


Full Case Assignments I - Part Three

Okay, the last patient for this week. We'll call her "Autumn," a 58-year-old female with chief complaint of fatigue, poor sleep, anxiety, poor exercise tolerance, GI issues, brain fog memory, and recent ovarian cancer.

 <p>Autumn</p> <p>Case #3</p>	<p>58 y.o. Female CC: Fatigue, poor sleep, anxiety, poor exercise tolerance, GI issues, brain fog, memory, recent ovarian cancer.</p> <p>Went to law school at age 49; diagnosed with ovarian cancer shortly after.</p> <p>Just passed Bar exam (huge stressor)</p> <p>On Mylan estradiol patch; severe cognitive issues without supplemental estrogen.</p> <p>"Crashed" after birth of daughter at age 40.</p>
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She went to law school at age 49. Diagnosed with ovarian cancer shortly after. Just passed the bar exam and was under a huge amount of stress. Was on the Mylan estradiol patch and has severe cognitive issues without supplemental estrogen. She described really crashing after the birth of her daughter at age 40.

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

Energy: Tired, lack of energy, depressed a/o anxious a lot; no motivation / Don't sleep well: wake up often (sometimes awake 1-2 hours), anxious, sleep lightly, Apnea?

Physical: Lack of stamina, physically weak, legs ache w/ exercise, foot and calf cramps, shoulder pain, can't get stronger, exercise makes it worse; stiff after sitting long periods

Digestion: crave sugar, tired after meals, gas, occasional cramps, hungry often -snack for energy - but don't really enjoy eating, put on weight,

Mental: lack of concentration or mental energy; forgetting names and terms; (situational: not working now...)? Read then can't remember details; ...

Fear of cancer recurring...

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 checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard, dry, or small stool	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coated tongue or "fuzzy" debris on tongue	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass large amount of foul-smelling gas	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category II	0	1	2	3
Excessive belching, burping, or bloating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas immediately following a meal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Offensive breath	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain, tenderness, soreness on left side under rib cage	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nausea and/or vomiting	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Bitter metallic taste in mouth, especially in the morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burpy, fishy taste after consuming fish oils	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive hair loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall sense of bloating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bodily swelling for no reason	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone imbalances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor bowel function	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessively foul-smelling sweat	<input 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"/>

A lot of symptoms listed in the gut, gallbladder, and liver section.

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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Get light-headed if meals are missed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Eating relieves fatigue	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have sweets after meals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waist girth is equal or larger than hip girth	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IX	0	1	2	3
Cannot stay asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon headaches	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Category X	0	1	2	3
Cannot fall asleep	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
Weight gain when under stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Poor muscle endurance	<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"/>
Frequent thirst	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
Inability to hold breath for long periods	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Category XII	0	1	2	3
Tired/sluggish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Feel cold? hands, feet, all over	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Increase in weight even with low calorie diet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gain weight easily	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult, infrequent bowel movements	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Morning headaches that wear off as the day progresses	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Mental sluggishness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Category XIII	0	1	2	3
Heart palpitations	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Also several in blood sugar, HPA axis, heart and CVD category, thyroid, and pituitary.

"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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Leg twitching at night	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Category XVII (Males Only)	0	1	2	3
Decreased libido	<input type="radio"/>	<input type="radio"/>	<input 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 type="radio"/> Yes		<input type="radio"/> No	
Alternating menstrual cycle lengths	<input type="radio"/> Yes		<input type="radio"/> No	
Extended menstrual cycle (greater than 32 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Shortened menstrual cycle (less than 24 days)	<input type="radio"/> Yes		<input type="radio"/> No	
Pain and cramping during periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input type="radio"/>	<input 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 type="radio"/>
Category XIX (Menopausal Females Only)	0	1	2	3

How many years have you been menopausal? 7 - surgical menopause in oct 2009 years

Since menopause, do you ever have uterine bleeding ☐ Yes ☒ No

Hot flashes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental foginess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Disinterest in sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Painful intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Shrinking breasts	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

0-1 How many alcoholic beverages do you consume per week? 1 How many caffeinated beverages do you consume per day?

5-7 How many times do you eat out per week? 7 How many times a week do you eat raw nuts or seeds?

3-4 How many times a week do you eat fish? 1-2 How many times a week do you workout?

List the three worst foods you eat during the average week: bread pudding/creme br le, mexican food w/ all trimmings, french bread w/ butter

List the three healthiest foods you eat during the average week: cooked greens/veggies, organic lamb or chicken, salmon cakes

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: [Select]

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

Synthroid (0.1 mg/day) for hypothyroidism and hashimoto's
Estradiol patch (0.05mg/day) for hot-flashes and mental foginess post hysterectomy

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

Vit D drops - for low D in labs last year
Vit C - on occasion to help immune system stay strong (take when I feel tired, chilled, sore throat)
Selenium drops - for mental function/ depression
Fish Oil - for mental functioning and digestion (keeps bowel movements smoother)

She mistakenly filled out the male symptoms in Category XVI but also has lots of symptoms in the menopausal female hormone area.

She eats out almost every day. Eats fish regularly. Exercises only once or twice a week. Still eating bread, so you'd probably want to do gluten intolerance testing. Does have mercury amalgams and has had some removed, so you'd want to consider mercury testing. She is on Synthroid for hypothyroidism and Hashimoto's and estrogen patch. Then taking vitamins D and C, selenium, and fish oil.

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat Out at Restaurants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pastries, Cookies, Candy, Ice Cream and Other Sweets	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
White Flour: Bread, Pasta, Pancakes, Crackers, Muffins, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Add Sugar to Coffee, Tea, Cereals, or Other Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast Cereals (Hot or Cold)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatty Fish (Salmon, Mackerel, Sardines, Herring)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raw Dairy Products (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input checked="" type="checkbox"/> Whole)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fermented Dairy Products (Yogurt, Kefir, Cheese)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs (Check: <input checked="" type="checkbox"/> Free-Range, <input type="checkbox"/> Pastured, <input checked="" type="checkbox"/> Organic, or <input checked="" type="checkbox"/> Conventional)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poultry or Fowl (Chicken, Turkey, Duck, etc)	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processed Meats (Bacon, Sausage, Salami, Ham, etc)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organ Meats (Liver, Kidney, Sweetbreads, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Soy Products (Tofu, Tempeh, Soy Milk, Edamame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Salads, Uncooked Vegetables	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans and Legumes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Whole Grains and Whole Grain Breads (Wheat, Gluten)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Alternative Grains (Quinoa, Buckwheat, Teff, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Herbs and Spices (Fresh or Dried)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input checked="" type="checkbox"/> Dark)	<input type="radio"/>	<input checked="" 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 checked="" type="checkbox"/> Regular or <input checked="" type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeinated Teas (Check: <input checked="" type="checkbox"/> Black or <input type="checkbox"/> Green)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salt (Check: <input checked="" type="checkbox"/> Iodized or <input checked="" type="checkbox"/> Sea Salt)	<input checked="" type="radio"/>	<input 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?

