

Full Case Assignments I - Part One

Hey, everybody. This week we're going to do some full case review assignments. The purpose of this section is to give you practice doing full case reviews yourself. For each case, we'll go through the summary, case review questionnaire, and labs, and then create a report of findings where you list the underlying pathologies, your recommendations for further testing, and the treatment plan, just as I did in the full case review section. After you've done that, you can then listen to or read my interpretation of the case. Note that there is no one right answer with these cases. Treatments may vary depending on your preference, if you like to do more up-front, for example, or do the treatment more sequentially and your patient population. For example, if you treat people with limited finances or highly sensitive patients who require more minimal approach, your report of findings may look slightly different than mine. That said, it should be pretty close to mine in terms of diagnosis, so if it's not, go back and review the relevant sections.



Agnes

Case #1

43 y.o. Female CC: Weight gain

“Puffiness” that started in January; ate horribly over holidays in December and hasn't been able to bounce back.

On **OCP** for several years, suspects hormone imbalance (recently stopped OCP, and has face got puffier).

Works out 5 times a week for 45 min at a time.

Had endometrial ablation 5 years ago to treat **heavy uterine bleeding**; C-sections in 2002 and 2004. Weight problems started after that.

Gluten-free since 2006; on and off dairy free since then; was **vegetarian** from birth to 35 years old.

Okay, here is the first case. A 43-year-old female with chief complaint of weight gain. We'll call her “Agnes.” She complained of puffiness that started in January. Ate horribly over the holidays in December and hasn't been able to bounce back. She has been on oral contraception for several years and suspects hormone imbalance. Recently stopped oral contraception, and her face got puffier right after that. She works out five times a week for 45 minutes at a time. She had endometrial ablation five years ago to treat heavy uterine bleeding. C-sections in 2002 and 2004, and her weight problem started after that. She has been on a gluten-free diet since 2006, on-and-off dairy-free since then but was a vegetarian from birth to 35 years old.

Please list the 5 major health concerns in your order of importance

- bloated or thick feeling
- can't loose weight
- digestion issues
- dry scalp
- loose desire for food

Please check the appropriate number on all questions below. 0 as least/never to 3 as most/always.

Category I	0	1	2	3
Feeling that bowels do not empty completely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternating constipation and diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hard, dry, or small stool	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 3 bowel movements daily	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use laxatives frequently	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category II	0	1	2	3
Excessive belching, burping, or bloating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas immediately following a meal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sense of fullness during and after meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficulty digesting fruits and vegetables; undigested food found in stools	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category III	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use antacids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hungry an hour or two after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary relief by using antacids, food, milk, or carbonated beverages	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive problems subside with rest and relaxation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IV	0	1	2	3
Roughage and fiber cause constipation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indigestion and fullness last 2-4 hours after eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain, tenderness, soreness on left side under rib cage	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool undigested, foul smelling, mucous like, greasy, or poorly formed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category V	0	1	2	3
Greasy or high-fat foods cause distress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower bowel gas and/or bloating several hours after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bitter metallic taste in mouth, especially in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Burpy, fishy taste after consuming fish oils	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained itchy skin	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Yellowish cast to eyes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool color alternates from clay colored to normal brown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Reddened skin, especially palms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry or flaky skin and/or hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
History of gallbladder attacks or stones	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had your gallbladder removed?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Category VI	0	1	2	3
Acne and unhealthy skin	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall sense of bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Bodily swelling for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Hormone imbalances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Poor bowel function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessively foul-smelling sweat	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category VII	0	1	2	3
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable if meals are missed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Depend on coffee to keep going/get started	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get light-headed if meals are missed	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating relieves fatigue	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Here on her case review metabolic assessment, she listed bloating, inability to lose weight, digestion issues, dry scalp, and low appetite as her main complaints. Notice she had several symptoms in the GI categories, especially Category V, which relates to gallbladder, and Category VI, which relates to liver, so there may be detox issues, and that is certainly consistent with her symptoms.

Agitated, easily upset, nervous	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Poor memory/forgetful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Blurred vision	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Category VIII	0	1	2	3
Fatigue after meals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Crave sweets during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eating sweets does not relieve cravings for sugar	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Must have sweets after meals	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Waist girth is equal or larger than hip girth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased thirst and appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Category IX	0	1	2	3
Cannot stay asleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow starter in the morning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dizziness when standing up quickly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Afternoon headaches	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches with exertion or stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category X	0	1	2	3
Cannot fall asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspire easily	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Under high amount of stress	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Weight gain when under stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Wake up tired even after 6 or more hours of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Excessive perspiration or perspiration with little or no activity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XI	0	1	2	3
Edema and swelling in ankles and wrists	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor muscle endurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent thirst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Crave salt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal sweating from minimal activity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alteration in bowel regularity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Inability to hold breath for long periods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XII	0	1	2	3
Tired/sluggish	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feel cold?hands, feet, all over	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Increase in weight even with low calorie diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Gain weight easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Difficult, infrequent bowel movements	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning headaches that wear off as the day progresses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mental sluggishness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIII	0	1	2	3
Heart palpitations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inward trembling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased pulse even at rest	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous and emotional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty gaining weight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIV	0	1	2	3
Diminished sex drive	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Increased ability to eat sugars without symptoms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XV	0	1	2	3
Increased sex drive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tolerance to sugars reduced	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
"Splitting" - type headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVI (Males Only)	0	1	2	3
Urination difficulty or dribbling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pain inside of legs or heels	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A lot of symptoms in Category VII and VIII, blood sugar; IX and X, HPA axis; XI, which is cardiovascular disease, the heart category; XII, which is hypothyroid; and then XIV and XV, which are pituitary.

Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Leg twitching at night	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVII (Males Only)	0	1	2	3
Decreased libido	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decreased number of spontaneous morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased fullness of erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty maintaining morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spells of mental fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle soreness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased physical stamina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unexplained weight gain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in fat distribution around chest and hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More emotional than in the past	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVIII (Menstruating Females Only)	0	1	2	3
Perimenopausal	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Alternating menstrual cycle lengths	<input type="radio"/> Yes	<input checked="" type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Extended menstrual cycle (greater than 32 days)	<input type="radio"/> Yes	<input checked="" type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Shortened menstrual cycle (less than 24 days)	<input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Pain and cramping during periods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Heavy blood flow	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Category XIX (Menopausal Females Only)	0	1	2	3
How many years have you been menopausal?	<input type="text" value="11"/> years			
Since menopause, do you ever have uterine bleeding	<input type="radio"/> Yes	<input checked="" type="radio"/>	<input type="radio"/> No	<input type="radio"/>
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Mental fogginess	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterest in sex	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Mood swings	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painful intercourse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrinking breasts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Acne	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased vaginal pain, dryness, or itching	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many alcoholic beverages do you consume per week?
 How many caffeinated beverages do you consume per day?

How many times do you eat out per week?
 How many times a week do you eat raw nuts or seeds?

How many times a week do you eat fish?
 How many times a week do you workout?

