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Report date: 2023 03 05

Review date: 2023 03 05

Title:

D A Marine Mineral regulates pregnancy-induced hypertension syndrome, shortening the course of treatment by two-thirds

1. Overview:

Patient is 38 years old. During her first pregnancy in 2015, she developed mild preeclampsia, but no treatment was given. During her second pregnancy in November 2021, at five months, she developed high blood pressure (80/140) and began taking the antihypertensive medication Labetalol to control her blood pressure until delivery. After delivery, her blood pressure remained high, and she continued to take Western medication (three times a day) to control it.

On June 13th, 2022, she visited a Chinese medicine clinic and received treatment with a combination of herbal medicine and D A Marine Mineral. After only one week of treatment, her blood pressure returned to normal, and she stopped taking Western medication. Occasionally, when tired, she would take Western medication to control her blood pressure. Since July 19th, she has gradually stopped taking Chinese medicine, and her blood pressure has remained stable to this day.

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

User: WENNI ****

Date of birth: March *th, 19**

Phone number: +61 41185****

Address: *** ******** ST STANHOPE GARDENS, NSW ****, AUSTRALIA

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

In 2015, the patient had gestational hypertension during her first pregnancy, but did not receive treatment due to mild symptoms.

In December 2020, during her second pregnancy at 2 months' gestation, she had a missed abortion and underwent curettage, after which she developed high blood pressure.

In mid-2021, during her second pregnancy, her blood pressure increased significantly and remained high after delivery, requiring oral medication with Labetalol to control it.

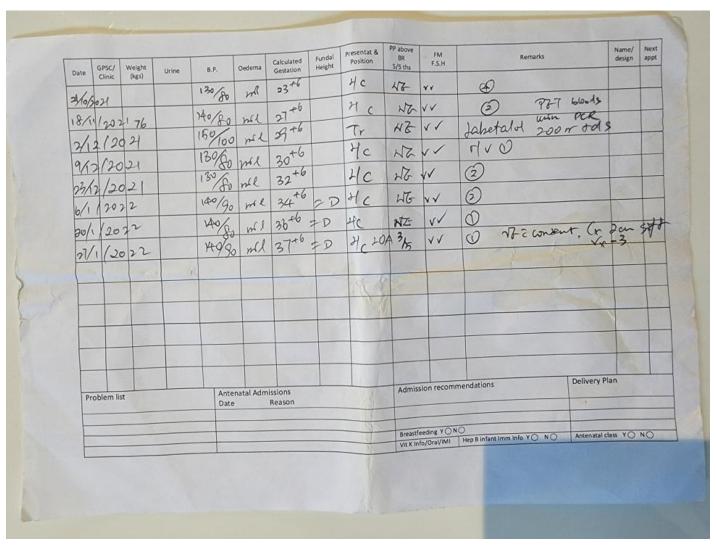
4. User complaints and objective medical evidence before using D A Marine Mineral:

The user's chief complaint: There is obvious high blood pressure during the mid-term of the second pregnancy.

Medical test report (3 copies in total):

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1) Blood pressure recording table after blood pressure rise during second trimester of pregnancy



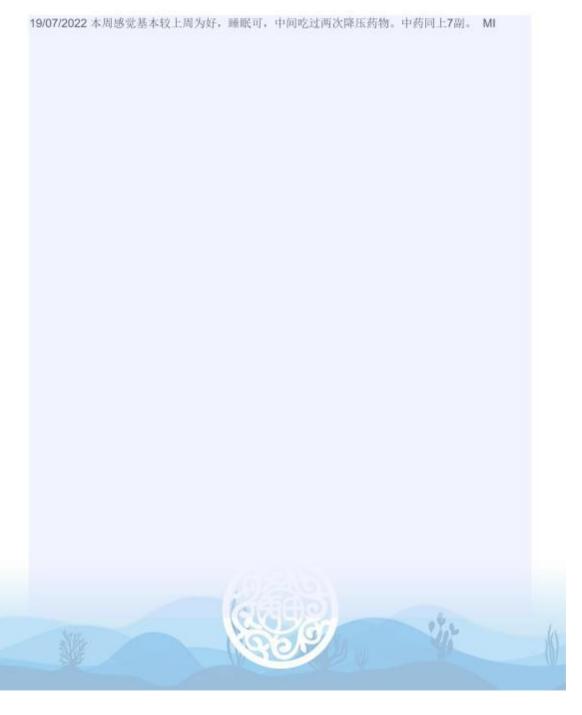
During this period, while taking the antihypertensive medication Labetalol, the patient's systolic blood pressure remained around 140 and diastolic blood pressure remained between 80-100.

