

## Full Case Reviews II - Part Two

Okay, the next patient is a 28-year-old female. We'll call her "Jeannie."



**Jeannie**  
Initial Consult

**28 y.o. Female** CC: Salicylate and amine intolerance.

In **childhood** eczema, ear infections, colic, bloating

**Significant stress** in childhood and through college. Her parents lost their house and she put herself through college, worked a stressful job.

**Dad** diagnosed with brain cancer.

2010: Elevated **liver enzymes**

2011: Persistent elevation of liver enzymes

2011: **Mirena IUD** after having nausea with OCPs

2012: **Celiac** diagnosed by biopsy

2013: **Paleo**. Then tried **SCD** but experienced significant pain and **weight loss**

2014: **Failsafe diet** with no salicylates or amines.

Her chief complaint was salicylate and amine intolerance. During her childhood, she had eczema, ear infections, colic, and bloating. She had significant stress throughout childhood and college. Her parents lost their house, and she put herself through school and worked a stressful job. Her dad was diagnosed with brain cancer. In 2010, she had elevated aminotransferases, and this was persistent through 2011. In 2011, she also had an IUD after nausea with oral contraceptives. Diagnosed with celiac in 2012. In 2013, she went Paleo and tried SCD but experienced significant pain and weight loss. In 2014, she started the Failsafe diet, which is a diet that is low in salicylates and amines, and did get relief with this approach, but it is extremely restrictive.

**CC:**  
Salicylate and amine intolerances

**Focused PMH:**  
In childhood eczema, ear infections, colic, bloating

Significant stress in childhood and through college -- her parents lost their house and she put herself through college, worked a stressful job. Dad diagnosed with brain cancer.

2010 - elevated liver enzymes  
 2011 - persistent elevation of liver enzymes  
 2011 - Mirena IUD after having nausea with OCPs  
 2012 - Celica diagnosed by biopsy.

2013- Paleo  
 Then tried SCD but experienced significant pain and weight loss.  
 2014 - Failsafe diet with no salicylates or amines

Has done a number of "rain drop therapy" -- essential oils on her spine, but this would lead to "galbladder attacks" with elevation in liver enzymes

MTHFR mutation

Currently uses NuvaRing

**Assessment and Plan:**

It was a pleasure speaking with you. Below is a summary of the recommended tests we discussed. You will receive an invoice within one to two business days.

- Case review blood panel, which is a standard set of labs including complete blood count, electrolytes, cholesterol, and iron panel.
- Evaluate for dysbiosis with Doctor's Data and BioHealth stool tests and evaluate for SIBO using a breath test which detects both hydrogen and methane gas.
- Organic acids test to further evaluate for dysbiosis, and also to assess cellular energy production, vitamin B status, oxidative stress and detoxification capacity.
- Complete hormone profile to evaluate hormone levels and ratios and to screen your functional methylation. This test will also assess your daily cortisol rhythm and cortisol metabolites to assess your stress response.
- For evaluation of your genetic predisposition towards methylation, please go to <http://geneticgenie.org>, and click on Methylation Analysis. Select Connect with 23andme, and accept the dialog box. Save your results as a PDF and upload through the patient portal.

Please send us a message through the portal if you have any questions. We look forward to working with you.

Best regards,  
Amy Nett, MD

SIGNED

**Assessment** Diagnosis

Prim. Celiac disease (579.0 - ICD9)  
 Gas/bloating (787.3 - ICD9)  
 Personal history of allergy to other foods (V15.05 - ICD9)

**Plan** Rx/ Orders/ Vaccines

ORD DD CSAP x3

ORD DUTCH Comp Hormone

ORD BioHealth #401H

ORD NUNM SIBO

ORD GPL OAT

ORD CR Blood Panel [LabCorp] (F) (pre 6-29-16)

**Charges / Payments**

**Unsign** **Exit**

Date Signed 05/26/15 by Amy Nett

Attach Document or Image

AutoDraft Last Saved: 05/28/15 08:34:21

Let admins know that note is ready for them to handle

Follow up in  weeks **Go**

+ Append a Comment

+ Append Follow-Up SOAP Note

**The text of this note is NOT visible to the patient.** If you would like all or part of the note to be visible to the patient you must unsign the note and re-sign it.

We did a basic case review panel of tests. Nothing additional or special here.

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

- salicylate and amine intolerance (emotional and physical symptoms it causes)
- Sphincter of Oddi Disorder
- Other food intolerances
- Celiac (not really a concern)
- 

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower abdominal pain relieved by passing stool or gas	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category II	0	1	2	3
Increasing frequency of food reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Unpredictable food reactions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aches, pains, and swelling throughout the body	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Unpredictable abdominal swelling	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Frequent bloating and distention after eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Abdominal intolerance to sugars and starches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category III	0	1	2	3
Intolerance to smells	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to jewelry	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to shampoo, lotion, detergents, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Multiple smell and chemical sensitivities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Constant skin outbreaks	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category IV	0	1	2	3
Excessive belching, burping, or bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Gas immediately following a meal	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offensive breath	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty digesting fruits and vegetables; undigested food found in stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Category V</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
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 type="radio"/>	<input checked="" type="radio"/>
Heartburn when lying down or bending forward	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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"/>
<b>Category VI</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Roughage and fiber cause constipation	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive passage of gas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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"/>
<b>Category VII</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Greasy or high-fat foods cause distress	<input checked="" type="radio"/>	<input 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of gallbladder attacks or stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Have you had your gallbladder removed?				

On her metabolic assessment form here, she listed celiac but listed that it is not really a concern because she is on a very strict gluten-free diet. She also had sphincter of Oddi disorder, and then, of course, she lists salicylates and other food intolerances as well.

Note that she has several gut symptoms. She feels hungry an hour or two after eating and a history of gallbladder attacks and stones with the sphincter of Oddi disorder.

Category VIII	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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormone imbalances	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 IX	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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating relieves fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
Blurred vision	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category X	0	1	2	3
Fatigue after meals	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 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 checked="" type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XI	0	1	2	3
Cannot stay asleep	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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"/>

Several symptoms in the GI, blood sugar, and HPA axis categories.

Category XV	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 checked="" 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 XVI	0	1	2	3
Diminished sex drive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual disorders or lack of menstruation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased ability to eat sugars without symptoms	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVII	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"/>
"Splitting" - type headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XVIII (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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain inside of legs or heels	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg twitching at night	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIX (Males Only)	0	1	2	3
Decreased libido	<input checked="" 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"/>
<b>Category XX (Menstruating Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Perimenopausal	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Alternating menstrual cycle lengths	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Extended menstrual cycle (greater than 32 days)	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
Shortened menstrual cycle (less than 24 days)	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<b>Pain and cramping during periods</b>	<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 type="radio"/>
<b>Heavy blood flow</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Breast pain and swelling during menses</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Pelvic pain during menses</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Irritable and depressed during menses</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Acne</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Facial hair growth</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hair loss/thinning</b>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Category XXI (Menopausal Females Only)</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
How many years have you been menopausal?	<input type="text"/> years			
Since menopause, do you ever have uterine bleeding	<input type="radio"/> Yes	<input type="radio"/> No		
Hot flashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental fogginess	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinterest in sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painful intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrinking breasts	<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"/>
Acne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased vaginal pain, dryness, or itching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not much on these two pages of the assessment.

