

WEBVTT

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00:01:55.190 --> 00:02:13.070

lisa fouladi: Hey? It's the top of the hour. Hi! Everybody! Welcome to our 1st lab analysis call. I'm Lisa Puladi. I'm hosting these calls on behalf of Drie. And as this is our 1st call, I'm trying to figure out how best to approach this

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00:02:13.170 --> 00:02:40.059

lisa fouladi: and so what I've decided to do this time, because the case study call is next Tuesday is, I'm gonna go through some things with you. I'd like this to be interactive. And then I've given you some homework, and I want you to. Whoever's interested to do the homework, and we can discuss it on the case study call on Tuesday, which is not that far from now. So it gives us some kind of continuity. This call is an hour.

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00:02:41.103 --> 00:02:46.550

lisa fouladi: The reason this call came to be, and we're going to be quarterly

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00:02:46.700 --> 00:02:58.599

lisa fouladi: is because during the certification process we have case reviews at the end. When you've submitted everything, when you finished all the modules when you finished all of the

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00:02:59.140 --> 00:03:00.540

lisa fouladi: assignments.

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00:03:00.890 --> 00:03:05.859

lisa fouladi: And if you look at your certification requirements. And, by the way, you know that the

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00:03:06.560 --> 00:03:23.109

lisa fouladi: that the website. The Inu website is migrating. I haven't seen the new web website yet. Once it's migrated and you are migrated over you won't have access to the previous one anymore. I mean, it's the same site, but it's going to be new.

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00:03:23.640 --> 00:03:25.599

lisa fouladi: I would in the meantime

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00:03:25.880 --> 00:03:35.840

lisa fouladi: download the certification requirements so that you have them they won't change, but I just don't know what the new site is gonna look like. So

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00:03:36.170 --> 00:03:41.079

lisa fouladi: if you look at the certification requirements and you go to the case studies with feedback.

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00:03:43.140 --> 00:03:59.689

lisa fouladi: these are there are 2 of them, and they're based on cases looking at labs, etc, and the feedback from the students going through the certification process was they wanted more practice at this kind of analysis. So this is what

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00:04:00.660 --> 00:04:04.869

lisa fouladi: these quarterly lab analysis calls are.

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00:04:04.880 --> 00:04:29.860

lisa fouladi: and I wanted to encourage you as well to make use of the information that you have. You don't have to use these documents, I mean, perhaps, for the, you know, submissions for the certification you do, but in in general you can, you know, amend them to, however, suits you, but there are some guidelines for case studies. And then there's also this findings and plan template. So

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00:04:29.860 --> 00:04:43.860

lisa fouladi: if you're wondering if you're starting up in practice, or you're trying to figure out how to organize your thoughts, etc. Please do use the resources that you have available to you.

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00:04:44.470 --> 00:05:03.510

lisa fouladi: As I said, I want. I don't want this to be a lecture. You know that I would please make a presentation. I want this to be interactive. But given that this is our 1st one. I will be introducing some basic concepts. I'm gonna turn off my video because I'm always worried about

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00:05:04.490 --> 00:05:05.310

lisa fouladi: bandwidth.

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00:05:05.610 --> 00:05:13.840

lisa fouladi: I want to introduce some basic concepts, and you can review them on the, you know, on other. You know in the future

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00:05:14.150 --> 00:05:17.549

lisa fouladi: that really are you know.

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00:05:18.116 --> 00:05:25.980

lisa fouladi: What I would like to impart is how to interpret lab test results using the functional medicine lens.

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00:05:26.240 --> 00:05:43.690

lisa fouladi: That basically means identifying the loss of physiological function and declining resiliency before overt disease manifests. And it's also using lab testing to understand mechanisms and not just markers. I'll go through these terms in a second.

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00:05:43.720 --> 00:06:02.700

lisa fouladi: And then, of course, that's all. With the purpose of creating individualized mechanism, driven clinical strategies to support the restoration of health. This approach isn't about diagnosing disease. It's about restoring optimal function and preventing dysfunction from

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00:06:03.030 --> 00:06:11.249

lisa fouladi: from becoming pathology. And if somebody that you're supporting already has some diagnosed diseases, it's to slow the progression or even reverse it

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00:06:11.720 --> 00:06:20.180

lisa fouladi: so functional medicine is known. Oh, let me just put this in the slideshow view.

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00:06:21.450 --> 00:06:32.190

lisa fouladi: Alright, so functional medicine is also known as integrative medicine, holistic medicine systems, medicine systems, biology.

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00:06:32.724 --> 00:06:40.590

lisa fouladi: So these are all terms the same. They mean the same thing. And of course, functional nutrition or precision nutrition.

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00:06:41.460 --> 00:06:49.569

lisa fouladi: So it's not. It's an alternative form, a specific form of complementary and alternative medicine.

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00:06:50.090 --> 00:07:10.780

lisa fouladi: So this is what's really really important. I'd like you to go and look this up in pubmed. What does function mean? This is a great article by Jeffrey Bland, who is considered to be one of the fathers of functional medicine. And so this article is defining function in the functional medicine model.

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00:07:11.070 --> 00:07:13.009

lisa fouladi: So what is

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00:07:13.601 --> 00:07:33.459

lisa fouladi: function? So before a system fails, it dysfunctions. Okay, so before a dysfunction becomes a disease, it begins as a loss of function. Okay, so loss of function refers to the gradual breakdown of physiological processes. It often appears in the form of fatigue.

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00:07:33.650 --> 00:07:46.640

lisa fouladi: digestive discomfort, hormonal imbalances, inflammatory reactivity. Or there could be methylation bottlenecks. Even you know, despite supplement use so the goal

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00:07:46.890 --> 00:07:55.609

lisa fouladi: of functional medicine lab interpretation is to detect and address the loss of function early to restore resiliency

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00:07:56.090 --> 00:07:58.606

lisa fouladi: and balance in the body's

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00:07:59.890 --> 00:08:12.200

lisa fouladi: systems. Okay, so yeah, have a look at this article. Read, Jeff Bland's articles. They're really great. It sets up the theoretical framework for functional medicine.

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00:08:12.860 --> 00:08:22.239

lisa fouladi: So it's evidence based. It's centered on physiology and biology and use uses testing both standardized testing and functional tests.

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00:08:22.630 --> 00:08:27.179

lisa fouladi: And it's really about balance. If I say it simplistically.

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00:08:28.000 --> 00:08:39.209

lisa fouladi: it aims to remove what's not supposed to be in the system, and adds in, or maintains what is supposed to be in the system. That's just really, I mean in its simplest form.

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00:08:40.299 --> 00:08:52.499

lisa fouladi: So this is the whole idea of loss of function before and with disease. So here, you know, it's a continuum from health to disease. And then this loss of function is what we're trying to identify.

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00:08:53.790 --> 00:08:56.820

lisa fouladi: So in functional medicine.