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

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

<input checked="" type="checkbox"/> Eat while driving, in front of a TV or computer, or multi-tasking	<input checked="" type="checkbox"/> Fast eater
<input checked="" type="checkbox"/> Irregular eating habits (eating times, portion sizes, etc)	<input type="checkbox"/> Eat too much
<input type="checkbox"/> Eat late at night	<input type="checkbox"/> Eat in the middle of the night
<input type="checkbox"/> Time constraints	<input type="checkbox"/> Travel Frequently
<input checked="" type="checkbox"/> Eat more than 50% meals away from home	<input checked="" type="checkbox"/> Don't care to cook, or never learned
<input checked="" type="checkbox"/> Confused about nutritional advice	<input type="checkbox"/> Don't really enjoy meals; eat mostly for fuel or calories
<input type="checkbox"/> Eat lots of pre-made or pre-packaged foods and snacks	<input type="checkbox"/> Lack of choice of healthy foods in neighborhood
<input type="checkbox"/> Don't eat breakfast or dinner together as a family unit	<input type="checkbox"/> Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)
<input checked="" type="checkbox"/> Emotional eater (when sad, bored)	<input type="checkbox"/> Have a negative relationship to food

I mentioned before she is eating out a lot. Also occasional pastries, cookies, and candy, but otherwise, her diet is pretty good. Describes it as 80/20 gluten-free and occasionally eats bread and tortillas at restaurants.

☐ Diet often for weight control

☐ Struggle with eating issues or history of eating disorders

☒ Eat too much or too little under stress

Additional Comments

After cooking/preparing 3 healthy meals a day for my daughter and husband and I for 17 years, 3 years ago daughter left for college, husband started traveling a lot for work, and I was under a lot of stress trying to pass Ca Bar exam (took many tries, each time studying hard for 3-4 months) So, I stopped cooking at home: we eat out a lot, or get take out. I usually eat leftovers the next day, or go to local restaurants for either breakfast or lunch by myself. SO, my diet has changed a lot, and I have gained 15-20 pounds. I crave sugar and chocolate more than ever before, rely on caffeine more, and have mood "challenges"/swings : depressed a/o angry, feel lethargic and unmotivated, and anxious, ...
(those symptoms were there before, but seem worse now)

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).

Usually eat between 8 and 9 am (I am at home now, not working out of the house)
eggs (scrambled or fried in olive oil, butter or ghee); sometimes add cheese (raw cheddar or gouda mostly) and/or
Chicken apple sausage or turkey bacon, or leftover meat from dinner: beef, lamb, chicken
Vegetables -usually left from night before, or cook fresh: broccolini, zucchini, onion, greens (arugula, kale), cauliflower
sometimes: baked sweet potato, or white rice, or white potatoes
water
black tea w/ cream, or sometimes coffee (capuchino with whole milk if available)
Occasionally oatmeal w/ nuts, cranberries, and maple syrup and coconut or cream.

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

Handful of roast nuts: almonds, cashews, pecans, walnuts, brazil nuts - whatever I have at home. (I soak and roast my own nuts regularly)
Banana or apple w/ almond butter

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

Usually eat between 12 - 2.
Often eat out: salad with chicken or salmon on it, OR soup and scoop of chicken or egg salad
VERY Rarely: a pre-made sandwich, if nothing else available. Generally have not been eating bread for several years.
If at home: leftovers from dinner: meat, veggies, rice or potato

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

Handful of nuts -almonds, cashews, pecans, walnuts, brazil nuts - whatever I have at home.
Banana or apple w/ almond butter
Avocado on rice-crackers, sometimes with cheese or cream-cheese
Yogurt with nuts; sometimes add molasses or maple syrup
Berries w/ coconut milk

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

Usually eat between 6:30 - 7:30, sometimes 8.
IF at home:
beef, lamb, chicken or fish - baked or cooked on stove with olive oil or butter and salt. Lemon, mustard, butter, soy-sauce, mint jelly, sweet chutney, (rarely mayonnaise) are common condiments we eat.
Veggies: saut?ed in butter or olive oil: all varieties: carrots, broccoli cauliflower, green beans, zucchini, tomatoes, onions, leeks,
Yams or rice or yukon-gold potatoes
Occasionally: a cookie or small bowl of chocolate ice-cream

BUT: for past 2 years we have been eating out A LOT - 4-6 times/ week. Then I usually order salad w/ balsamic dressing, meat (beef, lamb, chicken or fish), veggies and potatoes with various sauces/marinades. Will often eat a slice or two of bread w/ butter or oil.
Also, eat at favorite regional Mexican: tacos w/ pork (carnitas) or chicken w/ sour cream, guacamole, tortilla chips w/ salsa, chicken w/ mole (sweet sauce) cheese, and salad.

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

At 10 or 11 pm
cheese (usually raw)cheddar and GF crackers, or with walnuts or pecans
avocado with cheese
almond butter on GF crackers

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

Not every night; mostly on weekends as we always go out Fri and Sat night. Dessert: creme br?le, bread pudding, berry tarts are favorites. At home: packaged cookies or chocolate ice-cream, or berries w/ coconut milk or real cream (1/2 n 12/)
Sometimes I make fried bananas (in butter)

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

Additional Comments

AS said above: we have been eating out a lot -(3-5x/week) So, have been eating more quantity and more sauces, flavorings, et c than if I cooked at home more.
AND regularly ordering from a home-delivery service (2-3x week) . They cook good, "healthy", organic foods, but don't know what they put in them for flavoring. Usually get salmon or turkey patties or chicken with roasted veggies and potatoes or rice, all w/ sauces.

Stress of passing the bar exam led to eating out and not cooking much at home, and this led to a weight gain of 15 to 20 pounds, sugar craving, and caffeine dependence. Breakfast is good, and then it kind of goes downhill from there because she is eating lunch and dinner out very often.

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 type="radio"/>	<input type="radio"/>
b. Is there visible microbial growth (mold)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is there a presence of musty smells?	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Chronic Soft Tissue Injury	<input type="radio"/>	<input checked="" type="radio"/>
Irritable Bowel Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Bacteria	<input type="radio"/>	<input checked="" type="radio"/>
Bell's Palsy	<input type="radio"/>	<input checked="" type="radio"/>
Pfisteria	<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 type="radio"/>	<input checked="" 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"/>

Nothing significant on the environmental exposure survey.

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: BA in Religious Thought; J.D. in Law

Profession: unemployed, recently licensed lawyer

Interests (sports, hobbies, etc.):

Walking, hiking, yoga, eating out, movies

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

- Anxiety, depression, anger - moody and feel tired, lethargic, weak a lot.
- Sleep trouble: wake often in middle of the night (3-5 a.m.); often awake for 1-2 hours, anxious and worried thinking,
- Physical discomfort: achy legs (especially after exercise) / mild lymphedema; weak muscles, shoulder pain, de-conditioned overall and not sure how to get strong w/ out pain
- Digestive trouble: tired after a meal, uncomfortable if eat too much (pain), gas, sensitive to spicy, acidic foods; trouble digesting legumes/beans, lentils, etc
- Concern about cancer recurrence: always present.