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:

Amitriptyline 50mg for IBS/SOD  
Nuva ring- birth control

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

Digestive Enzymes

I left some questions unanswered because I was not sure how to answer. About constipation: I am constipated if I don't eat enough fiber. I make sure to drink a lot of water with my apple/pear/lettuce shake. Without the shake I am very constipated.

No alcohol, caffeine, or eating out. Severely restricted diet. No mercury amalgams past or present. She is taking amitriptyline for IBS and sphincter of Oddi and NuvaRing for contraception.

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 type="radio"/>	<input checked="" type="radio"/>
Eat Out at Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vegetable Oils (Sunflower, Safflower, Canola, Corn, Soy)	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
Olive Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Avocados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Saturated Fats (Butter, Ghee, Lard, Coconut, Palm, Tallow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Pasteurized Dairy (Check: <input checked="" type="checkbox"/> Nonfat, <input checked="" type="checkbox"/> Low-Fat, <input checked="" type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs (Check: <input type="checkbox"/> Free-Range, <input type="checkbox"/> Pastured, <input type="checkbox"/> Organic, or <input type="checkbox"/> Conventional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Red Meat (Beef, Lamb)	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Non-Starchy Vegetables (Greens, Squash, Carrots)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Starchy Vegetables (Potatoes, Yams, Sweet Potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fresh Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Beans and Legumes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whole Grains and Whole Grain Breads (Wheat, Gluten)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input type="checkbox"/> Dark)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Herbal Teas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Coffee (Check: <input type="checkbox"/> Regular or <input type="checkbox"/> Decaffeinated)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Caffeinated Teas (Check: <input type="checkbox"/> Black or <input type="checkbox"/> Green)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Salt (Check: <input 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      **FAILSAFE** Please Explain  
 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:

- 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

<input 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 checked="" type="checkbox"/> <b>Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)</b>
<input checked="" type="checkbox"/> <b>Emotional eater (when sad, bored)</b>	<input type="checkbox"/> Have a negative relationship to food
<input type="checkbox"/> Diet often for weight control	<input type="checkbox"/> Struggle with eating issues or history of eating disorders
<input checked="" type="checkbox"/> <b>Eat too much or too little under stress</b>	

**Additional Comments**

I do eat a cooked pear and apple and fresh iceberg lettuce blended together with water everyday. This keeps me regular. Without this I am very constipated (I would go once every 2 or 3 days).

I like to eat large portions  
 I think if my meals had more micro-nutrients I wouldn't be so hungry or I wouldn't want to eat such large portions.

I gained 35lbs by eating frozen yogurt. I am down to one a week. By the time I see you it should be completely eliminated from my diet. I am working out at least 3x a week now.

Diet survey shows how restricted her diet is due to the salicylate and amine intolerance. The Failsafe diet is really one of the most restrictive diets there is. Failsafe, if you're not familiar with it, stands for free of additives, low in salicylates, amines, and flavor enhancers. You can just Google it and get quite a bit of information about it. It does tend to help people a lot when they have salicylate and amine intolerance, but the problem is it is really only addressing the symptoms. We want to try to figure out what is causing the salicylate and amine intolerance if possible so the patient doesn't have to be on an uber-restrictive diet for the rest of their life.

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).

9am  
 White rice  
 green peas  
 meat (chicken breast or grass fed beef)  
 Sometimes garbanzo beans even though it causes bloating (I crave beans all the time)  
 I cook with canola oil, garlic, saffron and sometimes small amounts of soy sauce

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

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

This can vary  
 2pm-3pm  
 White rice  
 green peas  
 meat (chicken breast or grass fed beef)  
 Sometimes garbanzo beans even though it causes bloating (I crave beans all the time)  
 I cook with canola oil, garlic, saffron and sometimes small amounts of soy sauce

Sometimes I will have frozen yogurt. I'm trying to eliminate that from my diet. I understand all the reasons why I need to.

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

Frozen yogurt

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

6pm-10pm  
 White rice  
 green peas  
 meat (chicken breast or grass fed beef)  
 Sometimes garbanzo beans even though it causes bloating (I crave beans all the time)  
 I cook with canola oil, garlic, saffron and sometimes small amounts of soy sauce

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

Depends how late or early I ate dinner  
 7pm-11pm  
 White rice  
 green peas  
 meat (chicken breast or grass fed beef)  
 Sometimes garbanzo beans even though it causes bloating (I crave beans all the time)  
 I cook with canola oil, garlic, saffron and sometimes small amounts of soy sauce

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

I usually will eat it as a meal. I have cut it down to once per week and I will eliminate it completely.

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

I like to eat before bed. Sometimes I wake up in the middle of the night hungry for carbs.

**Additional Comments**

I make a shake everyday with 1 cooked peeled golden delicious apple and 1 cooked peeled pear and 3 cups of lettuce and 4 cups of water and I drink it through out the day. When I drink it through out the day, the pear doesn't really cause bloating. The shake as been causing mild acid reflux (weird). I cook the apple and pear because I get an itchy throat if I eat them raw.

Here is what it kind of looks like in practice. For breakfast, she has white rice, green peas, and some kind of meat, sometimes garbanzo beans, and cooks with canola oil because a lot of the traditional fats are not allowed on the Failsafe diet. She basically has the same thing for lunch and the same thing for dinner, so you could see how this would get very old very quickly.

**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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Gulf War Syndrome	<input type="radio"/>	<input checked="" type="radio"/>
Chemical Sensitivity	<input checked="" type="radio"/>	<input 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"/>

Pfeisteria	<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"/>

No significant environmental exposures, though she is not sure if she has been exposed to a water-damaged building.

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.):

Abraham Hicks  
 Meditation  
 Working out  
 Music  
 Health/Nutrition

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

Salicylate and Amine Intolerance: causes sphincter of Oddi to spasm, anxiety, paranoia, and extreme anger.  
 GI doctors believe I have Sphincter of Oddi Disorder caused by my Cholecystectomy in 12/2011-SOD is not confirmed because I did not have a sphincter of Oddi manometry done to measure the pressure of the sphincter. They believe it could be SOD because I had a Cholecystectomy, I had an ultrasound endoscopy and no stones were found that could be causing the pain, also morphine causes pain there an there have been studies testing how morphine induces spasms of the Sphincter of Oddi. If taken early enough, Xanax can take the pain away. I take amitriptyline at night and that has helped with the pain but if I eat foods with salicylates and amines I will get attacks despite taking the amitriptyline. GI doctors don't understand the SOD and Sal and amine connection. I also have a history of elevated liver enzymes which could be due to the Celiac and/or SOD.