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00:08:57.930 --> 00:09:03.490

lisa fouladi: obviously, I'm not a doctor, but when I say functional medicine, I mean functional nutrition, but

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00:09:04.770 --> 00:09:19.149

lisa fouladi: it evaluates health and disease through the lens of key physiological functions. These are the foundations of the of life processes when one or more becomes dysregulated.

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00:09:20.304 --> 00:09:27.479

lisa fouladi: Symptoms occur, and then dysfunctions are are become, they emerge?

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00:09:28.575 --> 00:09:53.640

lisa fouladi: So I mean, these are all the things that you already know. Digestion. It's talking about the breakdown of food elimination. It's, you know, bowel regularity, liver and kidney excretion, lymphatic flow biotransformation. That's detoxification, and especially hormones and toxins. Glycemic response. You know all about that. But sugar regulation. It means cortisol balance.

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00:09:53.950 --> 00:10:05.390

lisa fouladi: bioenergetics. That's really about about the mitochondria and atp production redox balance. That's, you know, the balance between oxidative stress

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00:10:06.457 --> 00:10:15.779

lisa fouladi: and antioxidants and barrier integrity. That's really really important. That's the gut lining blood brain barrier, mucosal immunity.

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00:10:16.050 --> 00:10:40.979

lisa fouladi: and on and on. So you know about all of these. But these are what I'm talking about when I'm referring to the physiological functions. I use this slide by the way, in in my presentation this weekend that was for you know, client facing. But you know. Obviously, I'm going into. I mean, that was just to talk about our methods, our approach.

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00:10:42.560 --> 00:10:54.990

lisa fouladi: So there is this other concept of resiliency that I don't know if we focus on enough, but resiliency really refers to the body's

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00:10:55.240 --> 00:11:06.809

lisa fouladi: capacity to adapt and recover and remain stable in the face of stress, whether the stress is nutritional, environmental, hormonal or emotional.

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00:11:06.930 --> 00:11:29.400

lisa fouladi: So signs of resiliency would be, for example, normal cortisol rhythm under pressure or rapid healing from illness or inflammation, the ability to bounce back from a lot of stress or poor sleep, or you had a lot of work, or I don't know if you remember when you're in university, or you have lots of exams. You know how fast you can bounce back.

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00:11:30.014 --> 00:11:38.709

lisa fouladi: You know menstrual regularity for women who are menstruating, and then, of course, tolerance to food variety without immune reactivity.

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00:11:41.000 --> 00:11:44.239

lisa fouladi: Loss of resiliency shows up as

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00:11:45.220 --> 00:11:46.650

lisa fouladi: You know, the

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00:11:46.850 --> 00:12:06.450

lisa fouladi: there are types of challenges here. All kinds of challenges here. That. But it shows up as sleep disturbances, fatigue, food, intolerance, hormonal disturbances. So there's all kinds of resiliency issues. And

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00:12:07.450 --> 00:12:20.819

lisa fouladi: basically, these are the types of clinical presentations. For example, unable to recover from a viral infection. That means there's a loss of pathogen resiliency. So pathogen is, you know, disease causing organism right?

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00:12:20.940 --> 00:12:37.870

lisa fouladi: So it could be to a viral infection or whatever. So these are just the the terms that I'm using. And I just would like you to be familiar with them, because these are key concepts. And it helps you really when you are evaluating your clients. Labs.

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00:12:38.940 --> 00:12:49.499

lisa fouladi: So this is basically the approach in a nutshell. We we use

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lisa fouladi: various kinds of evaluation. So taking a history diet, history using lab tests. You know, conventional lab tests, functional tests

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00:13:00.220 --> 00:13:02.040

lisa fouladi: to identify

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00:13:02.920 --> 00:13:12.580

lisa fouladi: where the dysfunctions are. But of course the the patient or the client has already told us about their their symptoms.

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00:13:12.770 --> 00:13:26.259

lisa fouladi: And then we use the results of the testing to help us develop personalized strategy to support these physiological functions. And of course, our tools are nutraceuticals, diet and lifestyle.

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00:13:28.160 --> 00:13:38.009

lisa fouladi: So that's what really separates functional medicine from other forms of healthcare is the method of evaluation. I mean, that's really.

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00:13:38.220 --> 00:13:53.570

lisa fouladi: really key here. So evaluation is you know, is is really important. I mean, that's just really what distinguishes us. And if you want to distinguish yourself as a practitioner.

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00:13:53.720 --> 00:14:07.329

lisa fouladi: you know you also have to understand. The the mechanisms, you know you have to understand which mechanisms are impaired. So it's, you know, you need to ask the question, why is a marker

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00:14:07.350 --> 00:14:21.559

lisa fouladi: out of range and then identify the upstream issues to help create a a strategy. This just really the way we work. And basically we're asking

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00:14:21.560 --> 00:14:41.539

lisa fouladi: question, what needs to be removed? Is it a food? Is it a stress trigger? You know. Is it a microbe? What needs to be supported? Are there nutrient insufficiencies? Is the circadian rhythm intact? You know what's going on with sleep? Does the person need enzymes? And what systems need to be rebalanced?

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00:14:42.020 --> 00:15:05.090

lisa fouladi: Is it detoxification, methylation, immune system? So those are all the the things. So our goal is not to diagnose is to see the functional story beneath the labs. Okay, to support the body's self healing systems and to help the person regain their resilience. That's the goal.

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00:15:05.540 --> 00:15:08.959

lisa fouladi: So that's really the

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00:15:09.720 --> 00:15:23.591

lisa fouladi: that's what I'm here to. That's what I try to do every day and try to learn more about every day. Let me just see here. Oh, yeah. So here's some definitions that I put here for you. And

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00:15:24.650 --> 00:15:28.360

lisa fouladi: and this is all come back to that. So the person

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00:15:28.470 --> 00:15:40.639

lisa fouladi: that we are going to be looking at today is a she was 21 at the time of let me just stop the share.

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00:15:41.740 --> 00:15:43.370

lisa fouladi: Oh, sorry!

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00:15:45.329 --> 00:15:50.720

lisa fouladi: Right. She was 21 at the time that I met her.

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00:15:50.910 --> 00:16:03.700

lisa fouladi: and she it was really, when Covid had just was starting in 2019. So I supported her in 2019 and 2020,

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00:16:04.356 --> 00:16:19.600

lisa fouladi: and 21 year old is is pretty, you know, is pretty young. If we look at her her symptoms here that she self reported. Let's see here.

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00:16:20.660 --> 00:16:21.415

lisa fouladi: right

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00:16:22.390 --> 00:16:24.030

lisa fouladi: Mood swings

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00:16:25.104 --> 00:16:42.515

lisa fouladi: the top issues right at the bottom of the Dutch test is, you know, relief of mood swings, regulate chronic yeast infections. She has anxiety and depression decreased libido, and she has issues with sleep and her. She has irregular

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00:16:43.080 --> 00:16:44.670

lisa fouladi: menstrual cycles.