List the three worst foods you eat during the average week:

List the three healthiest foods you eat during the average week:

Do you smoke? Yes | No

Do you currently have mercury amalgams (fillings) Yes | No

Have you had mercury amalgam fillings removed in the past? Yes | No

Rate your levels of stress on a scale of 1-10 during the average week:

Please list any medications you currently take and for what conditions:

none now. But I was taking hormones for over 5 years. BIEST3 PRO30 TEST1.5 DHEA50MG/ML C I apply once a day. (I have stopped and have been off since the end of July 2016.

Please list any natural supplements you currently take and for what conditions:

I have taken many for many years. But lately I have stopped because I just really know what to take any more.

In the past it has been: Not taking really any more.

Fish oils
Magnesium Citrate 2-3 at night
probiotics
B12
D3
Adrenal rebuilder

Some symptoms in XVIII and XIX, which are hormone categories. She marked answers for both menstruating and menopausal categories due to the endometrial ablation. She is not in menopause necessarily but doesn't bleed because of the ablation.

Not much alcohol. Eats out fairly regularly. Doesn't eat a lot of fish. Had mercury amalgams removed in the past, so you'd definitely want to pay attention to that given that it is usually not done properly, and it usually exposes patient to quite a bit of mercury.

Again, she was taking oral contraception before but is not now and is taking a few supplements such as fish oil, magnesium, and probiotics.

Indicate the frequency with which you eat the following foods by marking in the appropriate box. **FREQUENT**= at least once a day, **OFTEN**= several times per week, **OCCASIONAL**= once a week or less, **SELDOM**= once or twice a month or less, **NEVER**= total avoidance.

	Frequent	Often	Occas.	Seldom	Never
Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Eat Out at Restaurants	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pastries, Cookies, Candy, Ice Cream and Other Sweets	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White Flour: Bread, Pasta, Pancakes, Crackers, Muffins, etc	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add Sugar to Coffee, Tea, Cereals, or Other Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sodas or Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diet Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fruit Juices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Artificial Sweeteners (NutraSweet, Saccharin, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Natural Sweeteners (Honey, Maple Syrup, Agave, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Breakfast Cereals (Hot or Cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Packaged Foods:Chips, Crackers, Puffs, Pretzels	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetable Oils (Sunflower, Safflower, Canola, Corn, Soy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Margarine or Tub Vegetable Oil Spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deep-Fried Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Olive Oil	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocados	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturated Fats (Butter, Ghee, Lard, Coconut, Palm, Tallow)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty Fish (Salmon, Mackerel, Sardines, Herring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Nuts and Seeds, Nut/Seed Butters	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized Dairy (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input checked="" type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Raw Dairy Products (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fermented Dairy Products (Yogurt, Kefir, Cheese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eggs (Check: <input checked="" type="checkbox"/> Free-Range, <input type="checkbox"/> Pastured, <input checked="" type="checkbox"/> Organic, or <input type="checkbox"/> Conventional)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry or Fowl (Chicken, Turkey, Duck, etc)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Red Meat (Beef, Lamb)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed Meats (Bacon, Sausage, Salami, Ham, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Organ Meats (Liver, Kidney, Sweetbreads, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Soy Products (Tofu, Tempeh, Soy Milk, Edamame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Salads, Uncooked Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Non-Starchy Vegetables (Greens, Squash, Carrots)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Starchy Vegetables (Potatoes, Yams, Sweet Potatoes)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh Fruits	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans and Legumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Whole Grains and Whole Grain Breads (Wheat, Gluten)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative Grains (Quinoa, Buckwheat, Teff, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Herbs and Spices (Fresh or Dried)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input checked="" type="checkbox"/> Dark)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal Teas	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee (Check: <input type="checkbox"/> Regular or <input checked="" type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeinated Teas (Check: <input type="checkbox"/> Black or <input checked="" type="checkbox"/> Green)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt (Check: <input type="checkbox"/> Iodized or <input checked="" type="checkbox"/> Sea Salt)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if you are on any special diet:

Ovo-lacto-vegetarian Vegetarian Other
 Diabetic ADA Vegan
 Dairy-free Paleo
 Gluten-free GAPS

If you checked any, how long have you been on this diet?

I have done the paleo off and on for three years. Gluten free for over 6 years until last summer in Europe and since the testing with you.

If you checked any, how strictly are you on it? For example: 80/20, or all the time, except certain holidays

80/20 paleo, gluten free 100% before a year ago.

Please check any and all boxes below that describe your current eating styles:

Eat while driving, in front of a TV or computer, or multi-tasking Fast eater
 Irregular eating habits (eating times, portion sizes, etc) Eat too much
 Eat late at night Eat in the middle of the night
 Time constraints Travel Frequently
 Eat more than 50% meals away from home Don't care to cook, or never learned
 Confused about nutritional advice Don't really enjoy meals; eat mostly for fuel or calories
 Eat lots of pre-made or pre-packaged foods and snacks Lack of choice of healthy foods in neighborhood

Diet survey: Notice that she said she is frequently eating pastries, cookies, and candy. Eats out at restaurants and eats white flour and bread often, so definitely some issues with diet, yet she says she is on 80/20 Paleo. This is another situation where there is a little bit of a disconnect between what she says and what she marks on the diet survey. If she is eating pastries, cookies, and candy frequently and eating white flour and bread often, that seems more like 60/40 or 50/50 to me.

Often you need to do further investigation and discussion with patients to get to the bottom of it, as you know.

<input checked="" type="checkbox"/> Don't eat breakfast or dinner together as a family unit	<input checked="" type="checkbox"/> Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)
<input type="checkbox"/> Emotional eater (when sad, bored)	<input type="checkbox"/> Have a negative relationship to food
<input checked="" type="checkbox"/> Diet often for weight control	<input type="checkbox"/> Struggle with eating issues or history of eating disorders
<input checked="" type="checkbox"/> Eat too much or too little under stress	
Additional Comments	
<p>I work late two nights a week so I sometimes eat when I get home. I eat dinner with the family 4 nights a week. I have never had food issues until after my 2nd c-section. I drink smoothie every morning with lots of fresh greens 4-5 times a morning. I drink lots of water.</p>	

The food we eat is probably the single-most important factor determining whether we are healthy or ill. The goal of this survey is not to pass judgment, but instead to get an accurate idea of what you're eating and how it may (or may not) be contributing to your health problems. The more accurate and honest you can be in your responses, the more I will be able to help you make choices that support health and well-being.

1) Describe a typical breakfast (including what time you eat it).

5:20am water
 7:45am smoothie (spinach/baby kale or lettuce with some kind of unsweetened nut milk/almond/cashew/or coconut, frozen blueberries or strawberries, unsweetened coco powder, dates, cinnamon)

2) Do you have a morning snack? Yes No Sometimes

More of my smoothie and water or tea (herbal or green sun tea)

3) Describe a typical lunch (including what time you eat it).

Mondays, Tuesdays and Thursday (the days I see clients) may have rice with raw tuna. Or Rice with chicken and almond cream cheese and avocado. Or some raw almonds. Or an apple. Often I may have 1-2 taffy's as a treat at work. Lots of water or tea every hour. I don't think I often eat enough at work so I am very hungry when I get off at 9pm.

Wednesdays and Fridays I often will eat out with my boys or a friend. Thai curry or sushi or Mexican with meat usually chicken.

On my days off I often won't eat for a while since breakfast so am very hungry.