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

Lymphedema in legs: post surgery in 2010: painful (achey and weak), real, debilitating; prevents me from doing what I like: hiking, long walks, biking> Makes me mad and depressed..

Depression: on and off since I was 20; seems situational but prevents me from doing things I need to do to get my life on track. Many docs want me to try anti-D or anti-anxiety medications, but I don't want to; don't trust them; currently feel stuck

Ovarian Cancer: Oct 2009 discovered on surgical removal of huge ovarian cyst in full hysterectomy. Leaves me nervous about it's recurrence. Grateful they found it early!

Chronic Fatigue Syndrome, CFS: diagnosed after a year of being sick and weak and depressed all the time. - 1988 - 1994 Continued for 6 years. Acupuncture helped; May have been missed hypothyroidism? or may have led to that? disrupted my life for a long time. left me more cautious, reluctant to take on new challenges, depressed.

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

I am frustrated that at my age - 58 - I feel like an old woman sometimes: achy body, mental fog, no energy or interest in doing much of anything, trouble concentrating. More recently I have become more depressed since I am not working, have no role at home anymore, and don't feel great: stay home by myself a lot: way too much: but can't muster the motivation or energy to get out and do something about it.

Both the years of having CFS and the pressure to have a second surgery , post hysterectomy, to remove

On her questionnaire, she mentions lymphedema in her legs, history of depression, ovarian cancer in 2009, surgically removed ovarian cysts, and hysterectomy. Chronic fatigue syndrome diagnosis between 1988 and 1994 and suspects she may have had hypothyroidism, and it was misdiagnosed.

dozens of lymph glands and my omentum, allegedly necessary to look for cancer cells, messed up my insides, my hormones, my immune system, my digestive track... and has left me feeling unhappy, lacking energy, and with occasional pain. Not sure it was necessary. The whole process of the cancer discovery and the recommendation for Chemo-therapy, despite no signs of any spread (which I refused against doctor's angry warnings) left me with no trust in the medical establishment - either in their ability to figure out what is really going on or how to treat it.

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

Herb ,Mineral and Nutrition supplements: I was under the care of a herbalist/botanist for 2 years post surgery/cancer and took dozens of supplements. I believe they helped me recover faster than without them. Too many to list. Included:

Synthroid/levothyroxin was a life saver, bringing me steady energy after years of feeling completely drained.

Estradiol brought my body back into control, and my mental function as well, after instant "surgical menopause" caused major disruptions. Not sure about staying on it so long, though.

The fist surgery may have saved my life: catching and removing clear-cell carcinoma ovarian cancer tumor before it had spread outside of the ovary.

Back when I had CFS, acupuncture was the one thing that seemed to help get my energy back in balance.

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

I believe the second surgery - "staging surgery" - after my full hysterectomy, was unnecessary, invasive, and traumatic to my body and has left me more debilitated then if I had not had it. They removed many more lymph glands than they told me they would, and removing the omentum has changed the way my organs in my belly sit, and perhaps how they function?

I tried Anti-depressants (welbutrin, prozac) in very low dose several years ago that left me feeling very out of sorts, emotional, and uneasy. Not good.

I have tried numerous supplements to help with sleep, all of which don't really help w/ sleep and I wake up feeling slightly drowsy and mildly depressed: melatonin, l-tryptophan, glycine, serenagen, seranosol, ... Perhaps I needed to stay on them longer to adjust? (i never tried more then 3-4 night in a row.)

Increasing the Levothyroxine or switching to "bio-identical" Armour when I was feeling sluggish several years ago just made me more "hyper" and anxious, so did not stay on it.

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

1974 - head injury: concussion and hairline fracture, temporary amnesia: hospitalized for 10 days
1975 - 4 impacted wisdom teeth removed - surgery
1983 and 1986 - abortions -(D

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?

They treat all symptoms with prescription medication or nothing.
OR, if giving me supplements, they do not follow up, or they charge me for every follow up visit, and do not check in after a few days or a week or two to see how I am reacting to it. I often feel I am being experimented with, not given solid information.

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

Someone who can see the overall big-picture and is open to alternative "medicine" approaches (non-western - acupuncture, herbs - and/or nutrition/diet changes, and/or life-style support/coaching.)

Also, someone who will give me clear suggestions about what I can or need to do, and will follow up or be easily available for questions, especially in the first weeks of a new plan.

Really, I think I am looking for a "coach", who will become someone I can connect with as I go along trying to get healthier, better, stronger, who sees my health as a complex process that takes more than just me to "fix" it, but also more than just them making suggestions and then hoping I follow thru and see changes.

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

I would like to see change within a few weeks, but know that with diet changes, results often take 1-2 months (Or more) to manifest....

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

Yes

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

I say 7-8 because I know myself: with out a "coach" or partner who is supporting me in making significant changes, I tend to give up after a while and resort to old habits. (lazy? easily discouraged? busy?) So, although I know I need to do things for myself, I also know I'm more likely to succeed if I have someone to talk to about the program as I go through it.

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

I am under a lot of internal stress these days and tend to give up or give in to desires (to eat out, eat sugar, drink coffee, alcohol,) or just be lazy about preparing good food.

I currently believe that exercise is "bad" for me now - i.e. it will cause more leg aches and overall pain and fatigue and I don't think my muscles will get stronger. So, I have become very sedentary.

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

YES: I am depressed and do not want to do anything good for myself that takes any effort. So, little exercise, not eating great, and not doing anything productive.

I am in a strange position in life: 58, having just obtained my CA law license, but not having a job or any good connections in the field, and scared to go out there and "put myself" out looking for volunteer or other opportunities to practice.

I feel very sad and alone: Child gone (to college), companion dog dies last year, husbands' new job has him away 2 weeks/month - so I am literally alone at home and struggling to get out and find things to do that make sense.

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

I am not working. Major part of the problem!

9) Do you have a purpose in life?

Synthroid and estradiol patch significantly improved her health, as have herbs, minerals, and supplements. Antidepressants and serotonergic supplements have not worked or caused harm. She had a significant head injury in 1974.

Her commitment is 7 to 8, and she says she needs a coach or a partner to stick with changes, so pay attention to that. It is really important. She is telling you here that she is going to need support in order to be successful. She says she struggles with depression, and she is lacking social connection, and that is probably part of why she needs that kind of support.

Want to get out and help underprivileged/underserved peoples in legal arena, but am stuck right now.

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

Spiritual meditation community - go 2x/week.
Husband - when he's home
A couple friends, if I call them.

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

Interesting: I like that the questions go into who I am and what my life is like now, not just symptoms and lab results. It helped me realize that a lot of my "health concerns" are probably related to how I am living these days, not purely "medical".

(I have filled out many long forms over the years for doctors, naturopaths, chiropractors, "alternative" care folks, who then don't read them and end up asking me for information during our rushed appointment that seems it would have been good for them to have in their mind before we started. Leaves me feeling like they have a pre-determined plan or approach before they even meet me the first time!)

