

























		Aging and senescence (<u>Wallace, 2005, Savitha et al., 2005, Skulachev and</u> Longo, 2005, Corral-Debrinski et al., 1992, Ames et al., 1993)
		Alzheimer's disease (Stavrovskaya and Kristal, 2005)
þé	2	Anxiety disorders (Einat et al., 2005)
ate	.0	Atherosclerosis (Puddu et al., 2005)
Cie	5	Bipolar disorder (Stork and Renshaw, 2005, Fattal et al., 2006)
ŏ	Ę	Cancer (<u>Wallace, 2005</u>)
3S	Ľ.	Cardiovascular disease (Fosslien, 2001)
Ă	S	Diabetes (Wallace, 2005, Fosslien, 2001, West, 2000)
S	Ó	Exercise intolerance (Conley et al., 2000)
Ü		Fatigue, chronic fatigue syndrome (Fulle et al., 2000, Buist, 1989)
<u>.</u>	Ë	Fibromyalgia (<u>Park et al., 2000,</u> <u>Yunus et al., 1988</u>)
lit	D	Hepatitis-C virus-associated hepatocarcinogenesis (Koike, 2005)
DU	0	Huntington's disease (Stavrovskaya and Kristal, 2005)
0	Ĕ	Myofascial pain (<u>Yunus et al., 1988</u>)
0	S	Nonalcoholic steatohepatitis (Lieber et al., 2004)
þé	ž	Parkinson's disease (Stavrovskaya and Kristal, 2005)
ire	Σ	Sarcopenia (<u>Bua et al., 2002</u>)
n	_	Schizophrenia (Fattal et al., 2006)
Aco	with	Pieczenik SR, Neustadt J. Mitochondrial dysfunction and molecular pathways of disease. Exp Mol Pathol. 2007;83(1):84-92

×2		Organ System	Possible Symptom or Disease
		Muscles	Hypotonia, weakness, cramping, muscle pain, ptosis, opthalmoplegia
	on	Brain	Developmental delay, mental retardation, autism, dementia, seizures, neuropsychiatric disturbances, atypical cerebral palsy, atypical migraines, stroke, and stroke-like events
toms	ysfuncti	Nerves	Neuropathic pain and weakness (which may be intermittent), acute and chronic inflammatory demyelinating polyneuropathy, absent deep tendon reflexes, neuropathic gastrointestinal problems (gastroesophageal reflux, constipation, bowel pseudoobstruction), fainting, absent or excessive sweating, aberrant temperature regulation
ymp	D D	Kidneys	Proximal renal tubular dysfunction (Fanconi syndrome); possible loss of protein (amino acids), magnesium, phosphorus, calcium, and other electrolytes
Ś	Ë	Heart	Cardiac conduction defects (heart blocks), cardiomyopathy
	5	Liver	Hypoglycemia, gluconeogenic defects, nonalcoholic liver failure
C	Ž	Eyes	Optic neuropathy and retinitis pigmentosa
ЯĽ	0	Ears	Sensorineural hearing loss, aminoglycoside sensitivity
		Pancreas	Diabetes and exocrine pancreatic failure
sub	toc	Systemic	Failure to gain weight, short stature, fatigue, and respiratory problems including intermittent air hunger
Si	Σ	Pieczenik SR, Neus Mol Pathol. 2007;8	tadt J. Mitochondrial dysfunction and molecular pathways of disease. Exp 33(1):84-92