Weekends I am all over the place with lunch. Often it is out with my boys. Mexican (rice, meat, salsa, avocado) treat such as chocolate.

4) Do you have an afternoon snack? Yes No Sometimes

corn chips or apple or chocolate or taffy

5) Describe a typical dinner (including what time you eat it).

9pm'sh
 Monday, Tuesday and Thursday I don't eat much for dinner. Maybe a sausage with mustard and ketchup. Or gluten free rice crackers with almond cream cheese or unsalted butter.

7pm'sh
 Wednesday, Friday, Saturday and Sunday typical meals are:
 Rice with chicken and some kind of vegetable or salad
 Steak with potatoes

6) Do you eat a bedtime snack? Yes No Sometimes

7) Do you eat dessert after: lunch? dinner? both? "I don't eat dessert"
 Please describe what you eat for dessert

Yes I will have chocolate or taffy

8) Do you wake up hungry in the middle of the night? Yes No Sometimes
 If so, do you eat? What do you eat?

She has a smoothie for breakfast, which is not ideal for weight loss. Higher protein intake is a better option, as you know. Lunch and snack could definitely be better. Dinner is also inconsistent, and she is eating taffy candy regularly.

ENVIRONMENTAL EXPOSURE

Please answer the following questions:

	Yes	No	Unknown
1) Do you have exposure to the interior building of a water damaged building and/or microbial growth? If yes, please answer the next three (3) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Is there visible microbial growth (mold)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Is there a presence of musty smells?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2) Do you remember a tick bite occurring before your illness beginning? If yes, please answer the next two (2) questions:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Did you have an unexplained rash after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Have you had a brown recluse or other poisonous spider bite? If yes:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
a. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Did you become ill after eating fish?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7) Did you become ill after exposure to an estuary fish kill?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8) Did you become ill after exposure to a closed shell fish bed area?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ASSOCIATED ILLNESSES

Please mark yes or no:

Illness	Yes	No
Tick borne illness	<input type="radio"/>	<input checked="" type="radio"/>
Lyme Disease	<input type="radio"/>	<input checked="" type="radio"/>
Fibromyalgia	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Fatigue Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Gulf War Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Chemical Sensitivity	<input type="radio"/>	<input checked="" type="radio"/>
Sick Building Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Fungus or Mycotoxicosis	<input type="radio"/>	<input checked="" type="radio"/>
Depression	<input type="radio"/>	<input checked="" type="radio"/>
Chronic Soft Tissue Injury	<input type="radio"/>	<input checked="" type="radio"/>
Irritable Bowel Syndrome	<input checked="" type="radio"/>	<input type="radio"/>
Bacteria	<input type="radio"/>	<input checked="" type="radio"/>
Bell's Palsy	<input type="radio"/>	<input checked="" type="radio"/>
Pfiesteria	<input type="radio"/>	<input checked="" type="radio"/>

Sensory Neural Hearing Loss	<input type="radio"/>	<input checked="" type="radio"/>
Ciguatera Seafood Poisoning	<input type="radio"/>	<input checked="" type="radio"/>
Any Learning Disability	<input checked="" type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input checked="" type="radio"/>
Attention Deficit Disorder	<input type="radio"/>	<input checked="" type="radio"/>
Charcot Marie Tooth Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Alzheimer's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input checked="" type="radio"/>
Amyotrophic Lateral Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input checked="" type="radio"/>
Diabetes	<input type="radio"/>	<input checked="" type="radio"/>
Ocular Disease (e.g., cataract)	<input type="radio"/>	<input checked="" type="radio"/>
Retinal Disease (e.g., glaucoma)	<input type="radio"/>	<input checked="" type="radio"/>
Low Vision or Blindness	<input type="radio"/>	<input checked="" type="radio"/>
Another Condition Involving Neurological Function	<input type="radio"/>	<input checked="" type="radio"/>

No environmental exposure to speak of here.

The single most important criteria for effective case management is a comprehensive and detailed health history. Please answer the following questions with as much detail as possible. It is important for me to know everything about you and your case. Even when you feel the questions may not be directly relevant to your situation, please do your best to answer them.

It takes tremendous time and energy for any healthcare provider to manage a complicated case. My practice is limited to a small number of patients and therefore the case review process is very important.

Instructions: Please type answers to the following questions with as much detail as possible. Please answer each question independently.

HEALTH HISTORY QUESTIONS

1) Please list the following

Education:

Profession:

Interests (sports, hobbies, etc.):

2) List your chief complaints in order of your importance:

3) List all diagnoses given to you in a timeline sequence and your personal opinions about them.

41'sh years old I started having issues again with weight and mood. They checked my hormones and I progesterone and testosterone was low. They add that.
43 years old I can't loss weight I am working out, which usually would do the trick but nothing. I am having digestion problems. ect..

hypoglycemia (most of my life, I would agree when I don't eat I get crabby)
Allergy to gluten and soy (after I had my 2nd son 11 years ago, Yes for many years but I was off of it for so long I don't feel it affects me so much -the gluten)
Hormone issues: irritability, short with my family, angry (after my 2nd son was born: I agree because when I started estrogen I felt better within 12 hours) (after 2-3 years on only estrogen my progression and testosterone lowered)

4) What's your opinion on what has happened to your health?

I feel like something is not working right inside me. I feel like I am not burning fat and I end up feeling bloated or Thick. I don't feel fat but I am a lot bigger then I would like to be. My skin is dry, I eat pretty healthy 80% of the time and think I should feel a lot better.

It is my digestions
my bloating (stomach and cells)
Tired (maybe adrenals still off) (my kidneys hurt every now and then) (I do pee a lot)

5) List any treatments, medications, or supplements that have improved your health.

Estrogen at one time
working out
Diet (but when I go back to my old eating it switches again but the diet is so intense and hard to do for ever I feel)

Everything else hasn't really helped with things.

6) List any treatments, medications, or supplements that have caused reactions or decreased your health.

yoyo dieting for clean eating
(I feel like no one has really known what is wrong with my gut since I had my son. Almost just masking it all where for 3-6 months I look good and feel good with supplements and diet but then it all goes back)

7) List in a timeline sequence any medical procedures or surgeries you have had:

22 years old abortion
30 years old c-section
32 years old c-section
48 years old uterus procedure (I don't know the name of it)

PERSONAL OPINION QUESTIONS

Please do not answer "I don't know" to any of these questions.

1) Why do you think healthcare practitioners have failed with your case?

I don't think any have looked at my stomach and intestines to see why they are not functioning. They just guess.

2) What are you looking for in a healthcare practitioner?

I want to have someone care about my and help me figure out why I have digestive issues and weight issues which was not normal for all my life until I had that abortion. It has been up and down ever since. and then got worse with 2nd c-section.

She had hepatitis B in India. Took multiple courses of antibiotics when she was 11 to 12 years old. She attempted suicide at 16 years old, so there is some history of depression, although she hasn't complained of it since then. Herpes at 21. Abortion at 22. Two C-sections with antibiotics, and that preceded her weight issues, so given what we know about the microbiome, you'd obviously want to focus on gut. History of low estrogen and hormone imbalance.

3) What do you consider a realistic window of time to see changes in your health under our care?

I think 3-6 months for some kind of change and 1 year for lasting change

4) Are you prepared to pay for the laboratory testing, consulting fees and nutritional supplements that may be required to successfully manage your condition?