The whole process of preparing for my first visit has been very time intensive, and expensive, so I am keeping an open but somewhat skeptical mind as to whether it is worth it or not.

Pay attention again to the question for answer #11. We talked about this in the last case assignment. She is feeling discouraged and has tried a lot that has not worked in the past. Finds it hard to trust practitioners given her experience with previous clinicians, so you just want to be aware of that.

Marker	Value	Functional Range	Lab Range
Glucose	94	75 - 90	65 - 99
Hemoglobin A1c	5.8	4.4 - 5.4	4.8 - 5.6
Uric Acid	6.3	3.2 - 5.5	2.5 - 7.1
BUN	17	13 - 18	6 - 24
Creatinine	0.71	0.7 - 1.0	0.57 - 1
BUN/Creatinine Ratio	24	9 - 23	9 - 23
eGFR if Non-African American	94		> 59
eGFR if African American	109		> 59
Sodium	141	135 - 140	134 - 144
Potassium	4.1	4.0 - 4.5	3.5 - 5.2
Chloride	103	100 - 106	97 - 108
CO2	23	25 - 30	18 - 29
Calcium	9.3	9.2 - 10.1	8.7 - 10.2
Parathyroid Hormone, Intact	52	15 - 60	15 - 65
Phosphorus	2.8	3.0 - 4.0	2.5 - 4.5
Magnesium	2.1	2.0 - 2.6	1.6 - 2.3
Protein, total	6.7	6.9 - 7.4	6.0 - 8.5
Albumin	4.2	4.0 - 5.0	3.5 - 5.5
Globulin	2.5	2.4 - 2.8	1.5 - 4.5
A/G ratio	1.7	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.4	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	41	42 - 107	39 - 117
LDH	148	140 - 180	119 - 226
AST	11	0 - 23	0 - 40
ALT	14	0 - 20	0 - 32
GGT	10	0 - 21	0 - 60
TIBC	293	275 - 425	250 - 450
UIBC	161	175 - 350	131 - 425
Iron	132	40 - 135	27 - 159
Iron saturation	45	17 - 45	15 - 55
Ferritin	94	30 - 100	15 - 150
Vitamin B-12	566	450 - 2000	211 - 946
Folate, Serum	13.1	> 5.0	> 3.0
Calcitriol (1,25 di-OH Vitamin D)	54.8	19.9 - 79.3	19.9 - 79.3
Vitamin D, 25-hydroxy	31.1	35 - 60	30.0 - 100.0
Cholesterol, total	233	150 - 230	100 - 199
Triglycerides	95	50 - 100	0 - 149
HDL	54	55 - 85	> 39
LDL	160	0 - 140	0 - 99
T. Chol / HDL Ratio	4.3	< 3	0 - 4.4
Triglycerides / HDL Ratio	1.76	< 2	< 3.8

Marker	Value	Functional Range	Lab Range
CRP-hs	0.64	< 1.0	0.00 - 3.00
Homocysteine	8.9	< 7.0	0.0 - 15.0
TSH	0.728	0.5 - 2.0	0.45 - 4.50
T4, total	10.3	6.0 - 12	4.5 - 12
T3 Uptake	31	28 - 35	24 - 39
T3, Total	74	100 - 180	71 - 180
T3, Free	2.3	2.5 - 4.0	2 - 4.4
T4, Free	1.68	1 - 1.5	0.82 - 1.77
Reverse T3	18.5	9 - 21	9.2 - 24.1
Thyroid - TPO Ab	98		0 - 34
Thyroid - TGA	<1.0		0 - 0.9
Copper	88	81 - 157	72 - 166
Zinc	80	64 - 126	56 - 134
Zinc / Copper Ratio	0.91	> 0.85	
Serum Methylmalonic Acid (MMA)	133	< 300	0 - 378
WBC	3.4	5.0 - 8.0	3.4 - 10.8
RBC	4.37	4.4 - 4.9	3.77 - 5.28
Hemoglobin	13.2	13.5 - 14.5	11.1 - 15.9
Hematocrit	40.2	37 - 44	34 - 46.6
MCV	92	85 - 92	79 - 97
MCH	30.2	27.7 - 32.0	26.6 - 33.0
MCHC	32.8	32 - 35	31.5 - 35.7
RDW	13.7	11.5 - 15.0	12.3 - 15.4
Platelets	231	150 - 379	150 - 379
Neutrophils	62	40 - 60	
Lymphocytes	27	25 - 40	
Monocytes	7	4.0 - 7.0	
Eosinophils	3	0.0 - 3.0	
Basophils	1	0.0 - 3.0	

Fasting glucose is 94, and A1c is 5.8. It's a probable blood sugar issue. Triglycerides are creeping up at 95, and HDL is low-normal at 54. Total cholesterol is 233, and total cholesterol-to-HDL ratio is 4.3, so that is not optimal. Uric acid is functionally high at 6.3. I would do advanced metabolic and lipid panel follow-up with THD (True Health Diagnostics*).

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

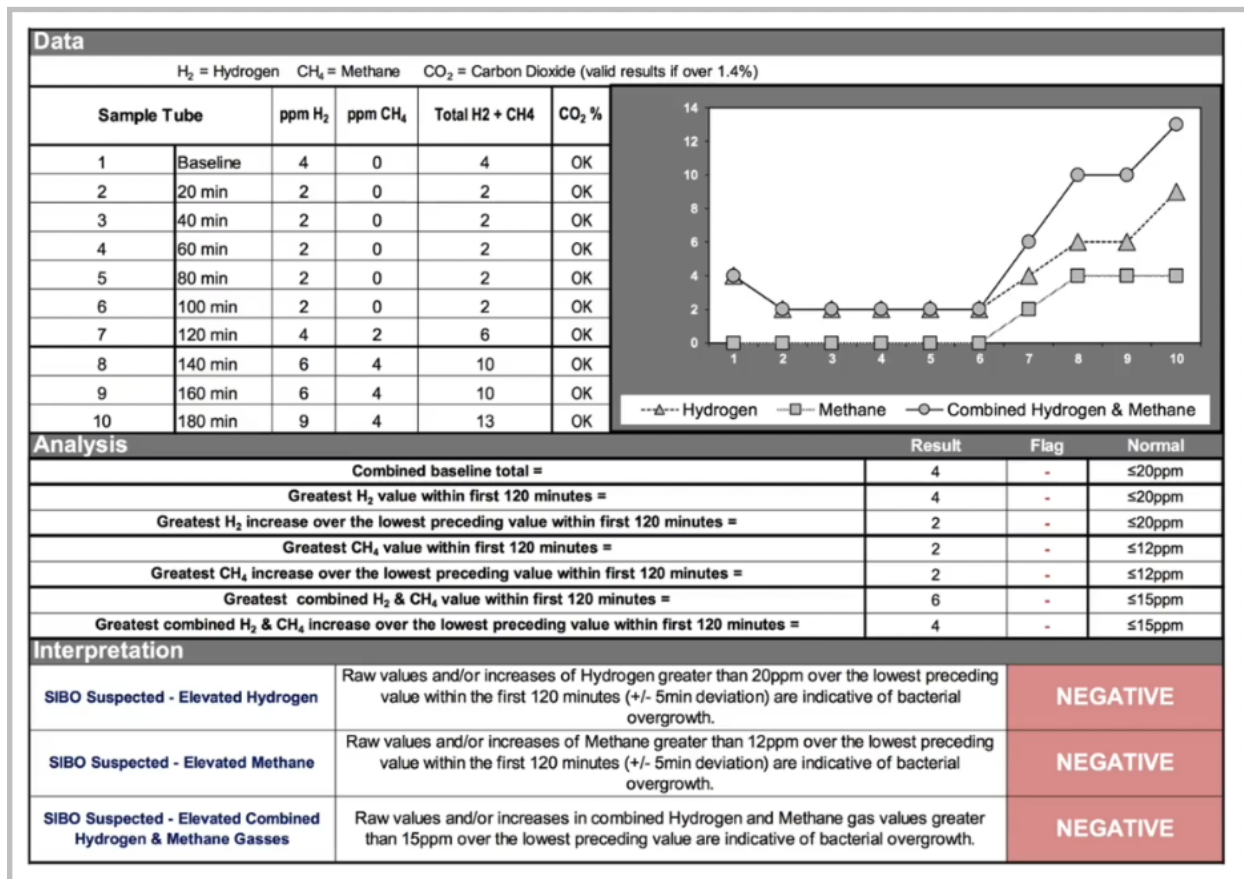
BUN-to-creatinine ratio is 24. It is one point out of the range, and BUN and creatinine are normal, so it is probably not a concern.