Bloating: beans, cabbage, lentils, pears, dairy (cheese doesn't really bother me)

Celiac (not a concern-easy to deal with)-diagnosed 2/2012

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

2010 Elevated liver enzymes- cause unknown  
 11/2011 Gall stones  
 12/2011 Cholecystectomy  
 2/2012 Celiac (biopsy)  
 Between 1/2012-4/2012 All kinds of blood tests, MRI's, CAT Scans, ultrasounds, etc were performed to try to find the cause of the pain.  
 6/2012 GI doctor says I most likely have SOD because they did so many tests and could not find the source of my stomach spasms (pain can be felt through morphine)

I got really sick after my Cholecystectomy. Right after the surgery, I experienced symptoms from Celiac (diarrhea) -I never had noticeable symptoms after eating gluten after my surgery. I also experienced the SOD attacks that feel similar to my gallbladder attack before my surgery.

I believe the sal and amine intolerance is affecting my CNS which then affects my sphincter of Oddi. That's the only thing I can think off. I have gene mutations that can cause sal and amine intolerances. All this happened after my surgery. I think I was intolerant for a few years before my surgery because of my anxiety and anger. Once I took them out of my diet I feel like a different person. I am rational and I don't really get angry or anxious or depressed anymore. Only if I consum too many Sals and Amines.

There's something not happening right in my body, like a cycle that is not happening properly and it's causing a domino effect.

I would like to be able to eat fruits and vegetables, healthy oils, spices, supplements like protein powders, fish (amines), frozen meat, wear perfume, clean my house without reacting the next day, etc and at the same time be free of the stomach attacks.

If I eat sals and amines and then workout, the intensity of the workout will case an attack. If I eat foods containing sals and amines, listening to music or turning on the heat in the car can cause a stomach attack, even getting really upset or feeling anxious. I guess anything that excited my nervous system can cause an attack if I've been eating sals and amines.

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

Low sal and amine diet  
 Amitriptyline  
 Xanax  
 Meditation  
 Sleep (not enough sleep can bring on pain) if I eat sals and amines

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

Anything with high sals and amines or stimulants:  
 Paleo  
 SCD  
 Candida diet  
 Protein powders  
 L Glutamine  
 Essential oils  
 Herbs and Teas  
 Preworkouts- sals and stimulants  
 Gelatin

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

See #3

**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?

GI doctors don't understand the affects of sal and amine intolerances  
 They should have patients do a sal and amine elimination diet

I they don't understand how gene mutations can cause certain symptoms  
 They treat symptoms instead of the underlying causes  
 I believe all doctors should be trained as functional medicine

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

#1. Good intuition and guidance (spiritual).  
 #2. Cares.  
 Different.  
 Has new ideas.  
 Creative.  
 Loves what they do.

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

I am hoping 3-6 months at the most.

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 love feeling healthy. I love eating healthy. I love feeling psychologically well balanced. I love the feeling of well-being.

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

I only want to think positive. I only want to think about my 100% recovery.

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

Ever since I have been on a very strict diet I have an obsession with food and I am an emotional eater.

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

I try to enjoy my work most of the time. My work contributes to my health problems as much as I allow it. I just need to focus on meditating. I want to focus on all the positive aspects of my work. I love to learn about what can help me feel happy, calm, relaxed.

9) Do you have a purpose in life?

Yes, to enjoy life. To have fun and love. I like coaching people about spirituality, health/nutrition and well-being. I love music and dance.

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

Listening to and reading materials by Abraham Hicks (The Law of Attraction)  
 Writing lists of positive aspects  
 Meditating  
 Focusing on feeling good emotionally

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

Very emotional.

Sphincter of Oddi disorder lead to a cholecystectomy in 2001, and sphincter of Oddi was not actually confirmed, however. Amitriptyline at night helps with pain but has to be really strict on salicylate and amine avoidance or she will have a lot of pain. History of elevated aminotransferases, probably due to celiac. Failsafe diet is one of the few things that has ever helped her other than meditation and medication. She is extremely committed to getting well. Wrote a 10 here. She is still fairly young and just wants to not live this way for the rest of her life.

Marker	Value	Functional Range	Lab Range
Glucose	77	75 - 90	65 - 99
Hemoglobin A1c	5.6	4.4 - 5.4	4.8 - 5.6
Uric Acid	3.8	3.2 - 5.5	2.5 - 7.1
BUN	11	13 - 18	6 - 20
Creatinine	0.66	0.7 - 1.0	0.57 - 1.00
BUN/Creatinine Ratio	17	9 - 23	9 - 23
Sodium	140	135 - 140	134 - 144
Potassium	4.4	4.0 - 4.5	3.5 - 5.2
Chloride	100	100 - 106	97 - 108
C02	21	25 - 30	18 - 29
Calcium	9.4	9.2 - 10.1	8.7 - 10.2
Phosphorus	3.4	3.0 - 4.0	2.5 - 4.5
Magnesium	1.9	2.0 - 2.6	1.6 - 2.6
Protein, total	6.9	6.9 - 7.4	6.0 - 8.5
Albumin	4.2	4.0 - 5.0	3.5 - 5.5
Globulin	2.7	2.4 - 2.8	1.5 - 4.5
A/G ratio	1.6	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.2	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	58	42 - 107	39 - 117
LDH	134	140 - 180	119 - 226
AST	18	0 - 23	0 - 40
ALT	12	0 - 20	0 - 32
GGT	4	0 - 21	0 - 60
TIBC	424	275 - 425	250 - 450
UIBC	315	175 - 350	150 - 375
Iron	109	40 - 135	35 - 155
Iron saturation	26	17 - 45	15 - 55
Ferritin	114	30 - 100	15 - 150
Vitamin B-12	298	450 - 2000	211 - 946
Vitamin D, 25-hydroxy	26.3	35 - 60	30.0 - 100.0
Cholesterol, total	182	150 - 230	100 - 199
Triglycerides	56	50 - 100	0 - 149
HDL	76	55 - 85	> 39
LDL	95	0 - 140	0 - 99
T. Chol / HDL Ratio	2.4	< 3	0 - 4.4
Triglycerides / HDL Ratio	0.74	< 2	< 3.8