I have just agreed to a bunch. Each stage I would like to look at work needs next. I need to be explained why more test after these test are done are needed. I don't want to go in a circle. I have done this already.

5) On a scale of 1 to 10, how committed are you to recovering your health? Why?

I am tired of feeling this way. I have committed to working out and have been solid for over 6 months. I feel great when I go. Because I have worked on it since my 2nd son was born and I just feel like no one really has known what is wrong with me. I have done diets for years. I have taken this and that supplements for different years and I feel better for short time but it goes away. Sometimes I can't keep it up.

6) What obstacles or beliefs, if any, stand in the way of you recovering your health?

If I work on my self for 3-5 months and nothing changes I loose hope. I am willing to work hard and follow diction but I need to see something change and change for good. I feel like I have done so much and it all just makes me sad when I feel here I am still trying to figure it out.

7) Are there emotional or psychological issues that may be contributing to your health problems? If so, please explain them briefly.

I do had every day stress in my life. I work hard and have a full practice. I am also raising two boys. I have been married for over 20 years. Money is tight at times and then great at other times. I do a lot for my self that is healthy and good emotionally and spiritually. This helps me relax and feel happy inside. My older son has been a handful most of his life. The fights and stress is hard for me and I can feel the stress from him in my gut and in my back on the sides. As he gets older he is getting easier which helps.

8) Do you enjoy your work? Do you believe your work contributes to your health problems?

I love what I do. I enjoy helping people a lot. I love my projects that I have. Creating meditation products for others and sharing them. The meditation work is my passion.

9) Do you have a purpose in life?

I want to teach the world to meditate and that chanting is normal and main stream.

10) Where else do you find support? Friends? Church or religious group? Nature?

Husband, my parents, friends

11) How did you feel about answering all of these questions and the case review process?

Fine. I really want to fix or find out what is wrong with my body. I am so tired of feeling this way. I was 100% fit in college. It all changed with the abortion and the 2nd c-section.

She is highly committed, and her expectations are reasonable. She does have a lot of stress in her life, so again, you'd want to pay attention to that.

Marker	Value	Functional Range	Lab Range
Glucose	82	75 - 90	65 - 99
Hemoglobin A1c	5.4	4.4 - 5.4	4.8 - 5.6
Uric Acid	6.7	3.2 - 5.5	2.5 - 7.1
BUN	14	13 - 18	6 - 24
Creatinine	0.81	0.7 - 1.0	0.57 - 1
BUN/Creatinine Ratio	17	9 - 23	9 - 23
eGFR if Non-African American	89		> 59
eGFR if African American	103		> 59
Sodium	139	135 - 140	134 - 144
Potassium	4.2	4.0 - 4.5	3.5 - 5.2
Chloride	99	100 - 106	97 - 108
CO2	23	25 - 30	18 - 29
Calcium	9.5	9.2 - 10.1	8.7 - 10.2
Parathyroid Hormone, Intact	37	30 - 60	15 - 65
Phosphorus	2.8	3.0 - 4.0	2.5 - 4.5
Magnesium	2.0	2.0 - 2.6	1.6 - 2.3
Protein, total	7.2	6.9 - 7.4	6.0 - 8.5
Albumin	4.7	4.0 - 5.0	3.5 - 5.5
Globulin	2.5	2.4 - 2.8	1.5 - 4.5
A/G ratio	1.9	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.5	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	55	42 - 107	39 - 117
LDH	179	140 - 180	119 - 226
AST	26	0 - 23	0 - 40
ALT	22	0 - 20	0 - 32
GGT	21	0 - 21	0 - 60
TIBC	326	275 - 425	250 - 450
UIBC	228	175 - 350	131 - 425
Iron	98	40 - 135	27 - 159
Iron saturation	30	17 - 45	15 - 55
Ferritin	80	30 - 100	15 - 150
Vitamin B-12	344	450 - 2000	211 - 946
Folate, Serum	12.4	> 5.0	> 3.0
Calcitriol (1,25 di-OH Vitamin D)	57	19.9 - 79.3	19.9 - 79.3
Vitamin D, 25-hydroxy	27.5	35 - 60	30.0 - 100.0
Cholesterol, total	243	150 - 230	100 - 199
Triglycerides	109	50 - 100	0 - 149
HDL	69	55 - 85	> 39
LDL	152	0 - 140	0 - 99
T. Chol / HDL Ratio	3.5	< 3	0 - 4.4
Triglycerides / HDL Ratio	1.58	< 2	< 3.8

Marker	Value	Functional Range	Lab Range
CRP-hs	3.57	< 1.0	0.00 - 3.00
Homocysteine	12.0	< 7.0	0.0 - 15.0
TSH	1.970	0.5 - 2.0	0.45 - 4.50
T4, total	8.6	6.0 - 12	4.5 - 12
T3 Uptake	31	28 - 35	24 - 39
T3, Total	104	100 - 180	71 - 180
T3, Free	3.1	2.5 - 4.0	2 - 4.4
T4, Free	1.23	1 - 1.5	0.82 - 1.77
Reverse T3	19.1	9 - 21	9.2 - 24.1
Thyroid - TPO Ab	<6		0 - 34
Thyroid - TGA	<1.0		0 - 0.9
Copper	117	81 - 157	72 - 166
Zinc	96	64 - 126	56 - 134
Zinc / Copper Ratio	0.82	> 0.85	
Serum Methylmalonic Acid (MMA)	171	< 300	0 - 378
WBC	7.1	5.0 - 8.0	3.4 - 10.8
RBC	5.07	4.4 - 4.9	3.77 - 5.28
Hemoglobin	15.4	13.5 - 14.5	11.1 - 15.9
Hematocrit	44.6	37 - 44	34 - 46.6
MCV	88	85 - 92	79 - 97
MCH	30.4	27.7 - 32.0	26.6 - 33.0
MCHC	34.5	32 - 35	31.5 - 35.7
RDW	13.3	11.5 - 15.0	12.3 - 15.4
Platelets	304	150 - 415	150 - 379
Neutrophils	71	40 - 60	
Lymphocytes	21	25 - 40	
Monocytes	5	4.0 - 7.0	
Eosinophils	2	0.0 - 3.0	
Basophils	1	0.0 - 3.0	

B12 levels, serum B12, are borderline low at 44. AST and ALT are functionally high, just barely elevated. It could be fatty liver given her weight issues. That is the most likely cause here.

Her 25(OH)D is low at 27.5, and PTH is 37, which is suggestive of deficiency.

Total cholesterol is 243, and total cholesterol-to-HDL ratio is 3.5. Triglycerides are functionally high at 109, so that is not optimal. It could be a sign of metabolic dysfunction and dyslipidemia, especially given her weight.

CRP is high at 3.57, and zinc-to-copper ratio is slightly low, which is indicative of inflammation, and homocysteine being high-normal at 12.0, that is an inflammatory protein, as you know.

Serum folate is normal, but B12, as we discussed, is borderline low. Serum MMA is normal, so you'd want to look at urine MMA and possibly FIGLU.

Red blood cells, hemoglobin, and hematocrit are slightly high. That is probably dehydration.

