

Full Case Reviews II - Part Three

The last patient here for the case reviews is a 46-year-old female. We'll call her Christy.



Christy
Initial Consult

46 y.o. Female CC: Can't breathe through her nose at night due to congestion. Disrupts sleep.

Since second child, who is 7 years old, **nasal congestion** is worse

No exposure to water-damaged buildings or black mold that she knows of.

Hypothyroid.

Diet: congestion triggered by red wine; on **GAPS** intro sinuses cleared up for 3 weeks; when she added foods back in congestion returned.

Her chief complaint was she couldn't breathe through her nose at night due to congestion, and that disrupted her sleep. This was happening since she had her second child, who is seven years old now, and her nasal congestion got much worse. She has not been exposed to water-damaged buildings that she knows of, and she does have hypothyroidism. In terms of diet, her congestion is triggered by red wine. She did do a GAPS intro protocol for three weeks, and her sinuses completely cleared up during that time, but when she started to add foods back in—which you really have to do, as GAPS intro is not a viable long-term diet—all of her symptoms returned, or her congestion really, which is her main symptom, returned.

CC: Can't breath through her nose at night due to congestion - disrupts sleep

Focused PMH:

Since second child, who is 7 years old, nasal congestion is worse. No exposure to water-damaged to buildings or black mold.

Hypothyroid.

Diet: Red wine triggers
 On GAPS protocol sinus issues cleared up for about three weeks. Then tried adding more foods and didn't get back to clear sinuses. Avoid grains, and very close to Paleo almost all of the time. Gluten completely out.

Assessment and Plan:

- Case review blood panel, which is a standard set of labs including complete blood count, electrolytes, cholesterol, and iron panel. We will also check a thyroid panel including free T3, free T4 and thyroid antibodies.
- Evaluate for dysbiosis with Doctor's Data stool test 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.
- Based on your symptoms we will also evaluate for the possibility of mold-related illness, also known as Chronic Inflammatory Response Syndrome (CIRS).

For this I suggest two free screening tests:

- 1) The first is a VCS (visual contrast sensitivity) test online. This looks at your ability to differentiate contrast as a marker for neurological inflammation. Go to <http://vcstest.com>, take the test, save your results as a PDF, and upload the PDF file through the portal for our review.
- 2) The second screening tool for mold-related illness is a symptoms survey that we will add to your portal.

Based on the results of the above two tests we may consider additional testing for CIRS.

We look forward to working with you.

SIGNED

Assessment Diagnosis

Prim. Disease nasal cavity/sinuses, other (478.19 - ICD9)

Plan Rx/ Orders/ Vaccines +

ORD Genova SIBO

ORD DD H. Pylori

ORD DUTCH Comp Hormone

ORD DD CSAP x3

ORD Genova Organix Comp

ORD CR Blood Panel [Labcorp] (do not use)

ORD T3, Free + T4, Free Panel [LabCorp]

ORD Thyroid Antibodies [LabCorp]

Charges / Payments +

Unsign Exit

Attach Document or Image

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 ordered a standard case review panel of labs. This patient was from a couple years ago, and we were still using Genova for SIBO testing. We also added advanced thyroid markers to the case review panel because they weren't on the case review panel at that point, and we weren't using both stool tests then. We were just doing the Doctor's Data.

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

- stuffy nose
-
-
-
-

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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 3 bowel movements daily	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpredictable abdominal swelling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent bloating and distention after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal intolerance to sugars and starches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category III	0	1	2	3
Intolerance to smells	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to jewelry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intolerance to shampoo, lotion, detergents, etc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple smell and chemical sensitivities	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gas immediately following a meal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Offensive breath	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult bowel movement	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category V	0	1	2	3
Stomach pain, burning, or aching 1-4 hours after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use antacids	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel hungry an hour or two after eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn when lying down or bending forward	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category VI	0	1	2	3
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 checked="" type="radio"/>	<input 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"/>
Category VII	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 checked="" 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 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 VIII	0	1	2	3

She only marked one complaint here: stuffy nose. However, you can see that she does have a few 1s in the digestive category. It may be that she just isn't bothered by these symptoms, but you should note this, especially because there is often a connection between nasal congestion and GI issues.

Acne and unhealthy skin	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive hair loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall sense of bloating	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight gain	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor bowel function	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel shaky, jittery, or have tremors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agitated, easily upset, nervous	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor memory/forgetful	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Eating sweets does not relieve cravings for sugar	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty losing weight	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XI	0	1	2	3
Cannot stay asleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slow starter in the morning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon fatigue	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness when standing up quickly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon headaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Headaches with exertion or stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak nails	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XII	0	1	2	3
Cannot fall asleep	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspire easily	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under high amount of stress	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 XIII	0	1	2	3
Edema and swelling in ankles and wrists	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle cramping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor muscle endurance	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent urination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequent thirst	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crave salt	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal sweating from minimal activity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alteration in bowel regularity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inability to hold breath for long periods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shallow, rapid breathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIV	0	1	2	3
Tired/sluggish	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel coldâ€”hands, feet, all over	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Require excessive amounts of sleep to function properly	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult, infrequent bowel movements	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/lack of motivation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morning headaches that wear off as the day progresses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outer third of eyebrow thins	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinning of hair on scalp, face, or genitals, or excessive hair loss	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dryness of skin and/or scalp	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental sluggishness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XV	0	1	2	3

Again, not much to see here. A couple symptoms in the hypothyroid category, but this makes sense given that she only listed one complaint.