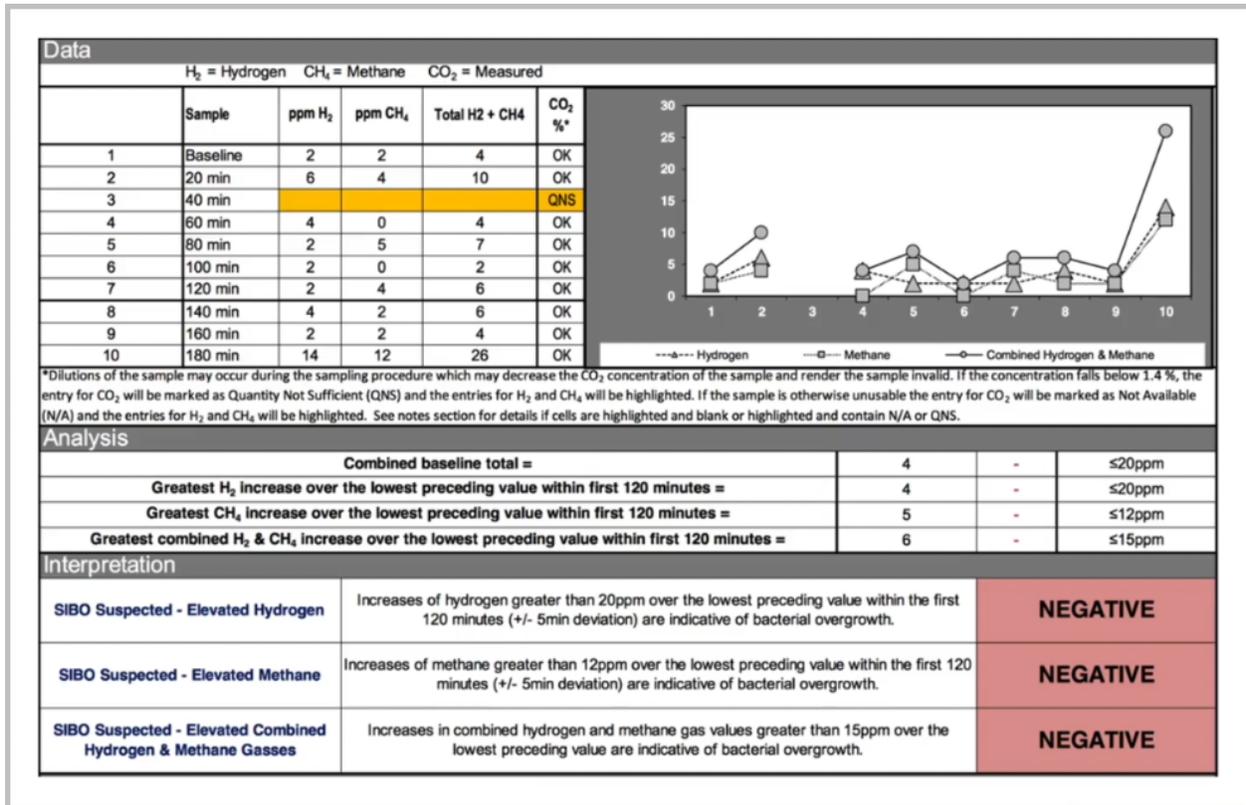
Marker	Value	Functional Range	Lab Range
CRP-hs	8	< 1.0	0.00 - 3.00
Homocysteine	7.2	< 7.0	0.0 - 15.0
TSH	1.740	0.5 – 2.0	0.45 - 4.500
T4, total	10.6	6.0 – 12	4.5 - 12.0
T3 Uptake	19	28 - 35	24 - 39
T3, Total	208	100 – 180	71 - 180
Copper	220	81 - 157	72 - 166
Zinc	111	64 - 126	56 - 134
Zinc / Copper Ratio	0.50	> 0.85	
Serum Methylmalonic Acid (MMA)	140	< 300	0 - 378
WBC	5.7	5.0 – 8.0	3.4 - 10.8
RBC	4.30	4.4 – 4.9	3.77 - 5.28
Hemoglobin	12.0	13.5 - 14.5	11.1 - 15.9
Hematocrit	36.7	37 - 44	34 - 46.6
MCV	85	85 – 92	79 - 97
MCH	27.9	27.7 – 32.0	26.6 - 33.0
MCHC	32.7	32 – 35	31.5 - 35.7
RDW	13.0	11.5 – 15.0	12.3 - 15.4
Platelets	385	150 – 379	150 - 379
Neutrophils	54	40 – 60	
Lymphocytes	29	25 – 40	
Monocytes	10	4.0 – 7.0	
Eosinophils	7	0.0 – 3.0	
Basophils	0	0.0 – 3.0	

Blood work is somewhat unremarkable. There are definitely some issues to talk about, but she had high ferritin, not out of the lab range but above the optimal range. Pretty high CRP at 8. Her copper was actually out of the lab range at 220, which is significantly elevated. Of course, a low copper-to-zinc ratio. Even though her zinc was toward the upper end of the range, her copper was relatively higher. Then she has high platelets, so all of that is pointing toward inflammation.

She has borderline low B12 at 298, low 25(OH)D at 26, borderline low magnesium at 1.9 indicating nutrient deficiency. She has a high total T3 level at 208 and normal TSH. There is something going on with the thyroid. Low T3 uptake. One possible cause could be high estrogens, which can be related to birth control use.

Borderline red blood cell, hemoglobin, and hematocrit. It could indicate functional anemia and would likely be B12 or folate deficiency because of her serum B12 levels here, but curiously, her MCV is normal, and if anything, it is on the low end of the range, which would be more consistent with iron deficiency. Her iron saturation is toward the low end at 26 percent, but other than that, there are no other markers of iron deficiency.

We would want to run a ceruloplasmin and 24-hour urine copper on this patient to check for copper toxicity, since her copper is so elevated. It could be inflammation, but we, of course, want to rule these other things out, especially given the severity of her symptoms. We would want to do free T3, free T4, and thyroid antibodies as a follow-up on thyroid and then retest her platelets.



SIBO results were negative.

## Comprehensive Stool Analysis / Parasitology x3

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

**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	
<b>Result:</b>	<b>Expected:</b>
<input type="checkbox"/> None	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**

**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.



### Comprehensive Stool Analysis / Parasitology x3

DIGESTION / ABSORPTION			
	Within	Outside	Reference Range
Elastase	> 500		> 200 µg/mL
Fat Stain	None		None - Mod
Muscle fibers	None		None - Rare
Vegetable fibers	Rare		None - Few
Carbohydrates	Neg		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	0.8		< 7.3 µg/mL
Calprotectin*	< 10		<= 50 µg/g
Lysozyme*	483		<= 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*	92.1		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.

*Comprehensive Stool Analysis / Parasitology x3*

SHORT CHAIN FATTY ACIDS			
	Within	Outside	Reference Range
% Acetate	71		40 - 75 %
% Propionate	18		9 - 29 %
% Butyrate	10		9 - 37 %
% Valerate	0.7		0.5 - 7 %
Butyrate	1.1		0.8 - 4.8 mg/mL
Total SCFA's	10		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		5.6	6 - 7.8
Occult Blood		Pos	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.

Fecal pH was a little low at 5.6, and occult blood was positive. As you recall, I don't really trust the occult blood assay with this panel, so I would retest with LabCorp.