2) Ans' Chinese medicine medical record

| Acupuncture | Tel 02 8544 4888 Mob 0466 122 081 |
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| Acupuncture | Email ansacuandherbs@gmail.com |
| & Herbs | Add 353 Kingsway, Caringbah NSW 2229 |
| Surname 3 4 | Date of Birth =5+123- |
| First Name VIII-1-1 | Sex F |
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| (Mobile) 01 270 84 | Suburb STANE APE ANDODNA |
| Email | Postcode 2768 |
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| Allergies N/A Main Complaints | |
| Allergies N/A | 证仍高,口服Labetalol控制血压,一天3次, 头晕,易醒,口干口渴,乳汁时好时坏,时烦 一行,经期5-7天,量多,色可,夹血块。经即出现血压偏高。长子6岁。舌淡苔白,脉沉 中,每1-2小时饮100ml左右。 |
| Main Complaints 13/06/2022 Hypertension, headache, PCOS, Obesit 产后5个月, 孕中期始出现明显高血压。现哺乳期, 血服药控制在120-140mmhg。现时有头痛、颠顶痛,或躁, 纳可, 有时腹泻, 或乏力, 心慌。月经以往2-3月前乳房胀痛。2020年12月孕2月+胎停清宫术后, 当时细。海矿1瓶 30滴/ 天, 滴入600-800ml filtered water 天麻钩藤饮6g, 天花粉3, 王不留2, 蔓荆子2, 夜交别MI 21/06/2022 服上方后头疼头晕减轻,降压药仅血压增作酸,服用海矿后消失。产后出现右脚跟痛。现奶水5天麻钩藤饮6g, 天花粉3, 王不留2, 藁本2, 麦冬2, | 证历高,口服Labetalol控制血压,一天3次, 头晕,易醒,口干口渴,乳汁时好时坏,时烦 一行,经期5-7天,量多,色可,夹血块。经 即出现血压偏高。长子6岁。舌淡苔白,脉沉 中,每1-2小时饮100ml左右。 藜2,麦冬2,陈皮2,栀子2,甘草1。7副。 营高时服用。大便也较前正常,一周前出现胃脘 较前好,偶有头晕。 陈皮2,砂仁1,忍冬藤2,甘草1。7副。 |
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| 产后5个月, 孕中期始出现明显高血压。现哺乳期, 血服药控制在120-140mmhg。现时有头痛, 颠顶痛, 或躁, 纳可, 有时腹泻, 或乏力, 心慌。月经以往2-3月前乳房胀痛。2020年12月孕2月+胎停清宫术后, 当时细。海矿1瓶 30滴/ 天, 滴入600-800ml filtered water天麻钩藤饮6g, 天花粉3, 王不留2, 蔓荆子2, 夜交别Ml 21/06/2022 服上方后头疼头晕减轻, 降压药仅血压增作酸, 服用海矿后消失。产后出现右脚跟痛。现奶水等天麻钩藤饮6g, 天花粉3, 王不留2, 藁本2, 麦冬2, 28/06/2022 现证同上, 天麻钩藤饮6g, 天花粉3, 王 | 证历高,口服Labetalol控制血压,一天3次, 头晕,易醒,口干口渴,乳汁时好时坏,时烦 一行,经期5-7天,量多,色可,夹血块。经 即出现血压偏高。长子6岁。舌淡苔白,脉沉 中,每1-2小时饮100ml左右。 秦2,麦冬2,陈皮2,栀子2,甘草1。7副。 营高时服用。大便也较前正常,一周前出现胃脘 胶前好,偶有头晕。 陈皮2,砂仁1,忍冬藤2,甘草1。7副。 不留2,藁本2,麦冬2,砂仁1,夜交藤2,甘 |

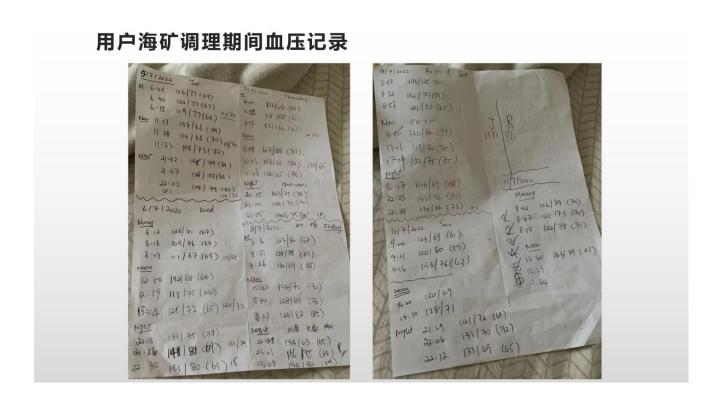


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3) Blood pressure monitoring record during D A Marine Mineral regulation of blood pressure



5. User description of the process of using D A Marine Mineral:

(product used, dosage, administration, execution time, etc.):

Starting from June 14, 2022, take 30 drops of D A Marine Mineral Drops orally every day.

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

From June 13 to 19, 2022, Labetalol was occasionally taken for blood pressure control.

Starting from June 20, the blood pressure medication was stopped, and the traditional Chinese medicine was gradually reduced from July 19. The traditional Chinese medicine was stopped starting from August 20.

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

Before using: The patient had been relying on blood pressure medication (labetalol) to control their blood pressure, but it still remained high.

After using: One week after using D A Marine Mineral, the patient's blood pressure returned to normal and the western medication was stopped. Since then, their blood pressure has remained stable within a healthy range.

7. Summary by the attending physician:

Dr. Mi had previously used traditional Chinese medicine to treat gestational hypertension, usually for a treatment course of over three months. Western medicine was gradually discontinued or reduced while traditional Chinese medicine was maintained. However, in this case, the patient cooperated with using D A Marine Mineral Drops orally and stopped using western medicine after one week of treatment. After one month of treatment, traditional Chinese medicine was gradually stopped and only D A Marine Mineral was taken to maintain blood pressure.

Gestational hypertension is a common complication during pregnancy, and its pathogenesis is not yet fully understood, with many causes. With the continuous deepening of research, it has been discovered that the abnormal levels of trace elements in pregnant women play a key role in the occurrence and development of gestational hypertension. For example, studies have found that the levels of serum zinc, copper, and manganese in the gestational hypertension group are significantly lower than those in the healthy pregnant women group. Therefore, maintaining the balance of trace elements in the body is a key part of correcting gestational hypertension, which explains why the treatment course in this case was significantly shortened.

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.

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.