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00:16:44.980 --> 00:16:52.449

lisa fouladi: Stop the share again. Seconds. I don't want alright. So the testing that I did with her

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00:16:52.650 --> 00:16:55.870

lisa fouladi: was first, st she's in Switzerland.

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00:16:56.370 --> 00:17:03.519

lisa fouladi: so I'm kind of limited in what I could get her to do. She's 21. Her mom helped me.

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00:17:03.810 --> 00:17:07.789

lisa fouladi: She was 21 at the time of testing. So we did the Dutch test.

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00:17:08.089 --> 00:17:16.389

lisa fouladi: We did a Gi effects test. So you can see the older test reports.

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00:17:16.720 --> 00:17:23.130

lisa fouladi: And then I did, of course, lab work, but the lab work was all done through the Doc. So

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00:17:23.500 --> 00:17:29.902

lisa fouladi: you know it was as it was, I did provide you with the

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00:17:30.710 --> 00:17:41.690

lisa fouladi: What's it called the conventional units. But of course the labs were in international units. And then I also did a food sensitivity test.

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00:17:42.180 --> 00:18:08.480

lisa fouladi: I use the Kbmo diagnostics because I can get that readily in Switzerland. And yeah, it's easy to do it for us people. I tend to use the the Ige Igg test from diagnostic solutions. Because it does both Igg's and and Iges.

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00:18:09.420 --> 00:18:19.069

lisa fouladi: So let's start with the duct test. Does anybody have any questions before we get going with the with the looking at the labs.

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00:18:20.130 --> 00:18:31.689

lisa fouladi: I need somebody to look at the chat for me, because I can't look at the chat when I'm doing a screen share. So who wants to volunteer to monitor, chat for me for any questions.

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00:18:34.050 --> 00:18:36.039

Xiaoyun Pan: I can monitor that Lisa.

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00:18:36.430 --> 00:18:37.909

lisa fouladi: Thank you. Thank you. And you can.

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00:18:37.910 --> 00:18:40.799

Xiaoyun Pan: Further. Yeah. No questions. So far.

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00:18:41.290 --> 00:18:57.569

lisa fouladi: Okay. Okay. So if you have a question, either write it into the chat or put your hand up. I may not see it. If you have your hand up, so shall you make sure you tell me that you know about that? Alright. So I'm not going to go into a

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00:18:57.750 --> 00:19:01.340

lisa fouladi: full analysis here, because I really

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00:19:02.390 --> 00:19:10.850

lisa fouladi: want you to think about these tests, and they will be posted with the recording.

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00:19:10.850 --> 00:19:11.280

Xiaoyun Pan: Sorry.

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00:19:11.280 --> 00:19:17.659

Xiaoyun Pan: Yes, Lisa, can you please help enlarge the screen? Deborah asked to enlarge the screen.

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00:19:18.180 --> 00:19:20.130

lisa fouladi: Is that better? Okay? All right.

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00:19:20.290 --> 00:19:21.780

lisa fouladi: Okay, all right.

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00:19:22.100 --> 00:19:48.490

lisa fouladi: Okay. So these results would be, will be posted. With the recording on the Nept site, and a little quiz that I created for you and I have. I thought I have a homework assignment as well. I think I have a homework assignment as well. Let's see here.

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00:19:48.660 --> 00:19:49.530

lisa fouladi: Yes.

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00:19:49.630 --> 00:20:11.450

lisa fouladi: I do have a homework assignment. Let me just open it. So you see, you don't have to do this, obviously. But just if you want to. If you want to you can. So I did a homework assignment as well. Map out the case? Using these questions, you know what function is impaired. What's the upstream mechanism, what systems? Must be prioritized first.st

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00:20:11.870 --> 00:20:34.069

lisa fouladi: So, as I said, I'm not going to go through a thorough review, but I want you to notice some things here for start. She's 21. Look how low her estrogen is, and her progesterone is, we're not going to focus on the androgens at the moment. But I just want you to look at that. So the person's young age she's 21 is critically important

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00:20:34.120 --> 00:20:44.420

lisa fouladi: because at this stage of life we expect robust hormone production, strong stress, resiliency, efficient detoxification and good immune tolerance.

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00:20:44.700 --> 00:20:56.459

lisa fouladi: So the findings that we're going to review reveal multiple early breakdowns in physiological function, all reversible if addressed appropriately.

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00:20:57.290 --> 00:21:08.471

lisa fouladi: And then why why does the stress response matter at such a young age. Okay? So you know what the stress response is. So I don't need to define that for you. But

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00:21:09.520 --> 00:21:25.449

lisa fouladi: it basically alters hormonal rhythm. It impacts the immune system, digestion, neurotransmitter tone, and more. So. You know she mentioned yeast infections. She also had. I didn't give you her full history. She also has chronic colds

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00:21:25.630 --> 00:21:38.350

lisa fouladi: and yeah, mood swings. And you know, menstrual irregularities. So you'll see that she's producing a whole lot of cortisol. And there's a lot of cortisol around, and dhea

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00:21:38.450 --> 00:21:46.210

lisa fouladi: is high. So her her Hpa access, her stress is working, because

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00:21:46.320 --> 00:22:07.559

lisa fouladi: when they're usually cortisol, which is a catabolic hormone when it goes up. Dhea, which is an anabolic hormone, should also go up in order to compensate, you know. So in order to to blunt the impact. So we know that her stress response is working. However, it's hyper hyper activated.

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00:22:07.560 --> 00:22:27.020

lisa fouladi: So she has a lot of stress and you'll see that she has a diurnal rhythm. This is not the doctor plus. So there was no saliva, so I don't have a cortisol awakening response. But you'll see that she has a good Circadian rhythm. But yeah, these, the Estradiol and Progesterone are low.

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00:22:28.550 --> 00:22:30.350

lisa fouladi: We can see

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00:22:31.530 --> 00:22:40.410

lisa fouladi: some detoxification pathways in the in the Dutch test. So the 2 that we can really see are methylation and sulfation.

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00:22:40.610 --> 00:22:42.620

lisa fouladi: and we can see sulfation here.

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00:22:43.480 --> 00:22:46.840

lisa fouladi: Dheas is a sulfated form of Dhea.

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00:22:47.040 --> 00:23:07.039

lisa fouladi: and we look at the metabolites, and, generally speaking, if things are working properly, the metabolites should be pointing to a similar place on the gauge as the parent hormone, and you can see here the hes is much lower than the metabolite. Metabolites are very high, so there's a block in sulfation.

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00:23:07.330 --> 00:23:10.809

lisa fouladi: and then we can also see methylation.

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00:23:11.485 --> 00:23:30.920

lisa fouladi: Here. And her methylation activity is very high. That's it's upregulated. That's not necessarily a good thing, but we can see that the other pathway that detoxifies hormones is glucuronidation, and we can see that here on the

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00:23:31.010 --> 00:23:43.389

lisa fouladi: Gi effects test. When we look at Beta Glucuronidase, we could also see glucuronidation, for example. If we look at

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00:23:43.790 --> 00:23:45.370

lisa fouladi: Billy Rubin.