	WILLOCI	Table 5 Comparison of m	and SD for bioche	mical parameters amo	ng ASD cases and cor	itmls	แอก			
•	Lactate triple	Biochemical parameters	$\frac{\text{ASD cases (174)}}{\text{Mild } (n=57)}$ Levels mean ± SD	Moderate (n=98) Levels mean±SD	Severe (n=19) Levels mean±SD	Control (174) Levels mean±SD	Chi square χ^2	p value		
•	Elevated liver enzymes Slow	Lactate levels L:P ratio ALT levels AST levels Serotonin levels Normal levels of lactate, I	3.50.1 13.7±1.8 58.3 1.1 38.6 1.5 153.5±1.4	3.6±0.1 13.5±1.6 59.6±2.5 38.9±1.8 153.9±1.5 atio, 20; ALT, 7-56U/1	3.6±0.1 13.4±2.2 58.6±1.2 37.9±1.5 153.6±1.5 L; AST, 5-34U/L; sere	$\begin{array}{c} 1.2 \pm 0.1 \\ 19.9 \pm 0.2 \\ 39.2 \pm 6.0 \\ 19.2 \pm 4.9 \\ 130.1 \pm 1.3 \\ \\ \text{tonin. 50-149 ng/L} \end{array}$	2.23 31.0 68.9 34.7 222.0	0.5 <0.0008* <0.0007* <0.0001* <0.0007*		
	Complex I	High levels of lactate, >2.5 mmol/L; L:P ratio, >20: ALT, >56U/L: AST, >35U/L; secotonin, 150–200 ng/L *p value less than 0.05. AI.T, alanine aminotransferase; AST, aspartate aminotransferase; I:P ratio, lactate, pyruvate ratio								





Mutations: From Epigenetics to Cellular Signaling. Trends Cell Biol. 2017;27(10):738-752.







Blood Molecules to Assess Mitochondrial Function									
Molecule	Specificity	Sensitivity	Notes						
mtDNA copy #/cell	74% in MDDs	100% in MDDs							
Lactate	34–62%	83–100%	Post prandial best						
Pyruvate	50-75%	87%							
Lactate:Pyruvate	69-100%	11-82%							
GDF-15	High	78%							
All are measures of	patients with gene	tic mitochondrial dysf	unction						

Gorgels TGMF. Blood biomarkers for assessment of mitochondrial dysfunction: An expert review. Mitochondrion. 2022 Jan;62:187-204. PMID: 34740866 Shayota BJ. Biomarkers of mitochondrial disorders. Neurotherapeutics. 2024 Jan;21(1):e00325. PMID: 38295557





Welsh P, Kimenai DM, Marioni RE, Hayward C, Campbell A, Porteous D, Mills NL, O'Rahilly S, Sattar N. Reference ranges for GDF-15, and risk factors associated with GDF-15, in a large general population cohort. Clin Chem Lab Med. 2022 Aug 18;60(11):1820-1829. PMID: 35976089



Dispersion of	OC	bs cycle or	dria ganic acid results	l Fu	ncti	on			
Category	Age	N	Citrate	Aconitate	Isocitrate	Oxoglutarate	Succinate	Fumarate	Malate
Unselected	≤1 yr >1 yr	1117 2095	$685 \pm 684 \\ 478 \pm 440$	$119 \pm 95 \\ 108 \pm 91$	$105 \pm 75 \\ 93 \pm 66$	$172 \pm 184 \\ 60 \pm 86$	52±77 25±41	$\begin{array}{c} 25\pm36\\9\pm30 \end{array}$	29 ± 39 9 ± 23
Mito	≤1 yr >1 yr	26 232	663 ± 359 393 ± 341	$222 \pm 162 \\ 183 \pm 158$	146 ± 54 120 ± 72	$250 \pm 229 \\ 114 \pm 166$	46±39 31±51	$108 \pm 143 \\ 44 \pm 114$	87 ± 100 32 ± 67
OA	$\leq 1 \text{ yr}$ >1 yr	52 124	$1143 \pm 945 \\ 674 \pm 601$	$\frac{176 \pm 131}{107 \pm 98}$	$128 \pm 67 \\ 84 \pm 57$	$275 \pm 189 \\ 139 \pm 255$	$79 \pm 67 \\ 54 \pm 59$	$\frac{111 \pm 149}{119 \pm 174}$	93 ± 118 99 ± 121
Normal range			120-675	0-185	4-125	0-152	0-80	0-8	0-13

Barshop BA. Metabolomic approaches to mitochondrial disease: correlation of urine organic acids. Mitochondrion. 2004 Sep;4(5-6):521-7 PMID: 16120410.

















































































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