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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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"/>
"Spitting" - 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain inside of legs or heels	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling of incomplete bowel emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg twitching at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XIX (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 XX (Menstruating Females Only)	0	1	2	3
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		
Pain and cramping during periods	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scanty blood flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Heavy blood flow	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast pain and swelling during menses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvic pain during menses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable and depressed during menses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial hair growth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hair loss/thinning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Category XXI (Menopausal Females Only)	0	1	2	3
How many years have you been menopausal?	<input type="radio"/> 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 foginess	<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"/>
<input type="text" value="2"/> How many alcoholic beverages do you consume per week?	<input type="text" value="0"/> How many caffeinated beverages do you consume per day?			
<input type="text" value="1"/> How many times do you eat out per week?	<input type="text" value="0"/> How many times a week do you eat raw nuts or seeds?			
<input type="text" value="2"/> How many times a week do you eat fish?	<input type="text" value="2"/> How many times a week do you workout?			
List the three worst foods you eat during the average week:	ice cream cone , hot chocolate , dark chocolate			
List the three healthiest foods you eat during the average week:	eggs , beef , greens			

Nothing too remarkable here except scanty blood flow in the menstrual cycle. Moderate alcohol intake. Doesn't eat out much. Eats fish twice a week. Works out twice a week. Has some ice cream and either hot chocolate or dark chocolate occasionally, so pretty good overall here.

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:

synthroid .825 micrograms for hypothyroid

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

probiotics, to promote gut health

She is taking 0.825 mcg of Synthroid and probiotics and does have mercury amalgams, so that may be something you want to look at.

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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
Sodas or Soft Drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Margarine or Tub Vegetable Oil Spreads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Deep-Fried Foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Olive Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Nuts and Seeds, Nut/Seed Butters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pasteurized Dairy (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Raw Dairy Products (Check: <input type="checkbox"/> Nonfat, <input type="checkbox"/> Low-Fat, <input type="checkbox"/> Whole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fermented Dairy Products (Yogurt, Kefir, Cheese)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs (Check: <input checked="" type="checkbox"/> Free-Range, <input type="checkbox"/> Pastured, <input type="checkbox"/> Organic, or <input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
Salads, Uncooked Vegetables	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fermented Vegetables (Sauerkraut, Kim Chi, etc)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chocolate (Check: <input type="checkbox"/> Milk or <input checked="" type="checkbox"/> Dark)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbal Teas	<input 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 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:

- 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 type="checkbox"/> Don't share same meals, even if seated together at table (special dietary needs and/or food preferences)
<input type="checkbox"/> Emotional eater (when sad, bored)	<input type="checkbox"/> Have a negative relationship to food
<input type="checkbox"/> Diet often for weight control	<input type="checkbox"/> Struggle with eating issues or history of eating disorders
<input type="checkbox"/> Eat too much or too little under stress	
Additional Comments	
<input type="text" value="good thing my husband cooks! I really do know how and can, and we do cook together, but he does most of the cooking."/>	

Her diet survey again looks good. Mostly Paleo. Just has a little bit of an ice cream habit, but she is pretty good with the diet overall, as you can see with the survey.

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).

wake at 7AM, drink water (and thyroid meds)
7:30AM breakfast is usually bacon and eggs OR I wait and have breakfast with my husband around 9AM and have egg yolks mixed with greens, leftovers, kraut, etc. (a substantial portion, when I do this I don't eat again until dinner)

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

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

If I had just eggs and bacon for breakfast, that is usually because I had to go to work, and then I have lunch with my boss. The usual lunch then is either:

- 1) fish (mahi mahi, halibut or the like) with broccoli, and au gratin potatoes and water
 - 2) pulled pork napa cabbage salad
 - 3) hamburger on a bed of greens (sometimes with fries, sometimes with blue cheese on it)
- usually around noon.

If I eat the hog pog my husband makes for breakfast, then usually I don't eat lunch, and just wait for dinner

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

couple squares of dark chocolate

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

between 5PM-7PM
lots of things, but my husband cooks paleo, so mostly we have one or two types of meat (hamburger, ground beef, brisket, steak, pulled pork, lamb ribslets, sometimes turkey or chicken), and a few different types of veggies (cauliflower is a favorite, sweet potato, beets, chard or kale from the garden, or salad greens, tomatoes, etc). We eat the kraut in a bag from whole foods, and sometimes add labne kifer cheese. We also like to make butter chicken and white rice. We also sometimes do fish and chips, made with rice flour and cooked in beef tallow.

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

sometimes a little ice cream or dark chocolate

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

Please describe what you eat for dessert

sometimes home-made flourless chocolate cake with ice cream, or home-made chocolates. sometimes just a bowl of ice cream. I don't eat dessert every night, but probably 3-4 nights/week. Sometimes I have a glass of wine or apple cider (drinking my dessert).

8) Do you wake up hungry in the middle of the night? Yes No Sometimes

If so, do you eat? What do you eat?

mostly only when I'm on a really strict diet, sometimes it is hard to get enough calories and that would happen, but not normally

Additional Comments

Now, this is where the different kinds of diet information we collect can be so helpful because, so far, you might not have much to go on in terms of her diet, but when you look at what she is actually eating on a daily basis, you can see that she is on a pretty low-carb diet. She only eats starchy carbs once a day and sometimes not even that. Even if you add a little ice cream into the mix, she is still likely to be very low-carb in terms of percentage of calories. That may or may not be contributing to her nasal congestion, but it is something to note for sure.

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 type="radio"/>	<input checked="" type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6) Did you become ill after exposure to the ocean during a 'Red Tide' or other bloom?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7) Did you become ill after exposure to an estuary fish kill?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8) Did you become ill after exposure to a closed shell fish bed area?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ASSOCIATED ILLNESSES

Please mark yes or no:

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

Pfiesteria	<input type="radio"/>	<input checked="" type="radio"/>
Sensory Neural Hearing Loss	<input type="radio"/>	<input checked="" type="radio"/>
Ciguatera Seafood Poisoning	<input type="radio"/>	<input checked="" type="radio"/>
Any Learning Disability	<input 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"/>

Environmental exposure: We would always want to be paying attention to with nasal congestion as a symptom. At least, as far as she knows, she hasn't had much exposure. You always have to take this with a grain of salt because a lot of patients believe, for example, that if they don't see visible mold in their house then they are not exposed to mold, but that is unfortunately not at all the case. A lot of mold in homes is not visible, and people can still be sick from it. We'll be covering mold in a future module, but just note for now that you can't take these answers at face value. They are just a starting point.

