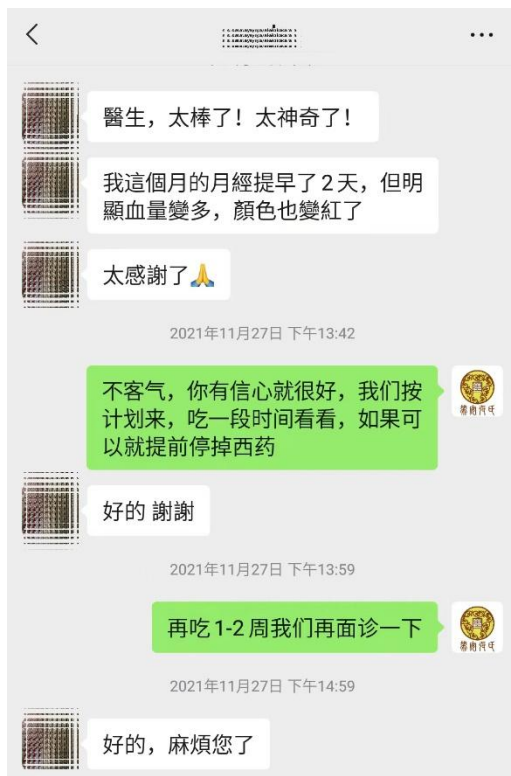
Note: Were there any other health therapy plans implemented during the use of D A Marine Mineral?

November 16-30, 2021: Oral administration of Dostinex;

December 2021-May 2022: Periodic use of Chinese herbal medicine.

6. The comparison results after using the D A Marine Mineral:

Patient self-reported: After taking D A Marine Mineral for only one month, my menstrual flow increased and I felt very surprised and excited. During the treatment period, my prolactin levels did not increase due to stopping western medicine, and instead remained stable within the normal range while taking D A Marine Mineral.



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Doctor's statement: Dr. Mi has treated many such diseases in the past, and the average treatment time for reducing prolactin to the normal range is 3-6 months (due to individual differences, the treatment cycle may be long or short). In the patient in this case, after stopping western medicine, prolactin dropped to normal range and remained stable through the application of D A Marine Mineral for just over a month.

7. Summary by the attending physician:

Hyperprolactinemia is a disease caused by endocrine system disorders, which is often closely related to pituitary function. Therefore, during the treatment process, the patient underwent two MRI scans before and after to rule out the possibility of pituitary tumors.

Studies have shown that there are high levels of nine trace elements in the pituitary gland, including iron, chromium, nickel, cobalt, strontium, sodium, calcium, and lead. It has also been found that nickel, iron, zinc, and other elements are closely related to the cyclical changes of prolactin. For example, nickel can increase the release of hypothalamic-pituitary prolactin inhibitory factor, which reduces the production and release of prolactin by the pituitary gland.

Therefore, the balance of elements in the body is particularly important in this case, and the use of D A Marine Mineral can gradually restore the function of the pituitary gland to secrete prolactin to a normal level by correcting the imbalance of elements in the body.

Note:

The attending physician in this case is Dr. Mi Chao, a registered Traditional Chinese Medicine practitioner in China and Australia, and a practitioner of acupuncture. He comes from a family with a tradition in Traditional Chinese Medicine and has over 30 years of clinical experience.

His clinic is currently located in Sydney, Australia, at 353 Kingsway, Caringbah, NSW 2229. He can be reached by phone at +61 2 85444888 or by email at ansacuandherbs@gmail.com.

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Disclaimer:

- The case reports are all true and objectively recorded.
- D A Marine Mineral is a health supplement, not a drug, that can promote physical health, but it should not be referred to as a medical treatment.
- This report is for internal reference, study, and research purposes only.
- If you need treatment guidance, please consult your doctor or go to the hospital for medical treatment.