For follow-up, we'd look at urine MMA, probably a True Health Diagnostics* lipid and metabolic panel. Her blood sugar is normal here, but given her weight issues, you'd want to check fasting insulin, leptin, and other biomarkers that can precede glucose and A1c abnormalities in terms of metabolic dysfunction and possibly a functional methylation panel.

<* **Note:** True Health Diagnostics is no longer in business. See [this post](#) for the latest updates.>

Comprehensive Stool Analysis / Parasitology x3

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group 4+ Bifidobacterium spp. 4+ Escherichia coli 4+ Lactobacillus spp. 3+ Enterococcus spp. 4+ Clostridium spp. NG = No Growth	2+ Citrobacter freundii complex	

BACTERIA INFORMATION

Expected /Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.

Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If *C. difficile* associated disease is suspected, a Comprehensive Clostridium culture or toxigenic *C. difficile* DNA test is recommended.

Commensal (Imbalanced) bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.

Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

YEAST CULTURE	
Normal flora	Dysbiotic flora
No yeast isolated	

MICROSCOPIC YEAST		YEAST INFORMATION	
Result:	Expected:	Yeast normally can be found in small quantities in the skin, mouth, intestine and mucocutaneous junctions. Overgrowth of yeast can infect virtually every organ system, leading to an extensive array of clinical manifestations. Fungal diarrhea is associated with broad-spectrum antibiotics or alterations of the patient's immune status. Symptoms may include abdominal pain, cramping and irritation. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool, this may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable.	
<input type="checkbox"/> Mod	None - Rare		
The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.			

Comprehensive Stool Analysis / Parasitology x3

PARASITOLOGY/MICROSCOPY	PARASITOLOGY INFORMATION
<p>Sample 1 None Ova or Parasites Few Yeast</p> <p>Sample 2 None Ova or Parasites Mod Yeast</p> <p>Sample 3 None Ova or Parasites Few Yeast</p>	<p>Intestinal parasites are abnormal inhabitants of the gastrointestinal tract that have the potential to cause damage to their host. The presence of any parasite within the intestine generally confirms that the patient has acquired the organism through fecal-oral contamination. Damage to the host includes parasitic burden, migration, blockage and pressure. Immunologic inflammation, hypersensitivity reactions and cytotoxicity also play a large role in the morbidity of these diseases. The infective dose often relates to severity of the disease and repeat encounters can be additive.</p> <p>There are two main classes of intestinal parasites, they include protozoa and helminths. The protozoa typically have two stages; the trophozoite stage that is the metabolically active, invasive stage and the cyst stage, which is the vegetative inactive form resistant to unfavorable environmental conditions outside the human host. Helminths are large, multicellular organisms. Like protozoa, helminths can be either free-living or parasitic in nature. In their adult form, helminths cannot multiply in humans.</p> <p>In general, acute manifestations of parasitic infection may involve diarrhea with or without mucus and or blood, fever, nausea, or abdominal pain. However these symptoms do not always occur. Consequently, parasitic infections may not be diagnosed or eradicated. If left untreated, chronic parasitic infections can cause damage to the intestinal lining and can be an unsuspected cause of illness and fatigue. Chronic parasitic infections can also be associated with increased intestinal permeability, irritable bowel syndrome, irregular bowel movements, malabsorption, gastritis or indigestion, skin disorders, joint pain, allergic reactions, and decreased immune function.</p> <p>In some instances, parasites may enter the circulation and travel to various organs causing severe organ diseases such as liver abscesses and cysticercosis. In addition, some larval migration can cause pneumonia and in rare cases hyper infection syndrome with large numbers of larvae being produced and found in every tissue of the body.</p> <p>One negative parasitology x1 specimen does not rule out the possibility of parasitic disease, parasitology x3 is recommended. This test is not designed to detect <i>Cyclospora cayentanensis</i> or <i>Microsporidia</i> spp.</p>

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY			
	Within	Outside	Reference Range
<i>Giardia duodenalis</i>	Neg		Neg
<i>Cryptosporidium</i>	Neg		Neg

Giardia duodenalis (AKA *intestinalis* and *lamblia*) is a protozoan that infects the small intestine and is passed in stool and spread by the fecal-oral route. Waterborne transmission is the major source of giardiasis.

Cryptosporidium is a coccidian protozoa that can be spread from direct person-to-person contact or waterborne transmission.

Her stool test was surprisingly good given her symptoms here except that she does have moderate fungal overgrowth. She has good levels of beneficial bacteria. No dysbiotic flora and not much commensal. No parasites but does have that moderate fungal overgrowth.

Comprehensive Stool Analysis / Parasitology x3

DIGESTION / ABSORPTION			
	Within	Outside	Reference Range
Elastase	> 500		> 200 µg/mL
Fat Stain	Mod		None - Mod
Muscle fibers	None		None - Rare
Vegetable fibers	Rare		None - Few
Carbohydrates		Int	Neg

Elastase findings can be used for the diagnosis or the exclusion of exocrine pancreatic insufficiency. Correlations between low levels and chronic pancreatitis and cancer have been reported. **Fat Stain:** Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea. **Muscle fibers** in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of "fullness" may be associated with increase in muscle fibers. **Vegetable fibers** in the stool may be indicative of inadequate chewing, or eating "on the run". **Carbohydrates:** The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.

INFLAMMATION			
	Within	Outside	Reference Range
Lactoferrin	< 0.5		< 7.3 µg/mL
Calprotectin*	< 10		<= 50 µg/g
Lysozyme*	271		<= 600 ng/mL
White Blood Cells	None		None - Rare
Mucus	Neg		Neg

Lactoferrin and **Calprotectin** are reliable markers for differentiating organic inflammation (IBD) from functional symptoms (IBS) and for management of IBD. Monitoring levels of fecal lactoferrin and calprotectin can play an essential role in determining the effectiveness of therapy, are good predictors of IBD remission, and can indicate a low risk of relapse. **Lysozyme*** is an enzyme secreted at the site of inflammation in the GI tract and elevated levels have been identified in IBD patients. **White Blood Cells (WBC)** and **Mucus** in the stool can occur with bacterial and parasitic infections, with mucosal irritation, and inflammatory bowel diseases such as Crohn's disease or ulcerative colitis.

IMMUNOLOGY			
	Within	Outside	Reference Range
Secretory IgA*	159		51 - 204 mg/dL

Secretory IgA* (sIgA) is secreted by mucosal tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier. Elevated levels of sIgA have been associated with an upregulated immune response.

Helicobacter pylori Stool Antigen - 418

Antigen	
Helicobacter pylori	NOT DETECTED

Stool antigen tests are widely used for their non-invasive nature, high sensitivity, and high specificity. Detection of antigens on the surface of organisms in stool specimens is the current test of choice for pathogen diagnosis and provides increased sensitivity over more common microscopy techniques.