Biotoxin Illness Survey

Please indicate whether you are experiencing any of the following symptoms:

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Appetite Swings
<input type="checkbox"/> Weak	<input type="checkbox"/> Difficulty Regulating Body Temperature
<input type="checkbox"/> Decreased Assimilation of New Knowledge	<input type="checkbox"/> Increased Urinary Frequency
<input type="checkbox"/> Aches	<input type="checkbox"/> Red Eyes
<input type="checkbox"/> Headache	<input type="checkbox"/> Blurred Vision
<input type="checkbox"/> Light Sensitivity	<input checked="" type="checkbox"/> Sweats (night)
<input type="checkbox"/> Memory Impairment	<input type="checkbox"/> Mood Swings
<input type="checkbox"/> Decreased Word Finding	<input type="checkbox"/> Ice-pick Pain
<input type="checkbox"/> Difficulty Concentrating	<input type="checkbox"/> Abdominal Pain
<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> A.M. Stiffness	<input type="checkbox"/> Numbness
<input type="checkbox"/> Cramps	<input type="checkbox"/> Tearing of Eyes
<input type="checkbox"/> Unusual Skin Sensitivity	<input type="checkbox"/> Disorientation
<input type="checkbox"/> Tingling	<input type="checkbox"/> Metallic Taste
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Static Shocks
<input checked="" type="checkbox"/> Sinus Congestion	<input type="checkbox"/> Vertigo
<input type="checkbox"/> Cough	
<input type="checkbox"/> Excessive Thirst	
<input type="checkbox"/> Confusion	

I did have her fill out a biotoxin illness survey, and this is a validated questionnaire that groups symptoms into 13 categories. If the patient has symptoms in eight or more categories, then it increases the likelihood of biotoxin illness. I pretty much knew this would be negative given that she only listed one complaint, but I wanted to see if she marked anything else down. She did mark night sweats here, which she hadn't marked anywhere else, but still, she only has symptoms in two out of the 13 categories.

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.):

hanging with my kids, gardening, crafts, making chocolates, hiking/walking.
 I keep fit by walking, jogging, doing light weights and pull-ups, pushups, squats, pistols, etc.

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

My nose is always stuffy, and also runs. The biggest issue is it is so stuffy it makes it hard to sleep at night. My nose has always been a bit runny, and it sort of runs in the family, but after I had my daughter, or really, during both pregnancies, my nose just started getting more and more stuffy, until one day I realized I was so stuffy that I was having a hard time clearing my ears when driving down the hill from my house.

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

First I had allergy tests.... many of them! The end result is that I'm mildly allergic to grass. I went to a nose specialist and they checked for structural issues, but I have no pollups and no deviated septum, so the doctor's response was just to give me Flownas, the nasal steroid, which I used for a year or so, before thinking that it probably wasn't the best solution, and I might have something else going on. I also developed a rash on my legs.

Then I went to a homeopathic doctor, who gave me these little sugar pills with something in them, but it didn't help at all

Then I went to a naturalpath, who had me do a blood test for food allergies. I went a month without many foods, but the biggest thing on the list was Vanilla (I love vanilla). So when I restricted my diet significantly, my stuffy nose abated and my rash went away. But whenever I added anything my nose would get stuffy. (I believe my rash was caused by my addiction to Vanilla Coke, which I gave up and the rash has not returned).

So that was last year. This year in January I did a 30 day gaps diet, and my stuffy nose again abated in the 3rd week, but each time I tried adding to the diet, it would immediately get stuffy. Not necessarily during the day, but at night, usually in the wee morning hours. I've used a nasal strip successfully for the last couple years, except when my nose is REALLY stuffy, and sometimes I spray it with affrin just because of frustration (and my skin on my nose get irritated if I use the nasal strip too much).

I actually do think it is something to do with a leaky gut, because of the amount of things that seem to cause my nose distress. I still am drinking bone broth every day, and stick with the paleo diet most of the time. But this last month I started using the topical steroid on my nose, just to take a break from the nose strips and to get some good night's sleep.

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

My current hypothesis is that the changes to my body during pregnancy and the weird drugs during birth (2 c-sections) exacerbated my already slightly stuffy/runny nose, and I think I have a leaky gut. I'd love to solve it!

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

a very restrictive diet seems to improve or cure my nose. the nasal strips help alleviate the symptom at night to allow me to sleep (although sometimes I'm so stuffy that even that doesn't work). Certainly the nasal steroid clears up the stuffy/runny nose, but I would prefer to seek the cause.

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

none that I know of

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

8/2/06 - c-section for my first child (due to delivery complications)
 2/6/08 - c-section for my second child (scheduled per my OB's recommendation)

~ 2009 allergy tests, start taking nasal steroid
~ 2013 stop taking nasal steroid and start seeking answers - then see #3 above.

PERSONAL OPINION QUESTIONS

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

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

I don't really know. The regular doctors have a cure for the symptom.

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

I want someone who wants to help me find the cause of my sinus issues, and willing to help me find the solutions.

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

I have seen several times where I can be really strict with my diet and see results in about 3 weeks, but long term it probably will be trying various things and I expect to work at it for a year or so. I have already made long-term changes to my diet, but I am not completely strict, and don't really want to live like that for months on end. But if we lay out a program I can follow it.

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?

Because if a full recovery means I can never eat some of my favorite things, it probably won't work. I like to enjoy things like chocolate, ice cream and wine on occasion (well dark chocolate pretty much daily) and the occasional birthday cake too! I want my health, but I also want to enjoy my favorite things once in awhile...
I AM willing to cut things out for a month or so at a time, and I have done that in the past.

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

my nose does not seem to get stuffy at the time I eat whatever is bothering me (if it is even food), but possibly up to several days later, which makes it really hard to figure out what it is!

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

Heck, I don't know. I don't THINK I have emotional issues, but maybe that means I definitely do!