Her 25(OH)D is 31, and this is another situation where parathyroid hormone can be useful because it is 52, so that means it is definitely not maximally suppressed, and vitamin D deficiency is likely. Note that calcitriol and serum calcium are normal, but calcium is a little on the low end of normal here.

Homocysteine is slightly high at 8.9. Serum B12 and folate are normal. Serum MMA is normal, so you would want to consider urine MMA and FIGLU.

TSH is optimal at 0.73. Total T3 is low-normal at 74, and free T3 is low-normal at 2.3. Free T4 is high-normal at 1.68. This is a classic example of why T4 monotherapy is often ineffective in patients with Hashimoto's, which she has. You can see her thyroid antibodies are elevated at 98.

White blood cell count is almost out of the lab range, low at 3.4, suggestive of chronic infection or perhaps Hashimoto's autoimmunity. Red blood cell and hemoglobin are functionally low and may be related to low active B12 or folate, so that is another reason to do urine MMA or FIGLU.



SIBO breath test was firmly negative. This is a completely normal result, not equivocal in the slightest.

Comprehensive Stool Analysis / Parasitology x3

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group	1+ Alpha hemolytic strep	
1+ Bifidobacterium spp.	2+ Beta strep, group B	
4+ Escherichia coli	2+ Hemolytic Escherichia coli	
2+ Lactobacillus spp.	1+ Providencia rettgeri	
2+ Enterococcus spp.	1+ Staphylococcus aureus	
4+ Clostridium spp.		
NG = No Growth		

BACTERIA INFORMATION
<p>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.</p> <p>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 <i>C. difficile</i> associated disease is suspected, a Comprehensive Clostridium culture or toxigenic <i>C. difficile</i> DNA test is recommended.</p> <p>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.</p> <p>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.</p>

YEAST CULTURE	
Normal flora	Dysbiotic flora
1+ Geotrichum spp	

MICROSCOPIC YEAST	
Result:	Expected:
<div style="border: 1px solid black; padding: 2px;">Few</div>	None - Rare
<p>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.</p>	

YEAST INFORMATION
<p>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.</p>

Comprehensive Stool Analysis / Parasitology x3

PARASITOLOGY/MICROSCOPY		PARASITOLOGY INFORMATION	
Sample 1 None Ova or Parasites Few Yeast		<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 cayetanensis</i> or <i>Microsporidia</i> spp.</p>	
Sample 2 None Ova or Parasites Rare RBC Rare Yeast			
Sample 3 None Ova or Parasites Rare RBC Few Yeast			

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.

Doctor's Data results indicate low levels of Bifidobacteria and Lactobacillus, some commensal imbalance flora, and mild fungal overgrowth.

Comprehensive Stool Analysis / Parasitology x3

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

INFLAMMATION				
	Within	Outside	Reference Range	
Lactoferrin	5.5		< 7.3 µg/mL	<p>Lactoferrin and Calprotectin are reliable markers for differentiating organic inflammation (IBD) from function 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.</p>
Calprotectin*	30		<= 50 µg/g	
Lysozyme*	519		<= 600 ng/mL	
White Blood Cells	None		None - Rare	
Mucus	Neg		Neg	

IMMUNOLOGY				
	Within	Outside	Reference Range	
Secretory IgA*		219	51 - 204 mg/dL	<p>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.</p>

Comprehensive Stool Analysis / Parasitology x3

SHORT CHAIN FATTY ACIDS			
	Within	Outside	Reference Range
% Acetate	64		40 - 75 %
% Propionate	13		9 - 29 %
% Butyrate	20		9 - 37 %
% Valerate	2.0		0.5 - 7 %
Butyrate	2.6		0.8 - 4.8 mg/mL
Total SCFA's	13		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	Rare		None - Rare
pH	6.1		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.