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00:23:46.060 --> 00:23:55.500

lisa fouladi: or we could see the Ugt gene, I should say not necessarily glucuronidation. But if Belirubin is high

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00:23:56.384 --> 00:24:04.440

lisa fouladi: we would suspect that the person has a Ugt gene snip where is placed it

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00:24:05.456 --> 00:24:12.580

lisa fouladi: here, but it's slow, so she probably does not have a Ugt, so. But I'm just trying to tell you where to look right?

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00:24:13.950 --> 00:24:25.449

lisa fouladi: So she has very high activated stress response. Okay? And and so this increases.

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00:24:26.152 --> 00:24:38.270

lisa fouladi: You know blood sugar, and of course it's you know you've heard of the pregnenolone steel

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00:24:39.120 --> 00:25:01.829

lisa fouladi: so it's when cortisol is high. I don't have a picture here of the pathways, but when cortisol is high, basically, it's being shunted away from Progesterone. Some practitioners don't believe in this biochemistry. But basically, what's happening is that the

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00:25:02.490 --> 00:25:08.330

lisa fouladi: material is going to produce cortisol, and it's being shunted away from progesterone.

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00:25:08.460 --> 00:25:13.360

lisa fouladi: So that's called the progesterone, or the pregnenolone steel.

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00:25:14.411 --> 00:25:17.570

lisa fouladi: Alright. Then, when we look at the

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00:25:17.680 --> 00:25:26.189

lisa fouladi: estrogen metabolites, you'll see her estrogens are really low. This below. So the purple is the Menopausal range, and she is.

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00:25:26.360 --> 00:25:35.229

lisa fouladi: She's not in the well. She is in Menopausal range for E. 3, but she's below the range for e 1 and E. 2, which is not what we would expect.

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00:25:35.734 --> 00:25:50.320

lisa fouladi: And she followed the instructions correctly. She did do the test when she was supposed to, so there are instructions on taking the test results or collecting a sample based on the, you know, days of the cycle.

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00:25:50.510 --> 00:26:03.090

lisa fouladi: But you'll see here the estrogen metabolites. The 4 ohs are higher than the range, and the 16 ohs are pretty low. And yeah. So we see that the

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00:26:04.170 --> 00:26:13.629

lisa fouladi: the what's it called the the methylation activities high. So when we're looking at this

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00:26:14.400 --> 00:26:27.845

lisa fouladi: mechanism. So I talked about loss of function. So the the metabolism of the estrogens are are not working properly. Methylation is upregulated.

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00:26:28.800 --> 00:26:50.273

lisa fouladi: estrogen detoxification is is going this in this direction here, right? These are going to the to the quote, bad metabolites which can form, you know, these Quinones, which can damage the DNA, they can be detoxified here. But this is

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00:26:50.830 --> 00:27:11.010

lisa fouladi: probably needing some support. It needs glutathione. It needs magnesium. It needs B 6. But this isn't working properly. And although in the Dutch test we don't really measure progesterone. Directly we look at the progesterone metabolites.

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00:27:11.565 --> 00:27:24.330

lisa fouladi: It's basically, the loss of function would be the ovulation and luteal support. And so the chronic Hpa. Activation increases. Cortisol suppresses

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00:27:24.480 --> 00:27:41.169

lisa fouladi: lh, fsh, right and ovulation. And this can then cause low progesterone. That's the mechanism that's the biological kind of mechanism to think about. So when you go through your coursework, make sure you look at the biology and physiology.

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00:27:41.360 --> 00:27:44.361

lisa fouladi: and then what else is there here?

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00:27:45.180 --> 00:27:52.720

lisa fouladi: so we are going to look at the organic acids that are provided. As part of this test, the methylmalonic acid

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00:27:53.440 --> 00:28:05.609

lisa fouladi: is elevated. So it's above the range. So when you see that you wonder? Okay, did the person did we check for B 12?

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00:28:06.530 --> 00:28:13.989

lisa fouladi: And yes, but it's it's it's within the normal range. But it's functionally, low

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00:28:14.380 --> 00:28:17.108

lisa fouladi: and and then

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00:28:19.780 --> 00:28:29.349

lisa fouladi: We have here pyroglutamic acid or pyroglutamate. That's the marker for glutathione that's above the range. So it's a need for glutathione.

145

00:28:29.470 --> 00:28:52.290

lisa fouladi: and of course her dopamine metabolites are upregulated and breaking down a lot of dopamine. And this Vma, which is a neurotransmitter telling us about the stress response is highly activated, and Melatonin is above the range. She's taking Melatonin to help her with her sleep so that could be

146

00:28:53.090 --> 00:29:19.880

lisa fouladi: but so you can see why this matters. Okay? Because the cortisol steal steals from the or the pregnenolone steal whatever you want to call it steals from the sex hormones. Okay? So in chronic stress, the body prioritize prioritizes the survival hormones, which is cortisol over the reproductive ones, and we can pretty much see that

147

00:29:21.580 --> 00:29:23.340

lisa fouladi: pretty much. Do that here.

148

00:29:23.760 --> 00:29:42.890

lisa fouladi: Sorry my mouth decided not to work. Okay, and this can lead to irregular cycles which she has Pms or heavy bleeding. So she had reported 60 days of nonstop bleeding. And then, of course, anxiety and insomnia.

149

00:29:43.060 --> 00:29:52.777

lisa fouladi: But an activated stress response. You know. So if we're gonna connect it to other things. It can reduce

150

00:29:53.700 --> 00:29:59.850

lisa fouladi: secretory iga, you know. Which is, you know, we can see

151

00:30:00.950 --> 00:30:06.920

lisa fouladi: back here not suppressed, but we can see.

152

00:30:07.780 --> 00:30:19.770

lisa fouladi: but in general long-term stress suppresses secretory iga, and it alters. The gut barrier increases the risk for gut permeability.

153

00:30:20.970 --> 00:30:27.930

lisa fouladi: So do you. Just a show of hands are, are you guys familiar with the Gi effects test?

154

00:30:30.510 --> 00:30:32.530

lisa fouladi: Rob, you're not okay.

155

00:30:33.060 --> 00:30:42.429

lisa fouladi: So I mean, there are many stool tests. Of course, if you're going to use a stool test, it's best. If it's a Pcr based one

156

00:30:43.198 --> 00:31:08.040

lisa fouladi: I like the Gi effects because it gives us a good idea on you know, these digestion absorption markers. It's the only test that tells us about the products of protein breakdown. So protein malabsorption. I like the way that the fats are the information on fat Malabsorption. So vibrant. America has a great test called the Godsomer. There's a Gi map.