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

I do enjoy my work. Rarely my work is stressful to the point where I can tell I'm stressed out. Mostly I just roll with things and everything turns out. I do work hard to make things work out the way I want them to at work.

9) Do you have a purpose in life?

raise my kids to be good people, learn lots of new things, travel to some great places, help others when I can, etc.

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

my husband is awesome, and I have some close friends too.
One of my sisters is also very supportive (she lives in LA).

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

If it helps, sure. Although the purpose in life question is pretty deep for this sort of form, no?

In her questionnaire, she said her nose is always stuffy and also runs. It interferes with her sleep. It has always been this way, but it got much worse after her pregnancy. She mentioned it in the initial consult. She has had allergy tests. She has tried homeopathy. Her stuffy nose improved on an elimination diet and GAPS intro, but each time she adds foods back, she gets worse.

Marker	Value	Functional Range	Lab Range
Glucose	75	75 - 90	65 - 99
Hemoglobin A1c	5.4	4.4 - 5.4	4.8 - 5.6
Uric Acid	4.7	3.2 - 5.5	2.5 - 7.1
BUN	14	13 - 18	6 - 24
Creatinine	0.81	0.7 - 1.0	0.57 - 1.00
BUN/Creatinine Ratio	17	9 - 23	9 - 23
Sodium	139	135 - 140	134 - 144
Potassium	4.2	4.0 - 4.5	3.5 - 5.2
Chloride	101	100 - 106	97 - 108
C02	25	25 - 30	18 - 29
Calcium	8.8	9.2 - 10.1	8.7 - 10.2
Phosphorus	3.8	3.0 - 4.0	2.5 - 4.5
Magnesium	1.9	2.0 - 2.6	1.6 - 2.6
Protein, total	6.2	6.9 - 7.4	6.0 - 8.5
Albumin	4.1	4.0 - 5.0	3.5 - 5.5
Globulin	2.1	2.4 - 2.8	1.5 - 4.5
A/G ratio	2.0	1.5 - 2.0	1.1 - 2.5
Bilirubin, total	0.8	0.1 - 1.2	0.0 - 1.2
Alkaline Phosphatase	32	42 - 107	39 - 117
LDH	123	140 - 180	119 - 226
AST	22	0 - 23	0 - 40
ALT	14	0 - 20	0 - 32
GGT	10	0 - 21	0 - 60
TIBC	231	275 - 425	250 - 450
UIBC	117	175 - 350	150 - 375
Iron	114	40 - 135	35 - 155
Iron saturation	49	17 - 45	15 - 55
Ferritin	79	30 - 100	15 - 150
Vitamin B-12	593	450 - 2000	211 - 946
Vitamin D, 25-hydroxy	28.4	35 - 60	30.0 - 100.0
Cholesterol, total	229	150 - 230	100 - 199
Triglycerides	38	50 - 100	0 - 149
HDL	85	55 - 85	> 39
LDL	136	0 - 140	0 - 99
T. Chol / HDL Ratio	2.7	< 3	0 - 4.4
Triglycerides / HDL Ratio	0.45	< 2	< 3.8

Marker	Value	Functional Range	Lab Range
CRP-hs	0.57	< 1.0	0.00 - 3.00
Homocysteine	7.7	< 7.0	0.0 - 15.0
TSH	0.719	0.5 – 2.0	0.45 - 4.500
T4, total	8.3	6.0 – 12	4.5 - 12.0
T3 Uptake	37	28 - 35	24 - 39
T3, Total	65	100 – 180	71 - 180
T3, Free	2.5	2.5 - 4.0	2 - 4.4
T4, Free	1.84	1 - 1.5	0.82 - 1.77
Thyroid – TPO Ab	134		0 - 34
Thyroid – TGA	<1.0		0 - 0.9
WBC	5.4	5.0 – 8.0	3.4 - 10.8
RBC	4.68	4.4 – 4.9	3.77 - 5.28
Hemoglobin	13.8	13.5 - 14.5	11.1 - 15.9
Hematocrit	42.7	37 - 44	34 - 46.6
MCV	91	85 – 92	79 - 97
MCH	29.5	27.7 – 32.0	26.6 - 33.0
MCHC	32.3	32 – 35	31.5 - 35.7
RDW	13.5	11.5 – 15.0	12.3 - 15.4
Platelets	204	150 – 379	150 - 379
Neutrophils	60	40 – 60	
Lymphocytes	29	25 – 40	
Monocytes	7	4.0 – 7.0	
Eosinophils	3	0.0 – 3.0	
Basophils	1	0.0 – 3.0	

