

## Live Case Recordings #3 - Commentary

Okay, the next patient is Jonathan. He is a 22-year-old male presenting with psoriasis, low energy, depression, apathy, constipation, ringing in the ears, and seeing stars.

You see he has a lot of symptoms in the GI category, which isn't surprising. This is really kind of a gut-brain-skin axis case, and we've talked a lot about how symptoms tend to present in those three systems along that axis. Lots of stuff going on the gut. Also quite a bit in the detox, liver, and gallbladder categories. He definitely has some symptoms that could be related to blood sugar dysregulation and HPA axis dysfunction. He has some hypothyroid stuff going on, cardiovascular, a little bit of pituitary, and male hormone symptoms.

He is on a pretty strict program. He doesn't drink. He doesn't really eat out. Exercising. Just eats meat, starch, and vegetables. No mercury amalgams currently or in the past. He is taking WP-Thyroid for hypothyroidism that was diagnosed previously and just a few supplements: B complex, magnesium citrate, betaine, hydrochloric acid, and beef liver. There were some blank pages that got somehow inserted in his documents.

Diet survey is good. He is eating a good amount of the right things and not the wrong things. He is doing a Paleo approach, dairy and gluten-free, pretty much 100 percent. He doesn't really fall off the wagon very much. As you can see, he is pretty strict. Despite the fact that he is in college, he is able to maintain his diet pretty rigidly.

Okay, a few more blank pages. He is eating an autoimmune Paleo-friendly type breakfast, usually sweet potato with some beef or bison and cooked vegetables. He has some black tea later in the morning. Lunch is usually meat, vegetables, and a starch as well. Dinner is the same as breakfast and lunch, so pretty strict.

He has done a lot of experimentation with his eating habits, and he found that a higher carbohydrate intake of 40 to 50 percent carb is better for him, not surprising for a young, relatively active male.

Check out the environmental exposure. In talking with Jonathan about his past, he was another one of these patients who was a healthy, vibrant, young male up until I think about 18, and then he started to get sick and stay sick. He lives in a very rural area in Atlanta, an area where there are a lot of ticks. He has had a tick bite, as you can see here, and he also became ill after eating fish from a freshwater pond, which could be Ciguatera. He also became ill after I think boating in that same pond or another pond in his area. Then he has several conditions or syndromes that are associated with biotoxin illness. It's a pretty clear pattern of exposure there in someone who went from being healthy to unhealthy very quickly. You want to be thinking about that sort of toxic exposure.

He is in his fourth year of college at the University of Georgia and was extremely active. He was a junior pro wakeboarder, skateboarding, baseball, football, and track, but he hasn't been able to do a lot of this because of his symptoms. He is very committed to getting well. He is doing all the right things, but he is just not making the progress that he had hoped for. He identifies as a Christian and feels like he gets a lot of support from his family, his church, and his friends, which is great, and that will help him a lot. He is doing an internship at the Salvation Army and volunteering there, which helps him with his sense of purpose and helps him step outside of his own illness, which I think is really important for people of any age with chronic illness.

Okay, so the report of findings here. We went over most of this. I don't have a whole lot to add to it that I didn't say in the appointment with Jonathan. I do tend to think that toxic exposure is playing a significant role for him just given the history of what happened with him, but he also has pretty clear SIBO with hydrogen and methane, other gut stuff such as inflammation, and impaired liver detox. He has quite a bit going on with cortisol, the DUTCH test results and hormones overall, methylation, and CIRS, so a number of things to address.

We wanted to do follow-up testing related to CIRS and biotoxin illness, several things just to get clarity on what we discovered on the original testing. A tick-borne illness screen given his symptoms and history of tick bite, I think it makes sense to screen him for Lyme and other tick-borne illnesses and coinfections.

Again, we start simple. An antimicrobial treatment for SIBO and gut inflammation. As you recall from the appointment, I was debating about whether to just have him do a methylation nutrient protocol with diet or whether to do a supplement protocol. Because he is eager to move forward quickly and felt like he could handle it, we decided to do the supplement protocol in addition to the antimicrobial protocol. I think this highlights an important point. One of the differences between the functional and conventional models is in functional medicine we emphasize a more collaborative approach with our patients rather than an authoritarian, kind of top-down approach that is typical in conventional medicine, where the practitioner just tells the patient what to do, and the patient does it or doesn't do it, as the case may be. I like to collaborate with my patients. I will tell them when I have some mixed feelings about how to proceed, and I'll give them the pros and cons. Then I'll typically give them a recommendation because I don't think it's helpful to leave too many choices up to the patient because that can interfere with their confidence in you and in the treatment in general, but offering them a choice and asking them about what their intuitive sense is, and they know themselves better than you know them. If you would have said to me, "I get really overwhelmed with supplement protocols, and it's hard for me to stick with them," then I would have said, "Let's just stick with the methylation diet." But, since he said he thinks he can handle it, and he is eager to move forward, then we do these both together. That kind of collaboration, I think, is really important to do with patients.

I actually didn't remove methylation protocol from this, which we're already doing, but after this, we would probably move on to address the chronic inflammatory response syndrome or maybe

the Lyme and other tick-borne illnesses, if he has them of course, depending on what the results of all these tests bring back.

Okay, that's it. I hope you benefited from watching the full case reviews, how they actually happen. Of course, they are typically done in person, but we weren't able to figure out a way to easily show you all the information you needed to see, see what I'm doing, and also hear from the patients, so we decided to do them via Zoom, and hopefully that worked out well for you.

All right. That's it for now. Thanks.