157

00:31:08.140 --> 00:31:21.259

lisa fouladi: and then there's the Gi 360. So those are the 4 tests that use the Pcr kind of technology to evaluate the microbes. This so

158

00:31:22.210 --> 00:31:24.800

lisa fouladi: we can see here that

159

00:31:25.070 --> 00:31:31.089

lisa fouladi: her epx this is, there's there are 3 markers of inflammation on the gi effects

160

00:31:31.210 --> 00:31:52.170

lisa fouladi: palprotectin, which is neutrophil driven. That's a type of white blood cell Epx, which is Eosinophil driven another type of white blood cell. And then there's fecal secretory iga. So Iga is the most abundant of the antibodies that the body produces. It's not an auto antibody, it's the normal antibodies that the body produces and it

161

00:31:52.555 --> 00:32:12.620

lisa fouladi: and it iga protects the mucous membranes in the body, and this particular iga is fecal secretory iga. So it is. Telling us what's going on around the colon or large intestine. Don't forget this is a stool test. So it's telling us what's going on in the large intestine.

162

00:32:12.700 --> 00:32:26.660

lisa fouladi: and we can make inferences about the small intestine. But this really is telling us about the large intestine. So our digestion and absorption occurs in the small intestine. So when we're measuring

163

00:32:27.380 --> 00:32:55.909

lisa fouladi: fat or protein, we don't want to have high levels of fat or protein in the stool, because it means it wasn't digested. So she has some amount of fat malabsorption. And but she's she has an okay amount of digestive enzymes. Optimal was around 500 is 400, nearly so. Not bad. But there is some fat malabsorption. But the big thing here is the Epx inflammation.

164

00:32:56.280 --> 00:32:58.539

lisa fouladi: and it's just in the yellow

165

00:32:59.266 --> 00:33:06.840

lisa fouladi: and and so we look at inflammation in her labs.

166

00:33:07.180 --> 00:33:16.110

lisa fouladi: So the C reactive don't forget these were labs done by the Doc C. Reactive protein was fine

167

00:33:16.320 --> 00:33:24.420

lisa fouladi: Esr segmentation rate was also fine. And so it's not systemic.

168

00:33:24.580 --> 00:33:26.920

lisa fouladi: Unfortunately.

169

00:33:27.060 --> 00:33:41.619

lisa fouladi: this doctor did not do a full differential with the white blood cells, so we only have lymphocytes and monocytes. But the lymphocytes are high. Let me just pull up the actual

170

00:33:43.590 --> 00:33:45.080

lisa fouladi: blood test.

171

00:33:45.880 --> 00:33:58.000

lisa fouladi: I had them, but I restarted my computer before the call. And, oh, let me see the sorry.

172

00:34:08.770 --> 00:34:12.600

lisa fouladi: Oh, okay, alright.

173

00:34:13.310 --> 00:34:15.430

lisa fouladi: So I'm just gonna take them

174

00:34:19.179 --> 00:34:20.000

lisa fouladi: all right.

175

00:34:20.270 --> 00:34:25.699

lisa fouladi: So this is the. These are the blood test results.

176

00:34:25.830 --> 00:34:43.600

lisa fouladi: And you can see here that you always defer to the original results. So granulocytes are type of white blood cell. They're not differentiated yet, but these are low, but lymphocytes are high.

177

00:34:43.790 --> 00:34:47.559

lisa fouladi: and then what else was high?

178

00:34:48.070 --> 00:35:08.990

lisa fouladi: Just looking at at this? Of course, you know, cholesterol you know, from our functional point of view, is a little bit on the lower side. But it's you know doctors are interested. If it's high. Vitamin D is low. This is, don't forget international units.

179

00:35:09.628 --> 00:35:29.060

lisa fouladi: And let's see here. Okay? I asked them to check for anti-gliadin antibodies, and so she's quite positive through Antigliadin, which tells us, you know, she has risk for non-celiac gluten

180

00:35:29.170 --> 00:35:30.570

lisa fouladi: sensitivity.

181

00:35:31.450 --> 00:35:54.379

lisa fouladi: So it's important, because obviously, she's 21 years old. And I would like to, you know, figure out what's going on with her? You know she has bloating stomach cramps. And of course we discovered this inflammation. And then I went on to do this Kbmo test here. It's igg test.

182

00:35:54.580 --> 00:36:02.620

lisa fouladi: and the plus 4 plus is the highest level of reaction. So Casein and cow's milk. So dairy

183

00:36:02.970 --> 00:36:06.870

lisa fouladi: pecans. Then the 3 plus were the goat's milk.

184

00:36:07.330 --> 00:36:09.760

lisa fouladi: and and then you can see here

185

00:36:10.340 --> 00:36:15.149

lisa fouladi: egg whites. They are a little bit elevated, some mild reaction

186

00:36:15.270 --> 00:36:21.849

lisa fouladi: and corn and lettuce and then how about bacon? Pork?

187

00:36:22.770 --> 00:36:28.179

lisa fouladi: I would just use this to help with the

188

00:36:28.820 --> 00:36:34.573

lisa fouladi: What's it called elimination of of the certain foods?

189

00:36:36.770 --> 00:36:45.721

lisa fouladi: Okay? So I mean, you know, I you would need to know when you're using a test, what the limitations are. So when you're using

190

00:36:46.310 --> 00:36:54.461

lisa fouladi: a food sensitivity test. It's really not diagnostic. It's just letting you know what the body's reacting to.

191

00:36:55.320 --> 00:36:58.659

lisa fouladi: But the point is that

192

00:37:00.530 --> 00:37:19.668

lisa fouladi: that this person does have loss of function, of intestinal barrier integrity and the mechanisms. Again, the mechanisms are stress. There is, of course, dysbiosis so imbalanced gut bacteria. So we can see.

193

00:37:20.200 --> 00:37:47.450

lisa fouladi: we can see that here. These are the older reports. They talk about relative abundance. So if there's overgrowth or deficiency patients. Results are higher than a healthy cohort, and this commensal balance is really talking about diversity. So it's in the red, so needs more. There's an overgrowth. But there is an insufficient amount of diversity, and if we look at butyrate, it is low.

194

00:37:47.540 --> 00:38:12.100

lisa fouladi: and then, of course, here the microbes there's a lot very high, I mean, normally, we will see some that are high, some that are low, but there's so many that are high. There is definitely an overgrowth there in the commensals in the good bacteria. So it's all about balance in the gut. Then there's some that we don't want the proteobacteria. This E. Coli is high.

195

00:38:12.260 --> 00:38:29.329

lisa fouladi: And this one here, this cusobacterium in the newer test. There's no yellow, it's just there is no green. It just. We don't want that at all. It's an inflammatory bacteria, and even acromantia

196

00:38:29.330 --> 00:38:45.750

lisa fouladi: is high. So Acromantia is a good guy, and it lives in the mucus layer between the mucus and the bloodstream. But when it's overgrown it's usually there's a lot of fermentation and could be symptoms like bloating.