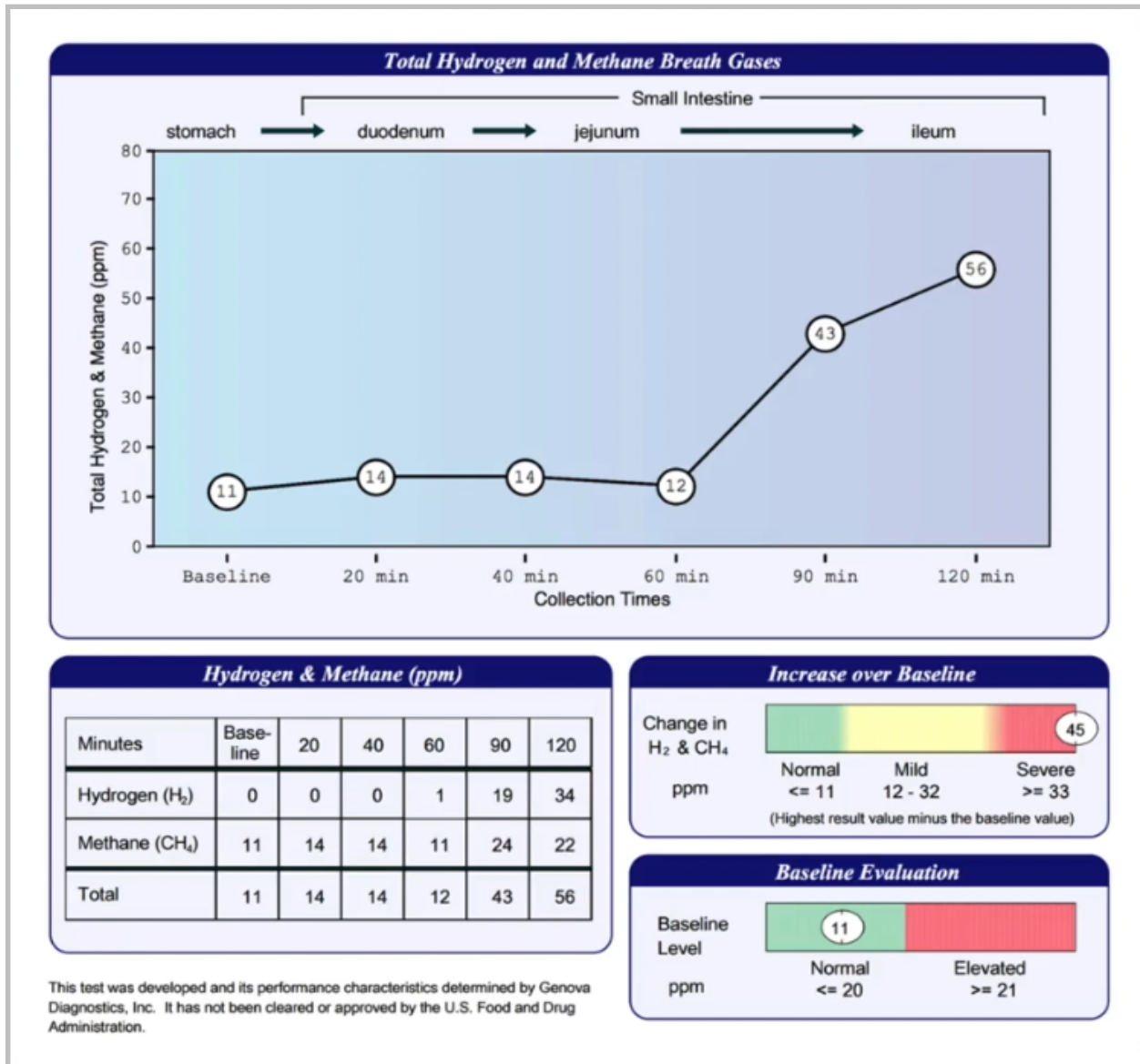
Here is her blood work. She has low alkaline phosphatase, which could be hypothyroidism or zinc, as you know. Her TIBC, UIBC, and iron saturation are all suggestive of mild iron overload. Her 25(OH)D is 28. I wasn't running parathyroid hormone at this point, so you could either supplement with cod liver oil or 2,000 IU of vitamin D or run parathyroid hormone.

Total cholesterol is 229, but HDL is 85, and triglycerides are very low. Total cholesterol-to-HDL ratio is optimal, so I wouldn't really be concerned here.

Homocysteine is 7.7, pretty close to the cut point, and B12 is 593. It may not be an issue here, but I'd look at FIGLU and MMA. Especially if they are normal, I wouldn't be concerned.

TSH is 0.7, but total T3 is low, and free T4 is high, so this could be a conversion issue. This often happens with patients who are taking Synthroid. Their free T4 goes up, but their T3 doesn't actually improve. This is one of the reasons why patients with Hashimoto's, which she does have as you can see here, often do better on natural dessicated thyroid because the inflammation reduces the conversion of T4 to T3. Like many patients who have been previously diagnosed with hypothyroidism, no one had ever tested her antibodies, and she didn't know that she had

Hashimoto's. This is obviously important information for her and for you as a clinician. Now you know that autoimmunity is present, and that may be affecting her sinuses.



Her Genova SIBO results were positive for hydrogen. It depends on transit time because you would really want to look at the third hour. She sees a significant increase between 60 and 90 minutes, but if the lactulose is entering the colon at that point, it is just a single peak starting at 90 minutes. If she has normal or slightly faster-than-normal transit time, then that wouldn't necessarily be indicative of SIBO. However, her methane does increase from 11 to 24 in the first 90 minutes. That is more likely to be a positive when you put this whole picture together.

Comprehensive Stool Analysis / Parasitology x3

BACTERIOLOGY CULTURE		
Expected/Beneficial flora	Commensal (Imbalanced) flora	Dysbiotic flora
4+ Bacteroides fragilis group 3+ Bifidobacterium spp. 3+ Escherichia coli 1+ Lactobacillus spp. NG Enterococcus spp. 2+ Clostridium spp. NG = No Growth	3+ Alpha hemolytic strep 3+ Gamma hemolytic strep 2+ Klebsiella oxytoca	3+ Citrobacter freundii complex

BACTERIA INFORMATION

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

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

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

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

YEAST CULTURE	
Normal flora	Dysbiotic flora
1+ Geotrichum spp	

MICROSCOPIC YEAST

Result:	Expected:
<input type="text" value="None"/>	None - Rare

The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.

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

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

GIARDIA/CRYPTOSPORIDIUM IMMUNOASSAY			
	Within	Outside	Reference Range
Giardia intestinalis	Neg	Neg	Neg
Cryptosporidium	Neg	Neg	Neg

Giardia intestinalis (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.

She has pathogenic dysbiosis with *Citrobacter freundii* and 1+ for *Lactobacillus*. She has a 1+ for normal yeast in the yeast culture section. Nothing in the parasite section.

Comprehensive Stool Analysis / Parasitology x3

DIGESTION / ABSORPTION			
	Within	Outside	Reference Range
Elastase	489		> 200 µg/mL
Fat Stain	Few		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	0.6		< 7.3 µg/mL
Calprotectin*	< 10		<= 50 µg/g
Lysozyme*	259		<= 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*		225	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	64		40 - 75 %
% Propionate	17		9 - 29 %
% Butyrate	17		9 - 37 %
% Valerate	2.0		0.5 - 7 %
Butyrate	1.2		0.8 - 4.8 mg/mL
Total SCFA's	6.8		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	6.8		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.