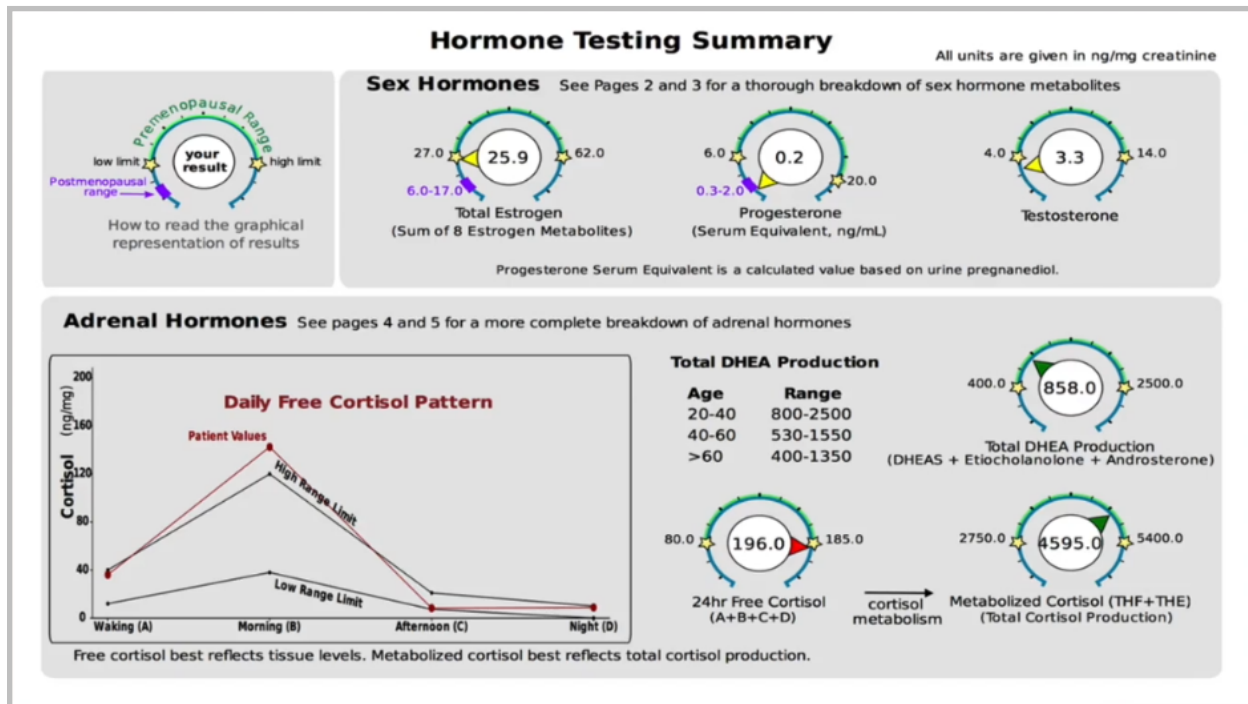
SIgA is only very slightly elevated at 219.

Helicobacter pylori Stool Antigen - 418	
Antigen	
Helicobacter pylori	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.	

H. pylori was detected. This is somewhat common in her age group, and I think we should treat it given her symptoms and age.

TEST	RESULT			
Array 3 – Wheat/Gluten Proteome Reactivity & Autoimmunity	IN RANGE (Normal)	EQUIVOCAL*	OUT OF RANGE	REFERENCE (ELISA Index)
Wheat IgG	0.75			0.3-1.5
Wheat IgA	0.48			0.1-1.2
Wheat Germ Agglutinin IgG	0.42			0.4-1.3
Wheat Germ Agglutinin IgA	0.79			0.2-1.1
Native & Deamidated Gliadin 33 IgG	0.50			0.2-1.2
Native & Deamidated Gliadin 33 IgA	0.56			0.1-1.1
Alpha Gliadin 17-mer IgG	0.56			0.1-1.5
Alpha Gliadin 17-mer IgA			1.82	0.1-1.1
Gamma Gliadin 15-mer IgG	0.74			0.5-1.5
Gamma Gliadin 15-mer IgA		1.00		0.1-1.0
Omega Gliadin 17-mer IgG	0.67			0.3-1.2
Omega Gliadin 17-mer IgA		1.06		0.1-1.2
Glutenin 21-mer IgG	0.57			0.1-1.5
Glutenin 21-mer IgA	0.36			0.1-1.3
Gluteomorphin + Prodynorphin IgG	0.33			0.3-1.2
Gluteomorphin + Prodynorphin IgA	0.57			0.1-1.2
Gliadin-Transglutaminase Complex IgG		1.20		0.3-1.4
Gliadin-Transglutaminase Complex IgA	1.02			0.2-1.5
Transglutaminase-2 IgG	1.00			0.3-1.6
Transglutaminase-2 IgA			1.98	0.1-1.6
Transglutaminase-3 IgG	1.10			0.2-1.6
Transglutaminase-3 IgA		1.32		0.1-1.5
Transglutaminase-6 IgG	0.75			0.2-1.5
Transglutaminase-6 IgA		1.23		0.1-1.5

Cyrex Array 3 was positive and likely celiac. She has positive alpha gliadin antibodies, equivocal gamma and omega gliadin, equivocal gliadin transglutaminase, which is quite specific for celiac, and also positive tTG2 and equivocal tTG3 and tTG6. You may want to run Cyrex Array 4 to check for cross-reactive proteins and other food intolerances given that she is producing antibodies to tTG3 and tTG6, affecting skin and brain. You might want to consider Cyrex Array 5 for autoimmune reactivity.