197

00:38:45.750 --> 00:39:04.840

lisa fouladi: And then, if we look at the additional bacteria, although it's all Np. Non-pathogenic. There's still Klebsiella, and other things that are growing, and no mycology. And then the parasites. So, as you know, parasites are very good at hiding. So just because it says it's not detected doesn't mean there aren't any.

198

00:39:04.840 --> 00:39:33.030

lisa fouladi: But that's why the lab does the Pcr, the DNA testing for the single cell parasites, the protozoa. And when these are not detected they are not there. But the hardcore leiden crystals are detected. So that's a type of telling us about inflammation. Basically, it's not a finding we see very often, but combining that with the Epx.

199

00:39:33.090 --> 00:39:42.377

lisa fouladi: you know, there really needs to be here. The Epx needs to be some serious thinking about the gut

200

00:39:43.440 --> 00:39:47.806

lisa fouladi: and at this time I used to

201

00:39:48.480 --> 00:39:59.999

lisa fouladi: ask for the add on of Zonulin, and you'll see here. It's called Zonulin family Peptide. It's not very accurate.

202

00:40:00.376 --> 00:40:23.849

lisa fouladi: It's less reliable than Serum Zonulin, and it costs a fair amount. So I've stopped using it because it's not very accurate, but it does tell us about loss of function, and especially when you it becomes clinically relevant when you combine it with other markers like Epx. So it really helps me discuss this whole idea of intestinal permeability with the

203

00:40:24.040 --> 00:40:41.385

lisa fouladi: with the person and so, of course, the mechanism is stress dysbiosis, gluten reactivity and food antigens. So we saw that the Antigliadin was high. They just try to bring it all together like what? What could be the things that are

204

00:40:42.160 --> 00:41:05.210

lisa fouladi: causing this intestinal permeability because it causes an upregulation of what causes an upregulation of Zonulin right? And then it's the opening of the leaky junction or the tight junction causes this leaky gut. So the tight junctions are the single cell on the epithelial layer of the gut

205

00:41:05.560 --> 00:41:17.830

lisa fouladi: and they are supposed to come apart and then they go back together again. But but when they open for too long. Then there's leaky gun. So, Sabrina, you have your hand up.

206

00:41:19.010 --> 00:41:20.030

lisa fouladi: Sabrina.

207

00:41:20.890 --> 00:41:26.405

Sabrina Gagné: Yes, thank you. I was just wondering because you mentioned that her lymphocytes were high.

208

00:41:27.340 --> 00:41:30.699

Sabrina Gagné: Does that mean there's like a viral infection, maybe, or something also.

209

00:41:31.420 --> 00:41:37.078

lisa fouladi: Could be need further testing. But her her white blood cells

210

00:41:37.800 --> 00:41:50.019

lisa fouladi: were high in 2019. And then, when she retested, the white blood cells came down so there could be some kind of infection, some kind of viral infection, some kind of bacterial infection.

211

00:41:50.577 --> 00:42:08.780

lisa fouladi: Some some microbial infection. But it needs further further testing. So so that would be. One of the questions, you know, is what further testing would be done, you know, like looking at Ebv, or looking at cytomegalovirus and and and things like that.

212

00:42:09.157 --> 00:42:29.932

lisa fouladi: So yes, but it's just telling us that this person is inflamed and given that the total white blood cell count normalized or came within, you know, optimal levels after being functionally elevated. So from a medical point of view would never have been considered elevated. But in fact, what are the

213

00:42:30.640 --> 00:42:33.990

lisa fouladi: What are the ranges?

214

00:42:37.100 --> 00:42:54.460

lisa fouladi: here? Leukocytes? So it has to be above 9.6 before a doctor would consider that there's some kind of infection there. But for us, from a functional point of view. Yes, there is. There is some kind of infection, but I don't know what it's from.

215

00:42:55.071 --> 00:43:03.708

lisa fouladi: Is it? From the overgrown bacteria in the gut? Is it from viral? You know, latent viruses don't know

216

00:43:05.030 --> 00:43:06.656

lisa fouladi: but the

217

00:43:07.740 --> 00:43:17.729

lisa fouladi: you know, the Epx is also telling us so I don't have. I don't have the Eosinophils. I would like to have seen the Eosinophils but the doctor didn't mention.

218

00:43:17.730 --> 00:43:27.560

Xiaoyun Pan: Yeah, Lisa, there's a question from Rob. How did you determine the accuracy of Zonula test, or any other test.

219

00:43:30.150 --> 00:43:33.799

lisa fouladi: Why do I say? Zonulin isn't accurate? Is that your question?

220

00:43:34.770 --> 00:43:35.340

Xiaoyun Pan: Yes.

221

00:43:35.340 --> 00:43:37.849

lisa fouladi: Because it's because it's not measuring

222

00:43:37.910 --> 00:44:04.620

lisa fouladi: Zonulin. It's it's it's it's it's called the Zonulin family peptide. So Zonulin is released by the tight junctions. Okay? So that's why. When Alessio Fasano 1st discovered this in his work. On, you know, autoimmunity and celiac and all that kind of stuff. It really was, you know, phenomenal research. But in the stool.

223

00:44:05.176 --> 00:44:19.099

lisa fouladi: It's not really measuring Zonulin. It is measuring some other things that are associated with Zonulin. So that's why it's called Zonulin family Peptide. Okay?

224

00:44:19.230 --> 00:44:37.300

lisa fouladi: And so it may not be. You know, it's there's some association with stool inflammation, and also with dysbiosis. But you want a more accurate measurement of Zonulin. It's better to get a serum, Zonulin. So I because it's not really that accurate

225

00:44:37.937 --> 00:44:43.369

lisa fouladi: I you know, and and it's not really, you know. I mean.

226

00:44:43.510 --> 00:44:47.690

lisa fouladi: I decided the costs weren't worth it.

227

00:44:48.343 --> 00:44:55.276

lisa fouladi: I can infer intestinal permeability without the extra cost. I did a

228

00:44:57.000 --> 00:45:01.290

lisa fouladi: I did a talk for Dr. Vita Marie for one of the.

229

00:45:01.450 --> 00:45:14.959

lisa fouladi: you know, practitioner things, and I went into a little bit more detail on. Why, Zonulin isn't accurate in the stool. A lot of people still use it, and some of the tests.

230

00:45:15.000 --> 00:45:32.090

lisa fouladi: It comes automatically. But with the Gi effects it doesn't come automatically. You have to add it on. So if it comes automatically, obviously, I'm going to look at it and interpret it. In, in relation to other markers right? So on its own, I think, because it's not accurate.

231

00:45:32.754 --> 00:45:42.929

lisa fouladi: Not particularly accurate. You just really have to know the you just really have to know the limitations of the test.

232

00:45:43.559 --> 00:46:07.069

lisa fouladi: So the the Epx is telling us what? What is the Epx telling us? It's telling us that the barrier integrity is compromised. Okay, and that there's an immune intolerance to foods and environmental antigens. Antigens are anything that's, you know, you know, disease causing.