Comprehensive Stool Analysis / Parasitology x3

SHORT CHAIN FATTY ACIDS			
	Within	Outside	Reference Range
% Acetate	64		40 - 75 %
% Propionate	9.6		9 - 29 %
% Butyrate	25		9 - 37 %
% Valerate	1.1		0.5 - 7 %
Butyrate	4.0		0.8 - 4.8 mg/mL
Total SCFA's	16		4 - 18 mg/mL

Short chain fatty acids (SCFAs): SCFAs are the end product of the bacterial fermentation process of dietary fiber by beneficial flora in the gut and play an important role in the health of the GI as well as protecting against intestinal dysbiosis. Lactobacilli and bifidobacteria produce large amounts of short chain fatty acids, which decrease the pH of the intestines and therefore make the environment unsuitable for pathogens, including bacteria and yeast. Studies have shown that SCFAs have numerous implications in maintaining gut physiology. SCFAs decrease inflammation, stimulate healing, and contribute to normal cell metabolism and differentiation. Levels of **Butyrate** and **Total SCFA** in mg/mL are important for assessing overall SCFA production, and are reflective of beneficial flora levels and/or adequate fiber intake.

INTESTINAL HEALTH MARKERS			
	Within	Outside	Reference Range
Red Blood Cells	None		None - Rare
pH		5.1	6 - 7.8
Occult Blood	Neg		Neg

Red Blood Cells (RBC) in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.

pH: Fecal pH is largely dependent on the fermentation of fiber by the beneficial flora of the gut.

Occult blood: A positive occult blood indicates the presence of free hemoglobin found in the stool, which is released when red blood cells are lysed.

MACROSCOPIC APPEARANCE		
	Appearance	Expected
Color	Brown	Brown
Consistency	Soft	Formed/Soft

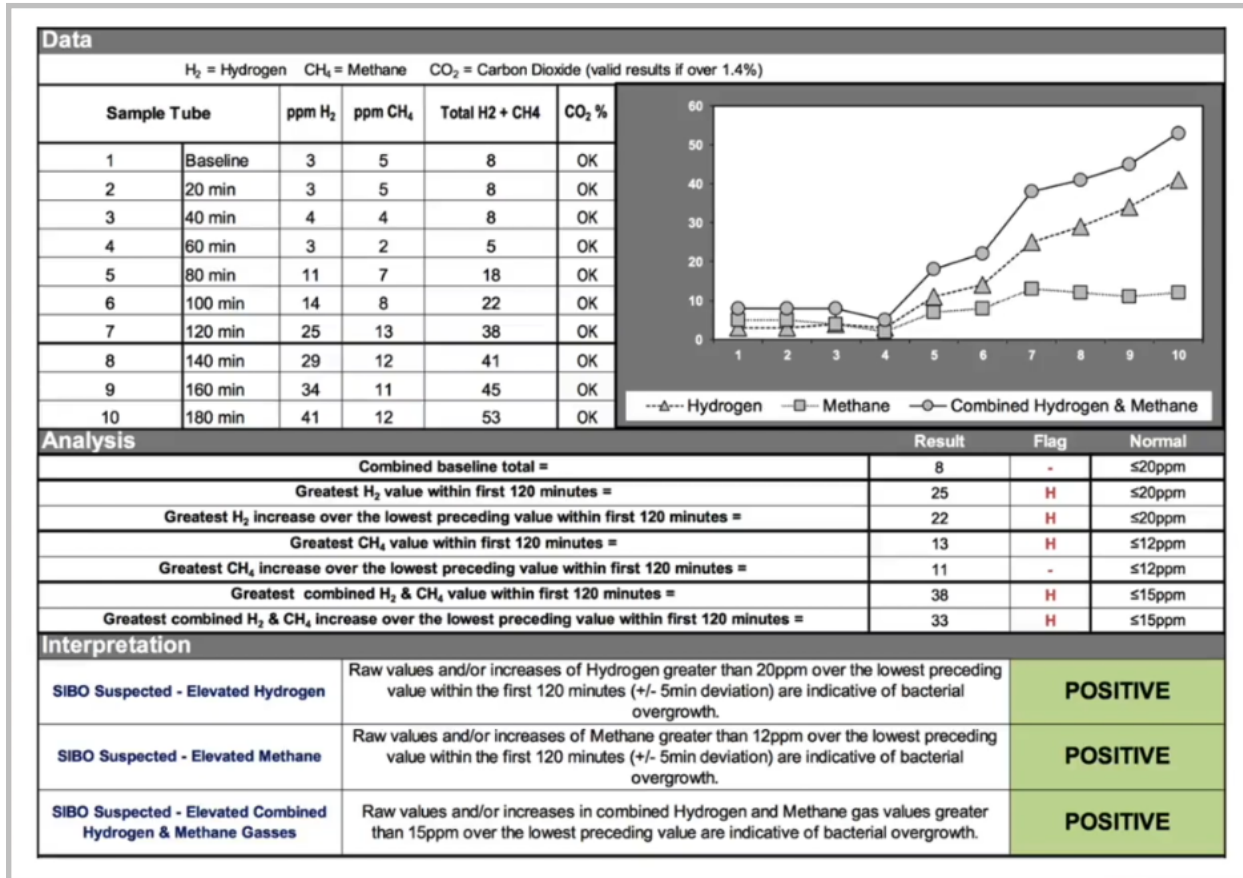
Color: Stool is normally brown because of pigments formed by bacteria acting on bile introduced into the digestive system from the liver. While certain conditions can cause changes in stool color, many changes are harmless and are caused by pigments in foods or dietary supplements.

Consistency: Stool normally contains about 75% water and ideally should be formed and soft. Stool consistency can vary based upon transit time and water absorption.

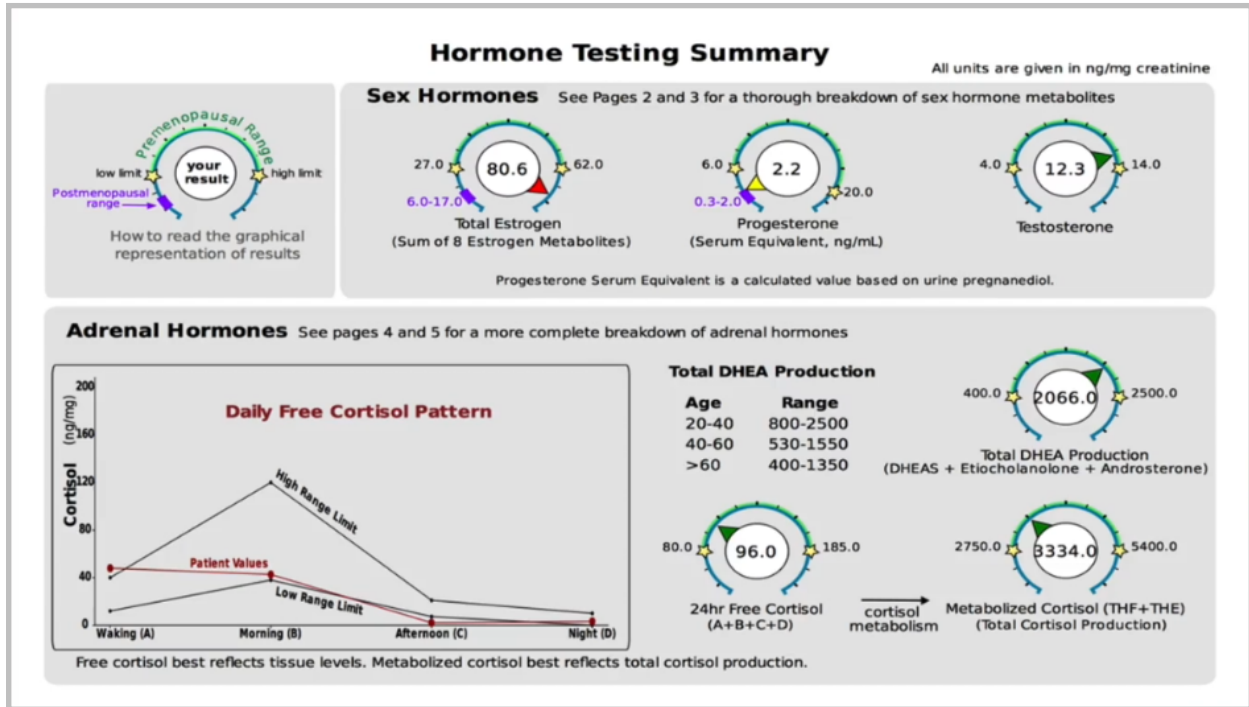
She has some carbohydrate malabsorption and low intestinal pH, which is consistent with fungal overgrowth, and her H. pylori is negative.