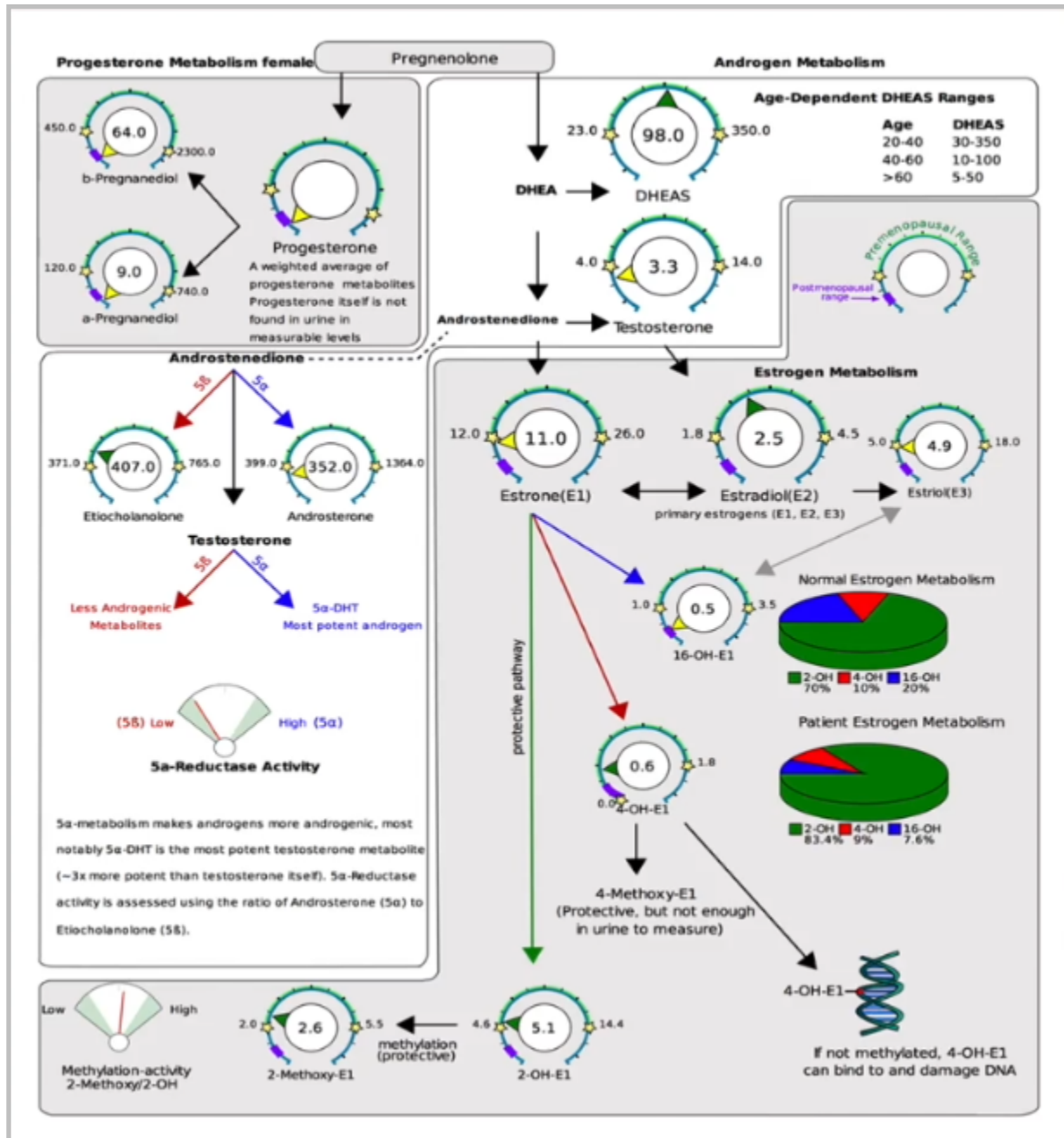


DUTCH test showed estrogen levels above the postmenopausal range, which is not surprising given that she is supplementing with estrogen, but progesterone is below the menopausal range, and this is also not surprising. It's one of the downsides of estrogen monotherapy in postmenopausal women.

Her 24-hour free cortisol is high. Metabolized cortisol is high-normal. Total DHEA is low-normal. Clearance may be slightly impaired due to hypothyroidism, and that may be what we are seeing here.

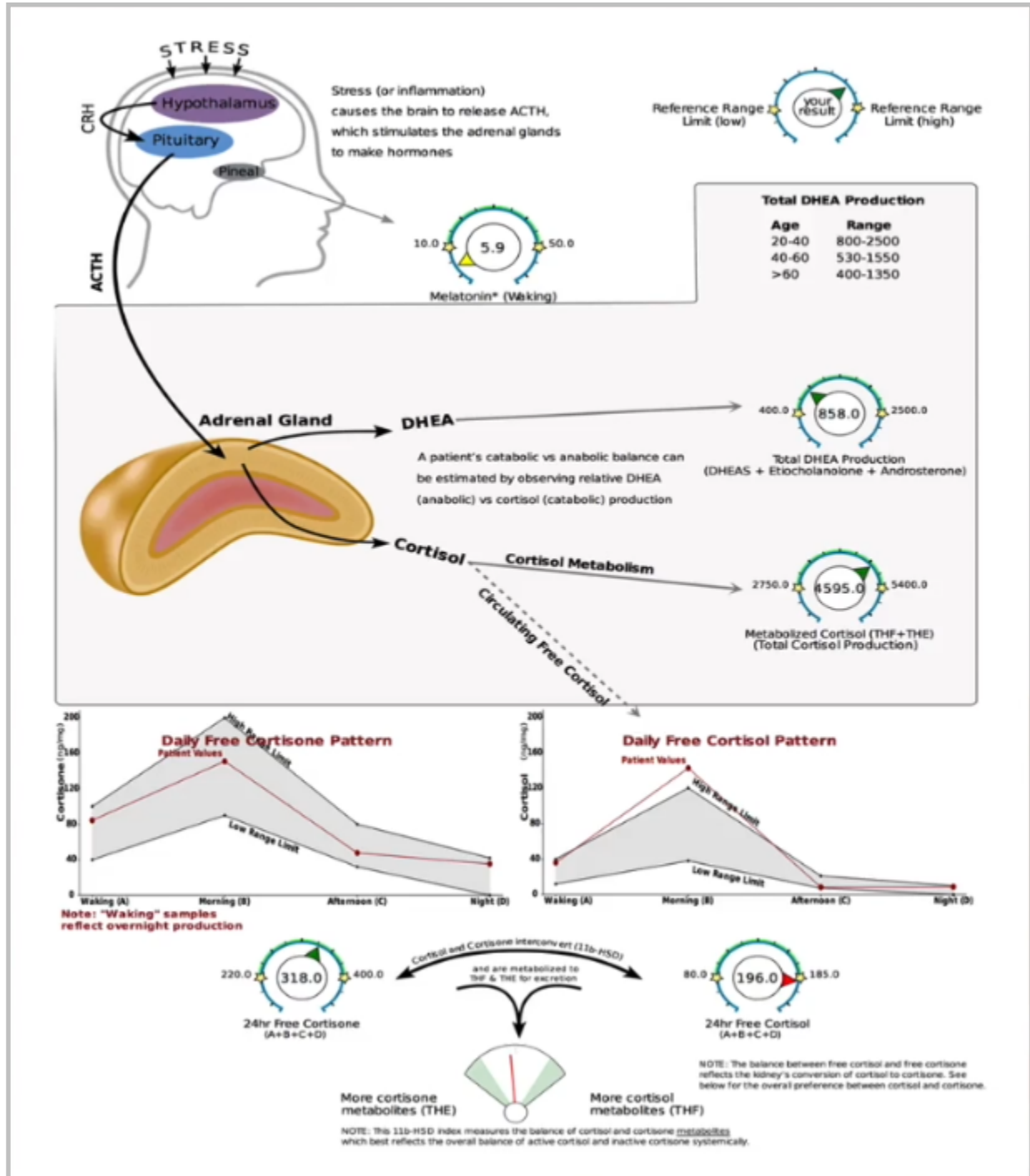
Category	Test	Result	Units	Normal Range
Progesterone Metabolism				
	b-Pregnanediol	Below premenopausal range	64.0	ng/mg 450 - 2300
	a-Pregnanediol	Below premenopausal range	9.0	ng/mg 120 - 740
Androgen Metabolism				
	DHEAS	Within range	98.0	ng/mg 23 - 350
	Androsterone	Below range	352.0	ng/mg 399 - 1364
	Etiocholanolone	Low end of range	407.0	ng/mg 371 - 765
	Testosterone	Below range	3.3	ng/mg 4 - 14
	5a-DHT	Low end of range	0.4	ng/mg 0 - 8.8
	5a-Androstenediol	Below range	3.9	ng/mg 12 - 30
	5b-Androstenediol	Below range	13.4	ng/mg 20 - 75
	Epi-Testosterone	Below range	0.3	ng/mg 4.5 - 22.3
Estrogen Metabolites				
	Estrone(E1)	Below premenopausal range	11.0	ng/mg 12 - 26
	Estradiol(E2)	Within range	2.5	ng/mg 1.8 - 4.5
	Estriol(E3)	Below premenopausal range	4.9	ng/mg 5 - 18
	2-OH-E1	Low end of range	5.1	ng/mg 4.6 - 14.4
	4-OH-E1	Within range	0.6	ng/mg 0 - 1.8
	16-OH-E1	Below premenopausal range	0.5	ng/mg 1 - 3.5
	2-Methoxy-E1	Low end of range	2.6	ng/mg 2 - 5.5
	2-OH-E2	Within range	0.32	ng/mg 0 - 1.2

Normal Ranges	Luteal	Postmenopausal	Follicular	Ovulatory
Estrone (E1)	12-26	3.0-7.0	4.0-12.0	22-68
Estradiol (E2)	1.8-4.5	0.3-0.9	1.0-2.0	4.0-12.0
Estriol (E3)	5-18	1.5-4.0	N/A	N/A
2-OH-E1	4.6-14.4	0.4-2.0	N/A	N/A
4-OH-E1	0-1.8	0-0.3	N/A	N/A
16-OH-E1	1-3.5	0.2-0.6	N/A	N/A
2-Methoxy-E1	2-5.5	0.5-1.4	N/A	N/A
Oral Pg (100mg)				
a-Pregnanediol	120-740	15-50	580-3000	25-100
b-Pregnanediol	450-2300	60-200	2000-9000	100-300



Her testosterone is a little low, but it's not clear whether that is pathological or physiological. I'm not going to go into a lot of detail on this, since we're not covering it in the course, so I'm not expecting you to come up with this in your case assignment.