<b>GI Pathogen Screen with H. pylori Antigen - 401H</b>	
<b>Parameter</b>	<b>Result</b>
<b>*** Stool Culture ***</b>	
Preliminary Report	Normal flora after 24 hours
Final Report	* Escherichia coli isolated *
Amount of Growth	Abundant
<b>*** Ova &amp; Parasites ***</b>	
Ova & Parasites #1	No Ova/Parasites detected
Ova & Parasites #2	No Ova/Parasites detected
Ova & Parasites #3	No Ova/Parasites detected
Ova & Parasites #4	No Ova/Parasites detected
Trichrome Stain	No Ova/Parasites detected
<b>*** Stool Antigens ***</b>	
Cryptosporidium Antigen	* Detected *
Giardia lamblia Antigen	Not detected
<b>*** Additional Tests ***</b>	
Fungi	No fungi isolated
C. difficile Toxin A	Not detected
C. difficile Toxin B	Not detected
Yeast	No yeasts isolated
Occult Blood	Not detected
<b>***Helicobacter Pylori Stool Antigen***</b>	
H. pylori Antigen	Not detected
<p style="font-size: small;">This stool analysis determines the presence of ova and parasites such as protozoa, flatworms, and roundworms; Cryptosporidium parvum, Entamoeba histolytica, and Giardia lamblia antigens; bacteria, fungi (including yeasts), and occult blood; and Clostridium difficile colitis toxins A and B. Sensitivity to pathogenic organisms will be reported as necessary.</p>	

BioHealth found Cryptosporidium, however. This is another reminder why it is important to run both of these tests.



## Organic Acids Test - Nutritional and Metabolic Profile

Metabolic Markers in Urine      Reference Range (mmol/mol creatinine)      Patient Value      Reference Population - Females Age 13 and Over

### Intestinal Microbial Overgrowth

#### Yeast and Fungal Markers

Marker	Reference Range	Patient Value	Reference Population
1 Citramalic	≤ 3.6	1.8	1.8
2 5-Hydroxymethyl-2-furoic	≤ 14	0.11	0.11
3 3-Oxoglutaric	≤ 0.33	0	0.00
4 Furan-2,5-dicarboxylic	≤ 16	0.06	0.06
5 Furancarboxylglycine	≤ 1.9	0	0.00
6 Tartaric	≤ 4.5	0	0.00
7 Arabinose	≤ 29	<b>H</b> 30	30
8 Carboxycitric	≤ 29	2.1	2.1
9 Tricarballic	≤ 0.44	0.03	0.03

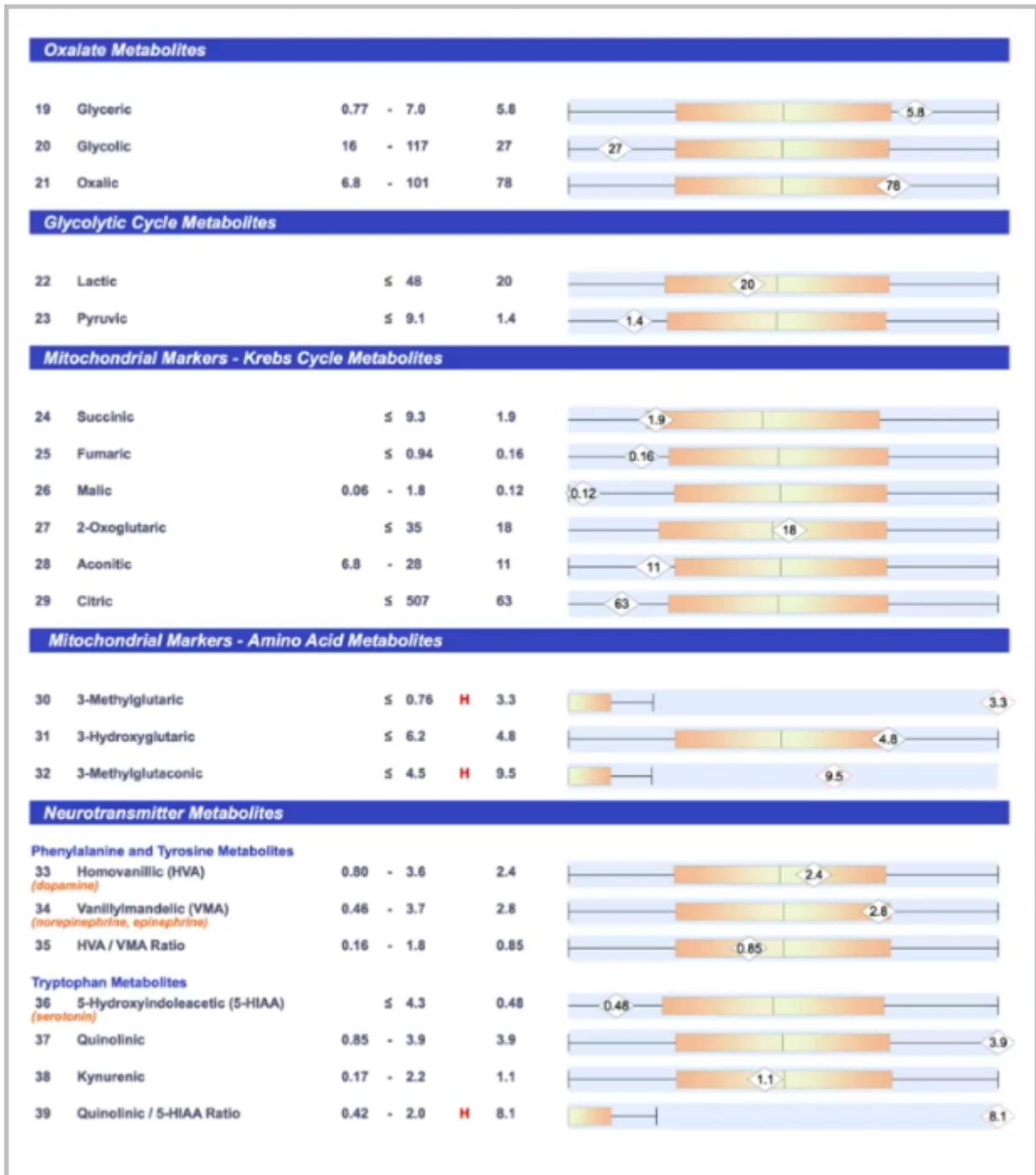
#### Bacterial Markers

Marker	Reference Range	Patient Value	Reference Population
10 Hippuric	≤ 613	199	199
11 2-Hydroxyphenylacetic	0.06 - 0.66	<b>H</b> 0.90	0.90
12 4-Hydroxybenzoic	≤ 1.3	0.13	0.13
13 4-Hydroxyhippuric	0.79 - 17	4.3	4.3
14 DHPPA (Beneficial Bacteria)	≤ 0.38	0.13	0.13

#### Clostridia Bacterial Markers

Marker	Reference Range	Patient Value	Reference Population
15 4-Hydroxyphenylacetic <i>(C. difficile, C. stricklandii, C. lituseburense &amp; others)</i>	≤ 19	8.2	8.2
16 HPPHA <i>(C. sporogenes, C. caloritolerans, C. botulinum &amp; others)</i>	≤ 208	15	15
17 4-Cresol <i>(C. difficile)</i>	≤ 75	1.6	1.6
18 3-Indoleacetic <i>(C. stricklandii, C. lituseburense, C. subterminale &amp; others)</i>	≤ 11	0.75	0.75

Testing performed by The Great Plains Laboratory, Inc., Lenexa, Kansas. The Great Plains Laboratory has developed and determined the performance characteristics of this test. This test has not been evaluated by the U.S. FDA; the FDA does not currently regulate such testing.