TEST	RESULT			
Array 4 – Gluten-Associated Cross-Reactive Foods and Foods Sensitivity **	IN RANGE (Normal)	EQUIVOCAL*	OUT OF RANGE	REFERENCE (ELISA Index)
Rye, Barley, Spelt, Polish Wheat	1.06			0.4-1.4
Cow's Milk	0.14			0.1-1.3
Casein (Alpha & Beta)	0.36			0.1-1.7
Casomorphin	<0.20			0.2-1.6
Milk Butyrophilin	0.27			0.2-1.8
Whey Protein	0.11			0.1-1.3
Chocolate (Milk)	0.13			0.1-1.4
Oats	0.64			0.2-1.0
Yeast	0.36			0.2-1.2
Coffee	0.81			0.3-1.9
Sesame	0.69			0.1-1.3
Buckwheat	0.80			0.4-1.3
Sorghum	0.42			0.3-1.2
Millet	0.56			0.3-1.5
Hemp	0.59			0.3-1.5
Amaranth	0.52			0.2-1.3
Quinoa	1.11			0.5-1.5
Tapioca		0.81		0.1-1.1
Teff	0.79			0.2-1.1
Soy	0.91			0.5-1.5
Egg	0.61			0.2-1.7
Corn	0.44			0.3-1.4
Rice	0.61			0.4-1.6
Potato	0.47			0.6-1.4

Cyrex Array 4 revealed equivocal antibodies to tapioca, which would extend to cassava and yucca.

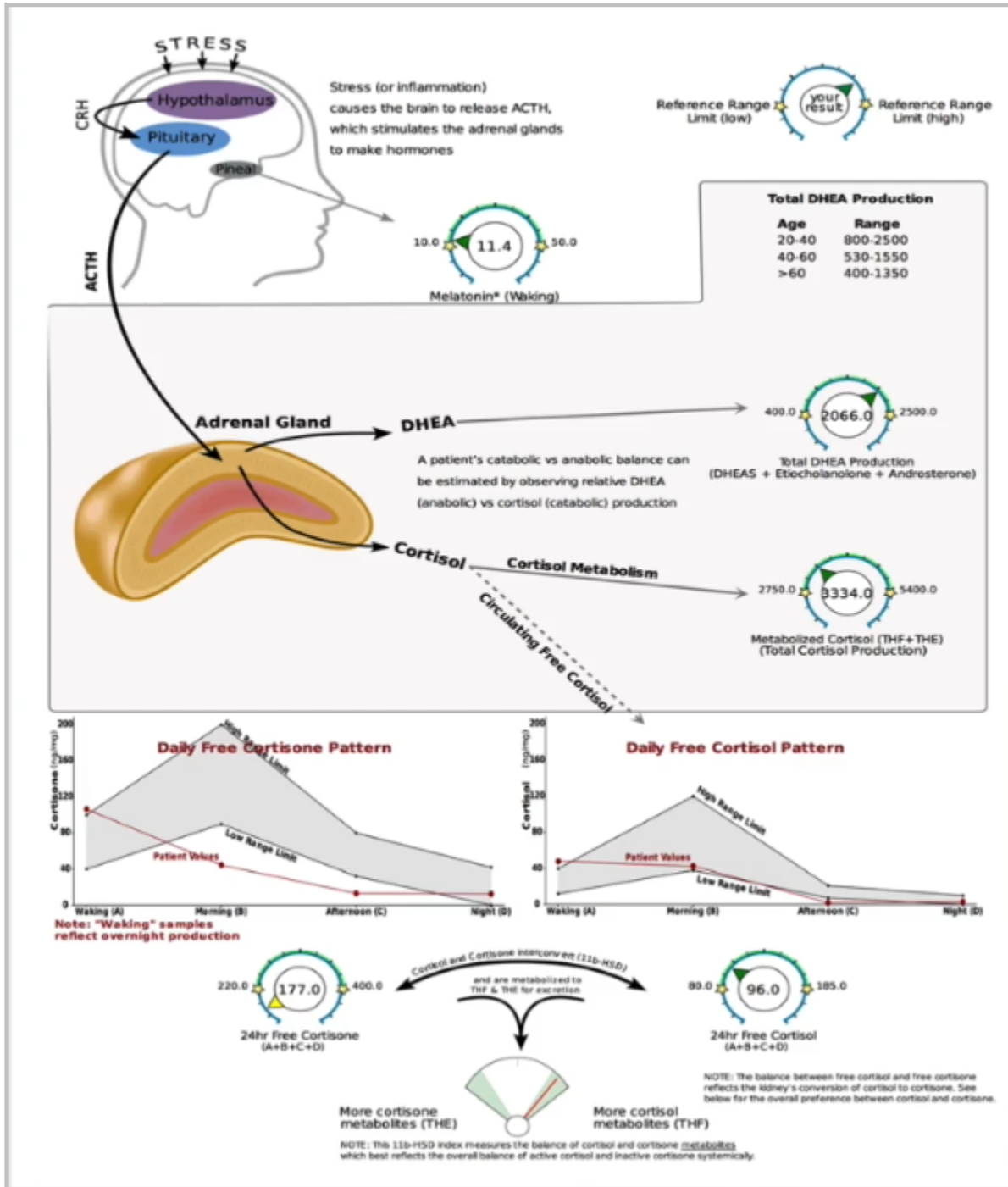


SIBO breath test results are marked as positive according to the QuinTron criteria, but I think they are somewhat equivocal because all we see here is just a late single peak in both hydrogen and methane. On her metabolic assessment, she marked both constipation and diarrhea, so you'd need to ask her about her transit time in order to interpret results. Remember, mean orocecal transit time, according to studies, is 75 minutes, and we don't see a significant increase in her hydrogen or methane until 120 minutes, and lactulose could very well be in her colon by then. My guess is she doesn't have SIBO, but given her symptoms and the presence of fungal overgrowth on the stool test, I would probably do an antimicrobial protocol anyhow.




DUTCH results: Her total estrogens are high, and that is not unusual with oral contraceptive use and history of that. Her progesterone is low, so she has a relative condition of estrogen dominance. Her free cortisol is normal but toward the low end of the range. Metabolized cortisol is normal toward the low end. Her total DHEA is normal. Her rhythm is a little bit dysregulated, but I'm not sure if that is significant. Slightly high waking cortisol. If her nighttime cortisol was also high, I would be concerned about high cortisol throughout the nighttime period, but her nighttime cortisol is low-normal. Afternoon cortisol is slightly low, so there may be an issue there, but it may be nonpathological too.