Helicobacter Pylori Stool Antigen

	Normal	Abnormal	Reference
H. pylori	Neg		Neg

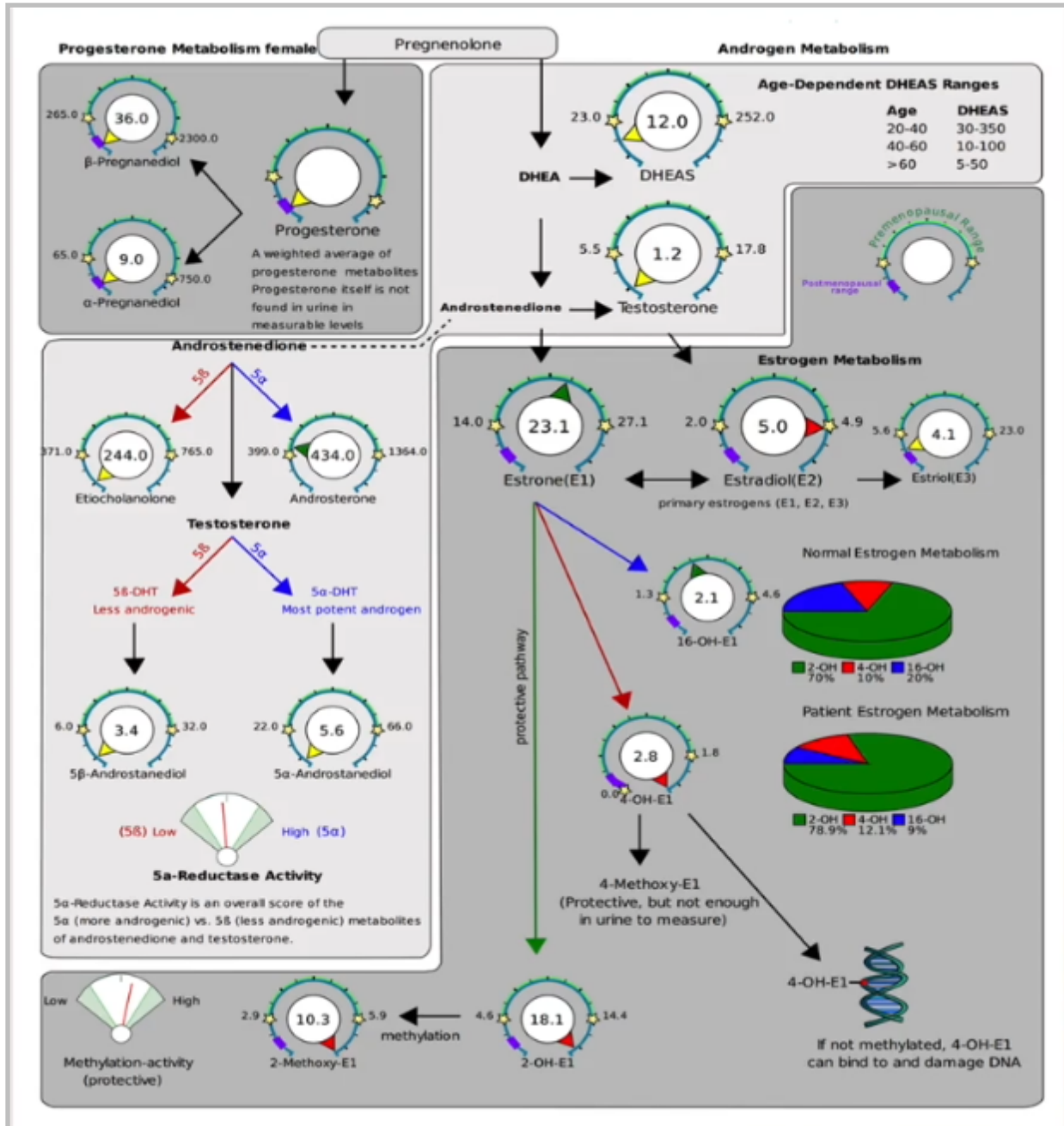
The HpSA enzyme immunoassay (EIA) is an in vitro qualitative procedure for the detection of H. Pylori antigens in the stool. Test results are intended to aid the diagnosis of H. Pylori infection, and to monitor response during and post therapy.

The only issue on these pages is slight elevation of secretory IgA. Negative for H. pylori.

 ●●●●●			
0091 Organix® Comprehensive Profile - Urine			
<i>Methodology: LC/Tandem Mass Spectroscopy, Colorimetric</i>			
Summary of Abnormal Findings			
	<u>Findings</u>	<u>Intervention Options</u>	<u>Common Metabolic Association</u>
Fatty Acid Metabolism			
No Abnormality Found			
Carbohydrate Metabolism			
No Abnormality Found			
Energy Production Markers			
a-Ketoglutarate	High	CoQ10, Lipoic Acid, B1, B2, B3, B5	Citric acid cycle
B-Complex Vitamin Markers			
No Abnormality Found			
Methylation Cofactor Markers			
No Abnormality Found			
Neurotransmitter Metabolism Markers			
No Abnormality Found			
Oxidative Damage and Antioxidant Markers			
No Abnormality Found			
Detoxification Indicators			
Pyroglutamate	Very Low	Free-form amino acids	Amino Acid insufficiency
Bacterial - General			
No Abnormality Found			
L. acidophilus / general bacteria			
No Abnormality Found			
Clostridial Species			
No Abnormality Found			
Yeast/Fungal			
No Abnormality Found			

Not much on the Organix. Very low pyroglutamate is unlikely to be clinically significant. Same for high-normal alpha-ketoglutarate. Note that her FIGLU and MMA were normal, so given the very slight elevation in homocysteine, I don't think there is really anything to be concerned with here.