Arabinose is one point out of the range. Again, I don't think that is significant enough to treat on its own. Did have one marker of bacterial overgrowth, and then quinolinic 5-HIAA is elevated, again confirming inflammatory response. She also had some markers of mitochondrial dysfunction, which we are not going to go into detail here because we didn't cover that.

**Pyrimidine Metabolites - Folate Metabolism**

40	Uracil	≤ 9.7	8.6	
41	Thymine	≤ 0.56	0.24	

**Ketone and Fatty Acid Oxidation**

42	3-Hydroxybutyric	≤ 3.1	0.51	
43	Acetoacetic	≤ 10	0	
44	4-Hydroxybutyric	≤ 4.8	1.5	
45	Ethylmalonic	0.44 - 2.8	1.2	
46	Methylsuccinic	0.10 - 2.2	0.84	
47	Adipic	0.04 - 3.8	2.0	
48	Suberic	0.18 - 2.2	1.4	
49	Sebacic	≤ 0.24	0	

**Nutritional Markers**

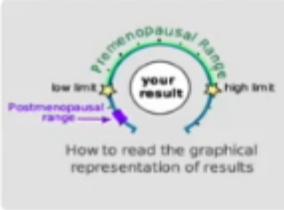
<b>Vitamin B12</b>				
50	Methylmalonic ●	≤ 2.3	0.45	
<b>Vitamin B6</b>				
51	Pyridoxic (B6)	≤ 34	6.3	
<b>Vitamin B5</b>				
52	Pantothenic (B5)	≤ 10	4.5	
<b>Vitamin B2 (Riboflavin)</b>				
53	Glutaric ●	0.04 - 0.36	0.28	
<b>Vitamin C</b>				
54	Ascorbic	10 - 200	L 0	
<b>Vitamin Q10 (CoQ10)</b>				
55	3-Hydroxy-3-methylglutaric ●	0.17 - 39	12	
<b>Glutathione Precursor and Chelating Agent</b>				
56	N-Acetylcysteine (NAC)	≤ 0.28	0.09	
<b>Biotin (Vitamin H)</b>				
57	Methylcitric ●	0.19 - 2.7	0.99	



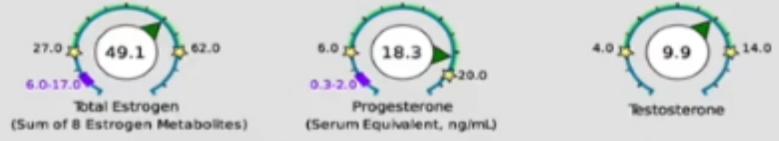
Nothing of note on these pages here.

### Hormone Testing Summary

All units are given in ng/mg creatinine

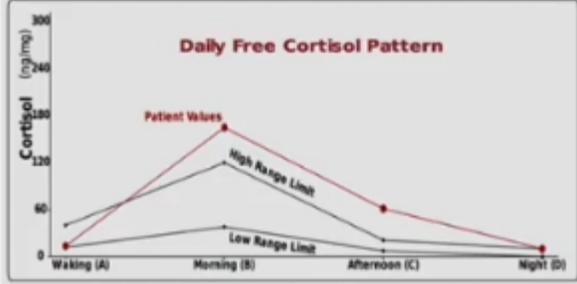


#### Sex Hormones See Pages 2 and 3 for a thorough breakdown of sex hormone metabolites



Progesterone Serum Equivalent is a calculated value based on urine pregnanediol. This value may not accurately reflect serum when progesterone is taken by mouth.

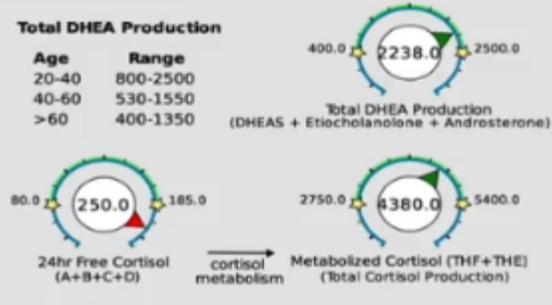
#### Adrenal Hormones See pages 4 and 5 for a more complete breakdown of adrenal hormones



Free cortisol best reflects tissue levels. Metabolized cortisol best reflects total cortisol production.

#### Total DHEA Production

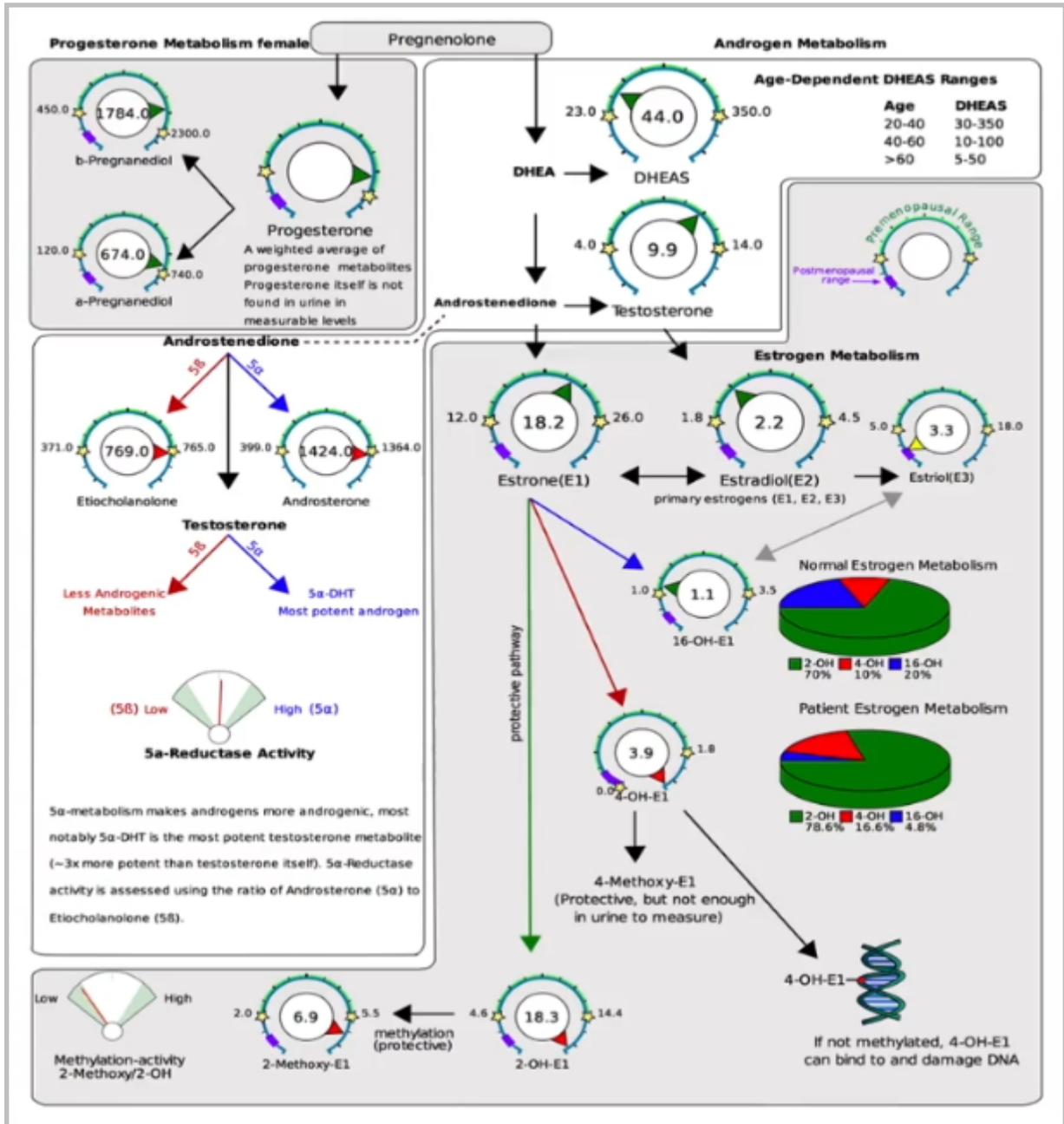
Age	Range
20-40	800-2500
40-60	530-1550
>60	400-1350