233

00:46:07.350 --> 00:46:16.329

lisa fouladi: And the mechanism is that there's activated eosinophils responding to gut antigen exposure.

234

00:46:16.520 --> 00:46:18.520

lisa fouladi: So it could be

235

00:46:19.270 --> 00:46:31.229

lisa fouladi: food gluten dairy, or it could be the microbes, and that really results in an inflammatory eosinophil type of response.

236

00:46:31.654 --> 00:46:35.070

lisa fouladi: Somebody had their hand up. I don't know if the hand is still up.

237

00:46:36.670 --> 00:46:39.380

lisa fouladi: Oh, Janet, Janet, you have your hand up. Okay, Janet.

238

00:46:39.380 --> 00:46:46.050

Janet Vailes: We're talking about Zonulin, and is it accurate in a blood serum? Or do you feel like that's not.

239

00:46:46.050 --> 00:46:49.523

lisa fouladi: Yes, yes, that. Yeah, yeah, it is.

240

00:46:50.020 --> 00:46:55.019

Janet Vailes: And a lot of times. Do you have them spend the money to get that, or through your question?

241

00:46:55.020 --> 00:46:57.440

lisa fouladi: No, no, I don't.

242

00:46:57.440 --> 00:46:57.910

Janet Vailes: Hey!

243

00:46:57.910 --> 00:47:08.704

lisa fouladi: Yeah, yeah, I can infer it. You know. I can infer leaky gut from other other things. Let me see. I don't even know where where it is.

244

00:47:09.480 --> 00:47:12.099

lisa fouladi: I did a presentation

245

00:47:12.320 --> 00:47:34.139

lisa fouladi: on that stuff a while ago. Well, not that long ago. I'll see if I can pull it up. We only have 15 min left, so think of your questions, and then I've given you homework, and I'd like you to come to our case study call on Tuesday. So we can continue this discussion. And then you can also tell me while I'm looking for this

246

00:47:35.970 --> 00:47:38.137

lisa fouladi: for this information.

247

00:47:39.000 --> 00:47:50.608

lisa fouladi: you know, I I will. Yeah, if you want the lab results beforehand or not. So I didn't provide it in advance this time, because I didn't think you really knew what the

248

00:47:51.420 --> 00:47:54.199

lisa fouladi: you know, what the what this pet, what this.

249

00:47:54.520 --> 00:48:23.310

lisa fouladi: what this call is gonna be like. And I wasn't sure myself. So but I really want it to be useful for you. So I really want you to sort of take notes and come on the case. Study, call and let me know how we can improve this or what I so I can really, you know, give you the information that you would

like or what is it that you want? As I said it, it came out of the case. Review calls that we have as part of the

250

00:48:24.455 --> 00:48:29.718

lisa fouladi: You know the certification. I'm sorry I'm looking for my

251

00:48:30.380 --> 00:48:33.589

lisa fouladi: We're trying to talk and look for the

252

00:48:35.490 --> 00:48:41.063

lisa fouladi: for this document. Alright. So let me do this share again.

253

00:48:45.010 --> 00:48:46.149

lisa fouladi: all right.

254

00:48:46.860 --> 00:48:47.930

lisa fouladi: Okay. So.

255

00:48:47.930 --> 00:48:55.009

Xiaoyun Pan: Said, Deborah said. The test result in advance. Send in advance would be great.

256

00:48:55.700 --> 00:48:57.359

lisa fouladi: Okay? Upgrade.

257

00:48:57.950 --> 00:48:58.530

lisa fouladi: Sure.

258

00:48:58.530 --> 00:49:09.120

Xiaoyun Pan: There is actually another question from Raquel, about what lab do you test for those viruses the Ebv. Cmv and herpe viruses.

259

00:49:09.590 --> 00:49:25.169

lisa fouladi: Just lab work, just lab work, just normal lab, so you know, lab, core quest. So this is so this is the leaky. This is the epithelial cell, and these are the tight junctions. And when the junctions come apart,

260

00:49:25.660 --> 00:49:32.950

lisa fouladi: the, there are certain molecules that are released, including Zonulin. Okay?

261

00:49:33.190 --> 00:49:34.065

lisa fouladi: And

262

00:49:35.140 --> 00:50:00.069

lisa fouladi: it's it's it's nuanced right? It's not living up to its promise. It's a protein that was discovered by Fasano. You know, in in the year 2,000, when he was looking at celiac disease. And it's used. It's becoming used more widely in intestinal permeability research. But it's not really that valid and that this is the

263

00:50:00.610 --> 00:50:02.360

lisa fouladi: just if I can.

264

00:50:02.810 --> 00:50:08.029

lisa fouladi: Oh, oh, you! Why aren't you?

265

00:50:09.810 --> 00:50:12.289

lisa fouladi: I don't know if I can start the slideshow.

266

00:50:13.060 --> 00:50:14.519

lisa fouladi: Oh, yeah, there you go.

267

00:50:15.380 --> 00:50:16.285

lisa fouladi: Alright.

268

00:50:17.620 --> 00:50:20.430

lisa fouladi: So okay.

269

00:50:21.380 --> 00:50:25.052

lisa fouladi: So Zonulin doesn't recognize

270

00:50:26.850 --> 00:50:36.589

lisa fouladi: it's it's it's not really measuring Zonulin. It's measuring. Proparidin. Okay, so that's why, Genova.

271

00:50:37.100 --> 00:50:54.349

lisa fouladi: says Zonulin. Family Peptide as opposed to Zonulin. Because it's not really measuring Zonulin. Okay? But as a serum marker it is more accurate. So that's why why the my Jenova writes this sort of disclaimer

272

00:50:55.310 --> 00:51:02.249

lisa fouladi: and and also zonin levels in the blood fluctuate

273

00:51:02.410 --> 00:51:19.309

lisa fouladi: quite a lot so due to its fluctuation. It. It may not be the best assessment for intestinal barrier integrity. So Lps is probably a better thing to to measure. Basically.

274

00:51:19.510 --> 00:51:26.010

lisa fouladi: So that's the point. It just hasn't. It hasn't lived up. It hasn't lived up to its promise

275

00:51:26.560 --> 00:51:27.420

lisa fouladi: also.

276

00:51:28.040 --> 00:51:38.280

lisa fouladi: So I I jumped on the bandwagon, too. You know. I I also was excited to to definitively have a look at, you know.

277

00:51:39.910 --> 00:51:50.190

lisa fouladi: you know. Could I say it's in order to motivate the client? Right. Yes, you have leaky gut, and we can see it here, you know, but we can look at other things as well.

278

00:51:50.530 --> 00:52:00.589

lisa fouladi: since we have about 10 min left. I just wanted to show you something. And then I'm gonna give you your homework.

279

00:52:01.290 --> 00:52:04.830

lisa fouladi: So these are the definitions.