Category	Test	Result	Units	Normal Range
Creatinine				
	Creatinine A (Waking)	Within range	0.71	mg/ml 0.2 - 2
	Creatinine B (Morning)	Within range	0.35	mg/ml 0.2 - 2
	Creatinine C (Afternoon)	Within range	0.28	mg/ml 0.2 - 2
	Creatinine D (Night)	Below range	0.17	mg/ml 0.2 - 2
Daily Free Cortisol and Cortisone				
	Cortisol A (Waking)	Above range	48.0	ng/mg 12 - 40
	Cortisol B (Morning)	Low end of range	42.7	ng/mg 38 - 120
	Cortisol C (Afternoon)	Below range	2.1	ng/mg 7.3 - 21
	Cortisol D (Night)	Within range	3.3	ng/mg 0 - 10
	Cortisone A (Waking)	Above range	106.5	ng/mg 40 - 100
	Cortisone B (Morning)	Below range	44.5	ng/mg 90 - 200
	Cortisone C (Afternoon)	Below range	13.1	ng/mg 32 - 80
	Cortisone D (Night)	Within range	12.5	ng/mg 0 - 42
	24hr Free Cortisol	Low end of range	96.0	ug 80 - 185
	24hr Free Cortisone	Below range	177.0	ug 220 - 400
Cortisol Metabolites and DHEAS				
	b-Tetrahydrocortisol (b-THF)	Within range	1434.0	ng/mg 1050 - 2070
	a-Tetrahydrocortisol (a-THF)	Within range	188.0	ng/mg 75 - 265
	b-Tetrahydrocortisone (b-THE)	Low end of range	1712.0	ng/mg 1550 - 3150
	Metabolized Cortisol (THF+THE)	Within range	3334.0	ng/mg 2750 - 5400
	DHEAS	Within range	170.0	ng/mg 23 - 350
Melatonin (*measured as 6-OH-Melatonin-Sulfate)				
	Melatonin* (Waking)	Low end of range	11.4	ng/mg 10 - 50



Her 24-hour free cortisone is well below the range, so that biases our free cortisol interpretation, which is already low-normal, even further lower. I would say that this does point more toward a low cortisol picture. Look at her daily free cortisone rhythm. It is pretty low in the morning and in the afternoon, which biases those free cortisol time points lower too. Factors that favor more cortisol than cortisone include hypothyroidism, which we didn't see any evidence for on her blood work; inflammation, which we did see some evidence for; visceral obesity, which she has going; high

insulin, which is a possibility—we didn't test for it on the blood work; excess sodium; and licorice, which increases the half-life of cortisol. She is not taking licorice. She does have inflammation and possibly high insulin. She is not obese, but she is overweight.



**CALIFORNIA CENTER for
FUNCTIONAL MEDICINE**

CASE REVIEW REPORT OF FINDINGS

Patient Name: "Agnes" **Date:** 10-13-16

Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Impaired methylation	Homocysteine	
Possible B12 deficiency	B12	
Vitamin D deficiency	25D, PTH	
Possible NAFLD	AST/ALT	
Functional dyslipidemia	TC:HDL ratio, triglycerides	
Inflammation	CRP, zinc-copper ratio	Secondary to fungal overgrowth?
Dehydration?	RBC, Hgb, Hct	
Fungal overgrowth	DD CSAP	
SIBO?	NUNM breath test	
Cortisol/cortisone imbalance	DUTCH	
Cortisol dysregulation	DUTCH	
Tapioca intolerance	Cyrex Array 4	aka cassava, yuca

<http://ccfmed.com>



Recommendations for further testing

TEST	PURPOSE	COMMENTS
Urine MMA	B12 levels	
THD lipid/metabolic panel	Advanced lipid/metabolic markers	
HDRI methylation panel	Methylation pathways	

Recommendations for Treatment

TREATMENT	PURPOSE	COMMENTS
Paleo Reset Diet	Weight loss, gut health, nutrient density	
Antimicrobial protocol	Fungal overgrowth, possible SIBO	See handout
Increase fish intake	Vitamin D, EPA/DHA	At least 12 oz./wk cold-water, fatty fish
EVCLO	Vitamin D, EPA/DHA	1 tsp/d
Adequate hydration	Dehydration	
Avoid tapioca	Intolerance	Can reintroduce in 60 days and check for symptoms
Organ meats & shellfish	Increase B12 levels	Or supplement with 2,000 mcg/d of hydroxy B12
Stress management	Manage stress, regulate HPA axis	See handout

<http://ccfmed.com>

Here is the report of findings. Impaired methylation because of homocysteine. Possible B12 deficiency with serum B12. Vitamin D deficiency with 25(OH)D and parathyroid hormone. Possibly nonalcoholic fatty liver disease with AST and ALT. You'd want to help with weight loss and then retest that. Functional dyslipidemia with total cholesterol-to-HDL ratio and triglycerides. Inflammation with CRP and zinc-to-copper. Dehydration with red blood cells, hemoglobin, and hematocrit. Fungal overgrowth with Doctor's Data test. SIBO possibly from the breath test,

although I would tend to think it is not SIBO in her case. It depends a little bit on transit time and the other factors we talked about. Then on DUTCH, she has some cortisol dysregulation, probably low cortisol given the free cortisone readings, cortisol-to-cortisone imbalance, and then a tapioca/cassava/yucca intolerance on Cyrex Array 4.

We would want to get urine MMA for her. We didn't have organic acids to see more about the B12 level. We would want to do follow-up testing with True Health Diagnostics* for lipid and metabolic markers and then a functional methylation pathway panel.

<* **Note:** True Health Diagnostics is no longer in business. See [this post](#) for the latest updates.>

For treatment, Paleo reset diet for weight loss, gut health, and nutrient density. Do an antimicrobial protocol, which I will show you in a second here. Increase fish intake, since she is not eating very much at all. Given her inflammatory status, also would use some extra-virgin cod liver oil for vitamin D and increase EPA and DHA. Adequate hydration for dehydration. Avoid tapioca, yucca, and cassava and then reintroduce in 60 days. Check for symptoms. Consume organ meats and shellfish to increase B12 levels or supplement with 2,000 mcg of hydroxy B12. Then stress management to help regulate the HPA axis.

Antimicrobial protocol	
Nutraceutical	Dosage
GI Synergy	1 packet BID (with breakfast and dinner)
Lauricidin	1 scoop TID with each meal
Interfase Plus	3-4 capsules BID on empty stomach
Prescript Assist	One BID upon rising and before bed
MegaSporeBiotic	One capsule with lunch
A-FNG	Start with 3 drops BID; increase to 20-30 drops BID if possible

Here is the antimicrobial protocol that I prescribed for her. Given that she didn't have a lot going on other than the fungal overgrowth, we used the core protocol and A-FNG for a little bit of additional focus on fungus. We had her do it for 60 days simply because the fungal overgrowth was

moderate, and in my experience, that can be somewhat more difficult to treat than a mild bacterial dysbiosis, for example.