cortisol metabolism

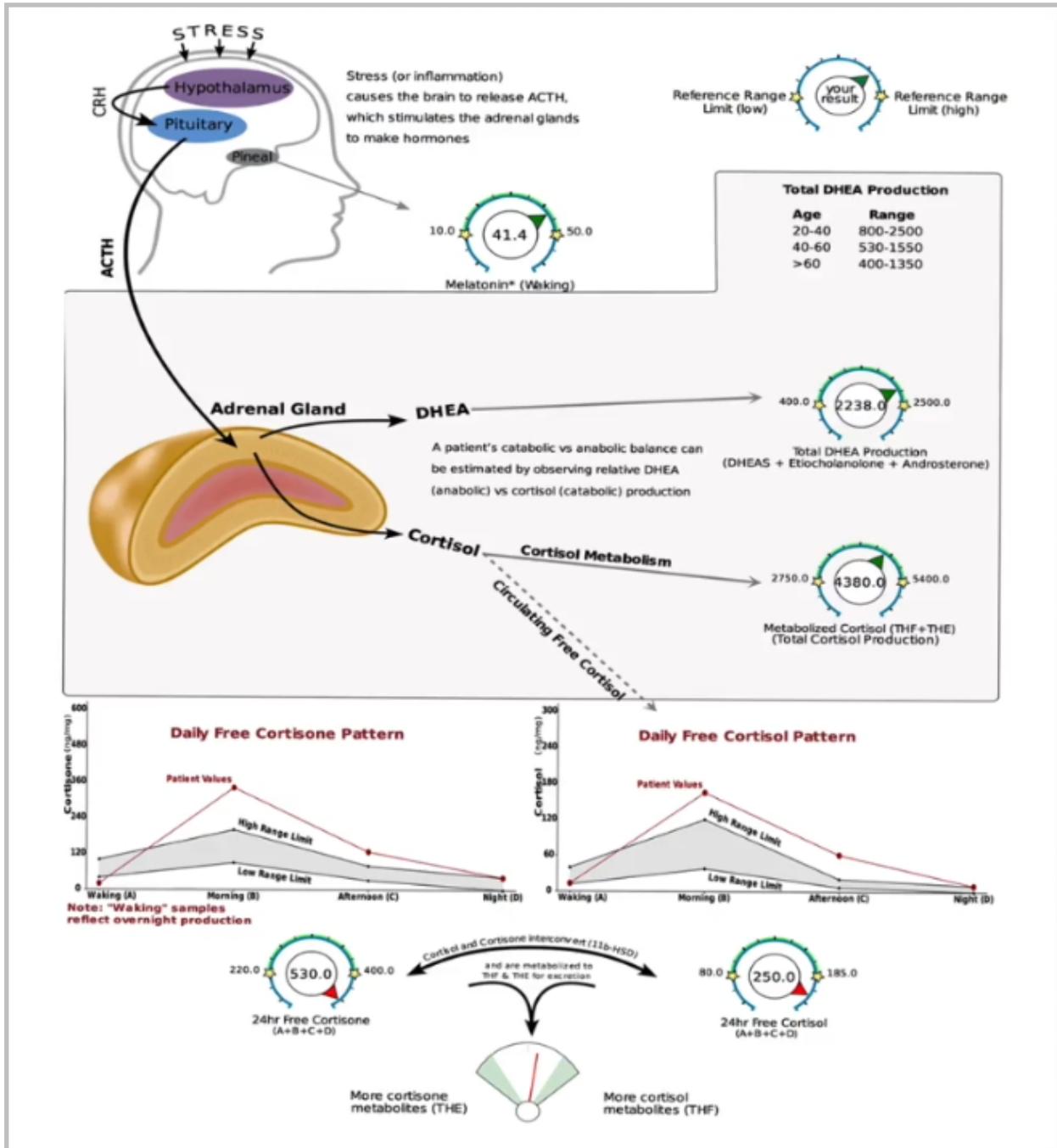
Category	Test	Result	Units	Normal Range	
<b>Progesterone Metabolism</b>					
<small>Premenopausal, luteal range shown.* See below for other ranges. (Unless taking oral Pg)</small>					
	b-Pregnanediol	Within range	1784.0 ng/mg	450 - 2300	
	a-Pregnanediol	High end of range	674.0 ng/mg	120 - 740	
<b>Androgen Metabolism</b>					
	DHEAS	Low end of range	44.0 ng/mg	23 - 350	
	Androsterone	Above range	1424.0 ng/mg	399 - 1364	
	Etiocholanolone	Above range	769.0 ng/mg	371 - 765	
	Testosterone	Within range	9.9 ng/mg	4 - 14	
	5a-DHT	Within range	5.6 ng/mg	0 - 8.8	
	5a-Androstenediol	Within range	22.7 ng/mg	12 - 30	
	5b-Androstenediol	Low end of range	27.1 ng/mg	20 - 75	
	Epi-Testosterone	Low end of range	5.4 ng/mg	4.5 - 22.3	
<b>Estrogen Metabolites</b>					
	Estrone(E1)	Within range	18.2 ng/mg	12 - 26	
	Estradiol(E2)	Low end of range	2.2 ng/mg	1.8 - 4.5	
	Estriol(E3)	Below premenopausal range	3.3 ng/mg	5 - 18	
	2-OH-E1	Above range	18.3 ng/mg	4.6 - 14.4	
	4-OH-E1	Above range	3.9 ng/mg	0 - 1.8	
	16-OH-E1	Low end of range	1.1 ng/mg	1 - 3.5	
	2-Methoxy-E1	Above range	6.9 ng/mg	2 - 5.5	
	2-OH-E2	Within range	0.74 ng/mg	0 - 1.2	
<b>Normal Ranges</b>					
		<b>Luteal</b>	<b>Postmenopausal</b>	<b>Follicular</b>	<b>Ovulatory</b>
	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
<b>Oral Pg (100mg)</b>					
	a-Pregnanediol	120-740	15-50	580-3000	25-100
	b-Pregnanediol	450-2300	60-200	2000-9000	100-300

Her 24-hour free cortisol on DUTCH was high at 250. The upper end of the range is 185, so that is significantly elevated. Metabolized cortisol is normal. Total DHEA production is normal, and her sex hormones were all normal.