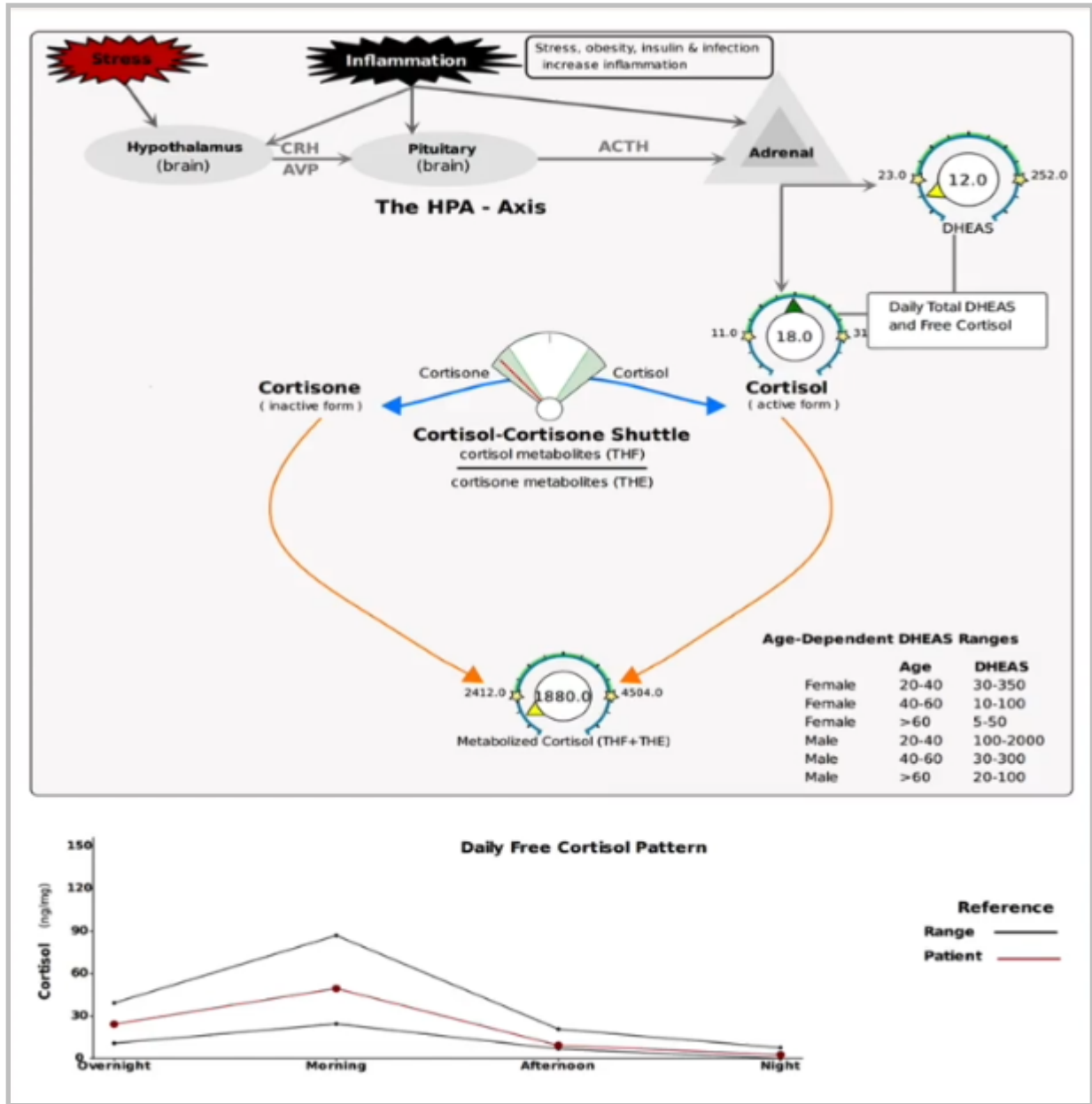
Category	Test	Result	Units	Normal Range
Progesterone Metabolism				
	β-Pregnanediol	Below range	36.0	ng/mg 265 - 2300
	α-Pregnanediol	Below range	9.0	ng/mg 65 - 750
Androgen Metabolism				
	DHEAS	Below range	12.0	ng/mg 23 - 252
	Androsterone	Low end of range	434.0	ng/mg 399 - 1364
	Etiocolanolone	Below range	244.0	ng/mg 371 - 765
	Testosterone	Below range	1.2	ng/mg 5.5 - 17.8
	5α-DHT	Below range	0.5	ng/mg 3.7 - 8.8
	5α-Androstanediol	Below range	5.6	ng/mg 22 - 66
	5β-Androstanediol	Below range	3.4	ng/mg 6 - 32
	Epi-Testosterone	Low end of range	7.1	ng/mg 4.5 - 22.3
Estrogen Metabolites				
	Estrone(E1)	Within range	23.1	ng/mg 14 - 27.1
	Estradiol(E2)	Above range	5.0	ng/mg 2 - 4.9
	Estriol(E3)	Below range	4.1	ng/mg 5.6 - 23
	2-OH-E1	Above range	18.1	ng/mg 4.6 - 14.4
	4-OH-E1	Above range	2.8	ng/mg 0 - 1.8
	16-OH-E1	Within range	2.1	ng/mg 1.3 - 4.6
	2-Methoxy-E1	Above range	10.3	ng/mg 2.9 - 5.9
	2-OH-E2	High end of range	1.09	ng/mg 0.4 - 1.2
Normal Ranges				
	Luteal	Postmenopausal	Follicular	Ovulatory
Estrone (E1)	14-27.1	1.3-6.7	4.0-12.0	22-68
Estradiol (E2)	2.0-4.9	0.2-0.8	1.0-2.0	4.0-12.0
Estriol (E3)	5.6-23	0.8-3.7	N/A	N/A
2-OH-E1	4.6-14.4	0.4-1.9	N/A	N/A
4-OH-E1	0-1.8	0-0.3	N/A	N/A
16-OH-E1	1.3-4.6	0.1-0.6	N/A	N/A
2-Methoxy-E1	2.9-5.9	0.2-1.0	N/A	N/A
Oral Pg (100mg)				
a-Pregnanediol	80-750	5.0-34	750-2300	25-100 25-100
b-Pregnanediol	400-2300	28-135	2300-6000	100-300 100-300



