

# Live Case Recordings #1 - Commentary

Hey, everybody. I just wanted to record a little bit of brief commentary about each of the full recorded case reviews that we're going to be providing for you. The first patient was Christine. She presented with MS, osteoporosis, high cholesterol, and overweight as her primary complaints.

As you can see here, there are several GI complaints and also some stuff going on in the liver detox, in the blood sugar categories, HPA axis, pituitary, CVD, hypothyroid, and those are the main areas. Quite a few symptoms as well in the female hormone category.

She is on acyclovir for herpes, and she is taking a statin for cholesterol. She is taking Rituxan for MS. She has some supplements: vitamin D, stamnia, biotin, lysine, thiamine, CoQ10, and glutathione.

She has no mercury amalgams and didn't have any ever in the past. As you'll see on the following sheet, her diet is pretty strict. She is 95 percent Paleo. Just eats out four times a year. She says she occasionally has some gluten-free products such as rice crackers twice a week, maybe gluten-free pasta once a month, but otherwise, she is pretty strict. You see in her diet survey she has juice in the morning, sometimes coffee with coconut milk. She tends to have a salad with vegetables and meat, sometimes a potato or a sweet potato fries with lunch. Plantain chips or apple, sometimes popcorn for an afternoon snack. Meat, veggies, and sometimes starch for dinner. Occasional ginger chews or things like that from Trader Joe's. Overall, a very good diet.

Nothing remarkable on the environmental exposure survey. Does have several illnesses that are associated with exposure to environmental toxins, so that is something to pay attention to.

In her survey, you'll see when you go through the paperwork, there is a theme here throughout, which is that she doesn't have a lot of emotional support. It sounds like there is quite a bit of conflict with her husband, and she doesn't get much support there. She has some difficult family issues to navigate. She was in a car accident in 1999 and has just had an enormous amount of stress with her MS diagnosis and her family situation. She repeatedly mentions that through here. So with a patient like this, you know that encouraging social support, providing suggestions for how to do that, and making sure that you're providing an empathetic space for her to the extent that you're able to, given everything else that we do in the appointment with a patient like this, to just listen with compassion and care as you go through the treatment process with her. Just know that social support is going to be something that is necessary for her to get well.

Here is the report of findings that I presented to her in the appointment, which you've seen and heard. A number of issues were identified in the report. I'm not going to go over these all again, since we already did. With her, you definitely want to focus on the autoimmune issue with MS and immune regulation, addressing some of the triggers that would exacerbate and provoke immune

dysregulation. She had never tried an autoimmune Paleo protocol, and although I don't think everyone with autoimmune disease has to follow a strict autoimmune protocol or will benefit from it, I think everyone should try it at least once. Given that she hasn't tried it, I suggested that as a starting place for the diet.

We got her on an antimicrobial protocol for the dysbiosis and H. pylori. H. pylori is associated with immune dysregulation. We talked about the possibility of B12 injections. She has been taking B12, but she still has some signs of B12 deficiency. Given the importance of B12 for the myelin sheath and her diagnosis of MS, I think it made sense to try that. We suggested some supplements to reduce cortisol, which I think is really important given her stress levels, which we just talked about, and the lack of social support. Integrating some kind of stress management into her routine is really important. She is religious, so suggesting some prayer or any other kind of religious support group that she could join might be a good idea in this case.

She did have some markers for chronic inflammatory response syndrome, so although we're not covering that in this course, I made a note that that is something we'd want to address subsequently. We rarely start off with that. We will tend to address gut and GI issues, HPA axis, nutrient deficiency, thyroid, and other issues that we see on the blood chemistry before we get to CIRS. There are a number of reasons for that, but the main one is that often leads to a pretty significant improvement in symptoms. It gives us time to do the more detailed workup that we need to do for chronic inflammatory response syndrome, and it allows the patient to make some progress quickly, which then helps them to stick with the CIRS treatment.

I think that's all I had additionally to say about Christine. Most of what I wanted to say I was able to say to her in the appointment, and we'll move on to the next patient.