Category	Test	Result	Units	Normal Range
<b>Creatinine</b>				
	Creatinine A (Waking)	Within range	0.65	mg/ml 0.2 - 2
	Creatinine B (Morning)	Within range	0.61	mg/ml 0.2 - 2
	Creatinine C (Afternoon)	Within range	0.23	mg/ml 0.2 - 2
	Creatinine D (Night)	Below range	0.14	mg/ml 0.2 - 2
<b>Daily Free Cortisol and Cortisone</b>				
	Cortisol A (Waking)	Low end of range	13.5	ng/mg 12 - 40
	Cortisol B (Morning)	Above range	165.0	ng/mg 38 - 120
	Cortisol C (Afternoon)	Above range	61.3	ng/mg 7.3 - 21
	Cortisol D (Night)	High end of range	9.9	ng/mg 0 - 10
	Cortisone A (Waking)	Below range	20.1	ng/mg 40 - 100
	Cortisone B (Morning)	Above range	340.7	ng/mg 90 - 200
	Cortisone C (Afternoon)	Above range	127.4	ng/mg 32 - 80
	Cortisone D (Night)	High end of range	41.6	ng/mg 0 - 42
	24hr Free Cortisol	Above range	250.0	ug 80 - 185
	24hr Free Cortisone	Above range	530.0	ug 220 - 400
<b>Cortisol Metabolites and DHEAS</b>				
	a-Tetrahydrocortisol (a-THF)	Within range	189.0	ng/mg 75 - 265
	b-Tetrahydrocortisol (b-THF)	Within range	1660.0	ng/mg 1050 - 2070
	b-Tetrahydrocortisone (b-THE)	Within range	2531.0	ng/mg 1550 - 3150
	Metabolized Cortisol (THF+THE)	Within range	4380.0	ng/mg 2750 - 5400
	DHEAS	Low end of range	44.0	ng/mg 23 - 350
<b>Melatonin (*measured as 6-OH-Melatonin-Sulfate)</b>				
	Melatonin* (Waking)	Within range	41.4	ng/mg 10 - 50

Her estrogen here was a little bit elevated, her 4-OH-E1, and that is a proliferative metabolite that can also be a sign of impaired detox capacity. Her nonproliferative pathway metabolites are also a little bit high, so this could be an effect of birth control where her estrogens are normal, but her metabolism is upregulated.



Both free cortisone and free cortisol are high, and significantly high. The ratio between cortisol and cortisone is relatively balanced, so there is definitely an active stress response going on here.



CALIFORNIA CENTER *for*  
 FUNCTIONAL MEDICINE

## CASE REVIEW REPORT OF FINDINGS

**Patient Name:** "Jeanne"

**Date:** 10-4-16

### Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Inflammation	Ferritin, copper, zinc:copper, platelets	
B12 deficiency	Serum B12	
Vitamin D deficiency	25(OH)D	
Possible Mg deficiency	Magnesium	
Thyroid hyperfunction	High T3	
Altered estrogen metabolism	T3 uptake, DUTCH	
Cryptosporidium infection	BioHealth	
Mild dysbiosis	DD CSAP + GPL	
High free cortisol/cortisone	DUTCH	

<http://ccfmed.com>



**Recommendations for further testing**

TEST	PURPOSE	COMMENTS
CBC	Platelets and RBC indices	
Free T4/T3, thyroid antibodies	Thyroid follow-up	
Cerruloplasmin, 24-hour urine copper	Copper follow-up	

**Recommendations for Treatment**

TREATMENT	PURPOSE	COMMENTS
Antimicrobial protocol	Crypto/dysbiosis	
Sublingual B12	B12	
Magnesium glycinate	Magnesium	
Vitamin D3	Vitamin D	
HPA Balance	Reduce cortisol	
PS	Reduce cortisol	
Stress management	Reduce cortisol	See handout

<http://ccfmed.com>

Here is the report of findings. Inflammation from the ferritin, copper, zinc-to-copper ratio, and platelets. Possible B12 deficiency given the low serum B12. Vitamin D deficiency. Possible magnesium deficiency given the borderline magnesium. Thyroid hyperfunction with high T3. Altered estrogen metabolism from the DUTCH panel. Cryptosporidium infection from BioHealth. Mild dysbiosis on Doctor’s Data panel and the organic acids. Then high free cortisol and free cortisone with the DUTCH panel.

For follow-up, we would do CBC to get platelets again and the red blood cell indices since she has possible functional anemia. We would want to do free T4, free T3, and thyroid antibodies as a thyroid follow-up and then ceruloplasmin and 24-hour urine copper as a copper follow-up.

I would start with an antimicrobial protocol, which I'll show you in a moment, sublingual B12, magnesium glycinate, and vitamin D3 since she can't do the cod liver oil because of the salicylate intolerance and amine. It's not part of the Failsafe approach. Do HPA Balance and phosphatidylserine to reduce cortisol and some stress management.

Now, given the severity of this patient's symptoms, I was actually surprised somewhat at the lab results. There are certainly some issues that are going on here, as we can see, but her gut in particular was in better shape than I thought it would be given her symptoms. We would want to continue to do additional workup with this patient, especially if this protocol doesn't produce the results that you're looking for. We might progress to the next level of testing here: heavy metals, chronic infection, or mold or biotoxin exposure.

<b>Antimicrobial protocol</b>	
<b>Nutraceutical</b>	<b>Dosage</b>
<b>GI Synergy</b>	1 packet BID (with breakfast and dinner)
<b>Lauricidin</b>	1 scoop TID with each meal
<b>Interfase Plus</b>	3-4 capsules BID on empty stomach
<b>Prescript Assist</b>	One BID upon rising and before bed
<b>MegaSporeBiotic</b>	One capsule with lunch

Here is the antimicrobial protocol I prescribed. Again, it's just the core protocol because there wasn't a lot going on with the gut. There was a little bit with the Cryptosporidium, and that can be difficult to treat. It is worth pointing out that this core protocol can be effective, but in some cases, you may need to go on to use stronger botanicals or even pharmaceuticals.