On the DUTCH, her progesterone metabolites were low. She is 46 years old and perimenopausal, but they were even low on the postmenopausal range. DHEA is marked low, but it is technically in the range for her age and gender, though it is on the low end. She has low testosterone, a little high estradiol. 4-hydroxy estrogen is very high, which as I mentioned before is a proliferative metabolite, but her nonproliferative metabolites are high as well, so she is funneling a lot of estrogen down both protective and proliferative pathways. 5-beta and 5-alpha androstanediol are high, and etiocholanolone and androsterone are low.

This is a very curious presentation. As you know, we're not covering hormones in ADAPT Level One, but there is definitely a lot going on here. Still, I would start with addressing the gut, the HPA axis, and the thyroid first, which is why we are covering all of these in ADAPT, before I would even go on to address hormones directly, and this is exactly why I designed the course this way.

Category	Test	Result	Units	Normal Range
Creatinine				
	Creatinine A (Waking)	Within range	1.43	mg/ml 0.5 - 3
	Creatinine B (Morning)	Within range	0.51	mg/ml 0.5 - 3
	Creatinine C (Afternoon)	Below range	0.4	mg/ml 0.5 - 3
	Creatinine D (Night)	Within range	0.88	mg/ml 0.5 - 3
Daily Free Cortisol and Cortisone				
	Cortisol A (Waking)	Within range	24.3	ng/mg 10.8 - 39.3
	Cortisol B (Morning)	Within range	49.5	ng/mg 24.5 - 87
	Cortisol C (Afternoon)	Low end of range	9.3	ng/mg 6.8 - 20.8
	Cortisol D (Night)	Within range	2.7	ng/mg 0 - 7.6
	Cortisone A (Waking)	Within range	110.6	ng/mg 47.2 - 142.9
	Cortisone B (Morning)	Within range	177.0	ng/mg 103.7 - 267.5
	Cortisone C (Afternoon)	Within range	78.2	ng/mg 46.5 - 135.5
	Cortisone D (Night)	Within range	12.0	ng/mg 0 - 52.3
	Cortisol-24hr (AUC)	Within range	18.0	ug 11 - 31
	Cortisone-24hr (AUC)	Within range	88.0	ug 49 - 131
Cortisol Metabolites and DHEAS				
	a-Tetrahydrocortisol (a-THF)	Below range	64.0	ng/mg 90 - 320
	b-Tetrahydrocortisol (b-THF)	Below range	462.0	ng/mg 750 - 1450
	b-Tetrahydrocortisone (b-THE)	Low end of range	1353.0	ng/mg 1300 - 2560
	Metabolized Cortisol (THF+THE)	Below range	1880.0	ng/mg 2412 - 4504
	DHEAS	Below range	12.0	ng/mg 23 - 252
Melatonin (*measured as 6-OH-Melatonin-Sulfate)				
	Melatonin* (Waking)	Low end of range	10.1	ng/mg 10 - 50



Metabolized cortisol is very low here. It is 1,880. The lower end of the range is 2,412. Free cortisol is right in the middle of the range. Remember that cortisol clearance is decreased in hypothyroidism, and that is consistent with what we're seeing here. Melatonin is at the low end of the range, which could be affecting her sleep.



CALIFORNIA CENTER *for*
 FUNCTIONAL MEDICINE

CASE REVIEW REPORT OF FINDINGS

Patient Name: "Christy"

Date: 9-27-16

Underlying Patterns

PATTERN	SUPPORTING MARKERS	COMMENTS
Hashimoto's	TPO antibodies	
Impaired T4 to T3 conversion	Low T3	
Mild iron overload	TIBC, UIBC, iron saturation	Re-test to confirm
Possible vitamin D deficiency	25D	
SIBO (methane predominant)	Genova	
Dysbiosis	DD CSAP	
HPA axis dysregulation	DUTCH	Normal free cortisol; low total cortisol; low DHEA
Borderline low melatonin	DUTCH	
Sex hormone imbalance	DUTCH	

<http://ccfmed.com>



Recommendations for further testing

TEST	PURPOSE	COMMENTS
Iron panel + ferritin	Re-test iron levels	

Recommendations for Treatment

TREATMENT	PURPOSE	COMMENTS
Autoimmune Paleo	Immune regulation	
Antimicrobial protocol	SIBO/dysbiosis	See handout
Liposomal glutathione	Immune regulation	
EVCLO	Vitamin D/immune regulation	

<http://ccfmed.com>

Here is the report of findings. Hashimoto's from the positive TPO antibodies. Probable impaired T4-to-T3 conversion given the high T4 and low T3. Mild iron overload, but we would want to retest to confirm. Possible vitamin D deficiency. Methane-predominant SIBO. It could be positive for hydrogen as well. Dysbiosis from Doctor's Data stool panel. Then HPA axis dysregulation, borderline low melatonin, and sex hormone imbalance on DUTCH.

For retesting, we would do iron panel and ferritin.

For treatment, we would do autoimmune Paleo for immune regulation, since she hadn't tried that. She was unaware that she had an autoimmune condition. We would do an antimicrobial protocol for the SIBO and dysbiosis. Do liposomal glutathione to give her a little bit of additional support for immune regulation and then extra-virgin cod liver oil for low vitamin D and immune regulation.

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

Here is the antimicrobial protocol. Again, it was just a core protocol to address the SIBO and the dysbiosis.

Okay, that's it for now. Next time we'll be back with case assignments that will give you all of the information that I've presented for each case but without the answer and let you work on that. Then, of course, I'll provide the answer so you can check your work. Okay, see you next time.