Category	Test		Result	Units	Normal Range
Creatinine					
	Creatinine A (Waking)	Within range	0.49	mg/ml	0.2 - 2
	Creatinine B (Morning)	Within range	0.49	mg/ml	0.2 - 2
	Creatinine C (Afternoon)	Within range	0.49	mg/ml	0.2 - 2
	Creatinine D (Night)	Within range	0.74	mg/ml	0.2 - 2
Daily Free Cortisol and Cortisone					
	Cortisol A (Waking)	High end of range	36.1	ng/mg	12 - 40
	Cortisol B (Morning)	Above range	142.5	ng/mg	38 - 120
	Cortisol C (Afternoon)	Low end of range	8.3	ng/mg	7.3 - 21
	Cortisol D (Night)	High end of range	8.8	ng/mg	0 - 10
	Cortisone A (Waking)	Within range	84.4	ng/mg	40 - 100
	Cortisone B (Morning)	Within range	150.9	ng/mg	90 - 200
	Cortisone C (Afternoon)	Within range	47.7	ng/mg	32 - 80
	Cortisone D (Night)	High end of range	35.3	ng/mg	0 - 42
	24hr Free Cortisol	Above range	196.0	ug	80 - 185
	24hr Free Cortisone	Within range	318.0	ug	220 - 400
Cortisol Metabolites and DHEAS					
	b-Tetrahydrocortisol (b-THF)	Within range	1729.0	ng/mg	1050 - 2070
	a-Tetrahydrocortisol (a-THF)	Low end of range	107.0	ng/mg	75 - 265
	b-Tetrahydrocortisone (b-THE)	Within range	2759.0	ng/mg	1550 - 3150
	Metabolized Cortisol (THF+THE)	Within range	4595.0	ng/mg	2750 - 5400
	DHEAS	Within range	98.0	ng/mg	23 - 350
Melatonin (*measured as 6-OH-Melatonin-Sulfate)					
	Melatonin* (Waking)	Below range	5.9	ng/mg	10 - 50



Her 24-hour free cortisone is normal, but free cortisol is high. You would want to see if she is taking licorice, which could have that effect. Melatonin is below the range, which is likely contributing to sleep issues, as cortisol suppresses melatonin.



CALIFORNIA CENTER *for*
FUNCTIONAL MEDICINE

CASE REVIEW REPORT OF FINDINGS

Patient Name: "Autumn"

Date: 10-18-16

Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Dysglycemia	Glucose, A1c, uric acid, TG	
Vitamin D deficiency	25(OH)D, PTH	
Impaired methylation?	Homocysteine	
Thyroid underconversion	T4/T3	
Immune dysregulation	WBC	
Insufficiency dysbiosis	DD CSAP	
Fungal overgrowth	DD CSAP	
H. pylori infection	BioHealth	
Probable celiac disease	Cyrex 3	
Hormone imbalance	DUTCH	Estrogen high relative to progesterone
HPA-D	DUTCH	High free cortisol
Low melatonin	DUTCH	

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Recommendations for further testing

TEST	PURPOSE	COMMENTS
THD panel	Follow up on lipids/metabolic	
Cyrex Array 4	Cross-reactive proteins	

Recommendations for Treatment

TREATMENT	PURPOSE	COMMENTS
Antimicrobial protocol	Fungal overgrowth, H. pylori, dysbiosis	See handout
EVCLD + fish + sun	Vitamin D	Re-test in 45 days
Strict gluten-free diet	Celiac	100%, no exceptions
HPA Balance	HPA-D/lower cortisol	
Phosphatidylserine	HPA-D/lower cortisol	
Stress management	HPA-D	See handout

<http://ccfmed.com>

Here is the report of findings for Autumn. Dysglycemia evidenced by glucose, A1c, uric acid, and triglycerides. Vitamin D deficiency by 25(OH)D and PTH. Impaired methylation with homocysteine. Thyroid under-conversion: T4-to-T3 conversion issue with T4 and T3. Immune dysregulation with low white blood cell count, likely. Insufficiency dysbiosis and fungal overgrowth from Doctor's Data stool test. H. pylori infection from BioHealth. Probable celiac disease with Cyrex Array 3. HPA axis dysfunction and low melatonin from DUTCH and hormone imbalance as well.

For follow-up testing, True Health Diagnostics* panel for lipids and metabolic markers. Cyrex Array 4 for cross-reactive proteins. Possibly Cyrex Array 5 you could add for autoimmune reactivity.

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

For treatment, you would want to do an antimicrobial protocol for fungal overgrowth, H. pylori, and dysbiosis. Extra-virgin cod liver oil plus increasing fish intake and sun exposure for vitamin D. Strict wheat- and gluten-free diet because of celiac. She needs to be 100 percent there, not 80/20, 90/10, or even 95/5. HPA Balance and phosphatidylserine for high free cortisol and stress management for HPA axis dysregulation.

Antimicrobial protocol

Nutriceutical	Dosage
GI Synergy	1 packet BID (<i>with breakfast and dinner</i>)
Lauricidin	1 scoop TID (<i>with each meal</i>)
Interfase Plus	3-4 capsules BID (<i>on empty stomach</i>)
PHGG	5 grams/d taken (<i>with dinner</i>)
Prescript Assist	1 BID (<i>upon rising and before bed</i>)
MegaSporeBiotic	1 capsule (<i>with lunch</i>)
Sulfurophane	150 mg BID with breakfast and dinner
Saccharomyces boulardii	3-4 billion CFU BID at lunch and before bed
A-FNG	Slowly build to 20-30 drops BID w/meals, as tolerated

Here is the antimicrobial protocol. It is the core protocol plus sulforaphane and Saccharomyces boulardii for H. pylori. Saccharomyces boulardii is doing double duty for H. pylori and fungal overgrowth. Then A-FNG for fungal overgrowth. If you're not successful for H. pylori, you may need to add mastic gum, DGL, cranberry juice, and then proceed to pharmaceuticals if that doesn't work.

Okay, that's it for part one. We'll be back with some more case assignments for part two next week.