280

00:52:06.940 --> 00:52:35.940

lisa fouladi: I wanted to really impart that lab values need to be interpreted in the clinical concept. So the high lymphocytes with the high ep_x with the food Ig_g. It's just giving us a picture of a classic, leaky gut food sensitivities. Okay, so we need to always look across symptom systems. Hormone imbalances rarely exist in isolation. They often result from stress inflammation and nutrient depletion.

281

00:52:36.350 --> 00:52:50.240

lisa fouladi: and we don't always need more testing to start helping. Of course, I didn't have complete testing. But you know, there was enough to go on, but functional patterns are clear, and that can really help us with strategic clinical reasoning

282

00:52:50.330 --> 00:53:14.839

lisa fouladi: and we need to be able to kind of find. We we focus too much on markers. And you know, some reactivity is normal and reversible. So we just need to teach our clients, and also ourselves not to overly pathologize, you know, to always look for illness, everything that's positive or out of range.

283

00:53:15.405 --> 00:53:31.260

lisa fouladi: and then in terms of food, elimination diets, except for maybe gluten and dairy. In this person's case the reintroduction is just as critical as elimination. So that's also important.

284

00:53:31.340 --> 00:53:35.180

lisa fouladi: And I, I would like you guys to

285

00:53:36.030 --> 00:53:43.950

lisa fouladi: prioritize. You know, the test results. And what is the priority area? What would be the action? What is the mechanism?

286

00:53:44.530 --> 00:54:02.010

lisa fouladi: Like I've done here? I've just done a snapshot and and I really want you to answer these questions. You know what function is impaired. What is the upstream mechanism? What system should be prioritized? First, st

287

00:54:02.460 --> 00:54:21.149

lisa fouladi: I mean, that's the the thing. This is just my quick, you know. Way of looking at things, and I don't know. I mean, you could use whatever you want to help you. I mean, this is, you know, to give you an idea of. When I start. I take the symptoms.

288

00:54:21.310 --> 00:54:30.109

lisa fouladi: I, you know, do the initial assessment. Whatever tests I write down the key findings, then I do the top priorities?

289

00:54:30.810 --> 00:54:34.940

lisa fouladi: And then and then, you know.

290

00:54:35.250 --> 00:54:52.779

lisa fouladi: if there's no further testing, and that's what I do. If there's additional testing, then you know. This is what I would do. I don't have. Let's say, Homocysteine, I don't have ebb blah blah and then we reevaluate, and then another way of doing things.

291

00:54:53.953 --> 00:55:04.600

lisa fouladi: Is looking at the the mechanisms right? So this is really important. This person's stress is the driver is the key driver.

292

00:55:04.600 --> 00:55:29.489

lisa fouladi: So there's Hpa access, hyper reactivity. We can see that in the high cortisol we can see that I talked about the cortisol steel, the pregnenolone steel which contributes to low progesterone, and it decreases ovarian function. You know. She also has an Iud, so that's possibly suppressive. So her hormones are suppressed, her ovulation is suppressed.

293

00:55:29.510 --> 00:55:40.140

lisa fouladi: She has impaired estrogen, detoxification, possible methylation, block glutathione stress. There's gut barrier dysfunction.

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00:55:40.250 --> 00:55:44.516

lisa fouladi: So there's the intestinal permeability. There's the ep

295

00:55:45.490 --> 00:56:05.040

lisa fouladi: estrogen reabsorption. Is unlikely, even though the 4 O Hs are high, because Beta Glucuronidase is normal. But still the you know, estrogen metabolites are out of balance, and of course, there's food sensitivity. This is just a way of working things up, then, then, of just taking the main things to help create a plan right?

296

00:56:05.622 --> 00:56:31.750

lisa fouladi: And you know the nutrient insufficiencies. So basically, you know, to summarize it, there's a stress response which contributes to hormone disruption which then can contribute to detox impairments, gut breakdown, immune activation. And you know, nutrient loss. It's just like an easy shorthand of taking all of these results

297

00:56:31.810 --> 00:56:37.071

lisa fouladi: and you know, and then putting them, you know, together.

298

00:56:37.630 --> 00:56:44.569

lisa fouladi: so let me just get out of here. And so I have a

299

00:56:45.620 --> 00:57:11.719

lisa fouladi: quiz for you. It's it's it's gonna be at it's loaded as well with the with the recording from today and the test results. So I've given you the answer, as well, so I'm not trying to give you a hard time, but just trying to give you the correct answer and the rationale for the answer. So maybe it's helpful for you. It's a learning thing. And so I've written down here.

300

00:57:13.066 --> 00:57:33.409

lisa fouladi: things. And yeah, they're just 1010 questions, and then then there's your. There's your homework. So in our remaining time. Does anybody have any anything I know I couldn't get to? I couldn't get to everything. But that's why I like to continue this discussion on our case. Study call on Tuesday, Janet.

301

00:57:33.890 --> 00:57:40.309

Janet Vailes: So I'm sorry I was late to the call. I'm healthcare and State walked in. You know what that means when state comes in. So we had to get them.

302

00:57:40.680 --> 00:58:06.160

Janet Vailes: So I've been kind of late. So am I right to say that the recording will be up fairly soon. Then we can. I can rehear what I missed. Then we work on our homework, and we look at everything, and then when we come on Tuesday, we can then learn more. Will you be actually giving us cases to work on and then come back? And then when we get on, we look at how you did it and compare it to how we did it.

303

00:58:07.040 --> 00:58:28.569

lisa fouladi: I'm not gonna compare how I did it compared to how you did it. I just want to know what you would do, what you have picked up on so I don't know if anybody has submitted a case for Tuesday or not, or so far. I don't know but given that this call is so close to our case study, I thought we could just continue the conversation. I just want to know

304

00:58:28.870 --> 00:58:37.230

lisa fouladi: from you, looking at the test results. All the tests will be up with the recording. So you can look at the duck. You can look at the Gi effects. You can look at the

305

00:58:37.642 --> 00:58:52.897

lisa fouladi: blood work and the food sensitivity and then draw your own. You know what function is impaired. So that's what I really want you to think about. You know I probably should give you a copy of the slides as well, which I haven't done yet. I'll give that to Tasha to put there

306

00:58:53.180 --> 00:58:54.870

Janet Vailes: Know when those will be up.

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00:58:56.333 --> 00:58:59.150

lisa fouladi: Soon. I don't know how fast I mean the

308

00:58:59.320 --> 00:59:05.099

lisa fouladi: I think the yeah soon I mean always takes a day or 2 before they're.

309

00:59:05.100 --> 00:59:06.509

Janet Vailes: By this weekend. Then.

310

00:59:06.900 --> 00:59:10.029

lisa fouladi: Yeah, hopefully, hopefully. I mean.

311

00:59:10.180 --> 00:59:14.329

lisa fouladi: when you do the case studies for certification. You have a week.

312

00:59:14.560 --> 00:59:36.099

lisa fouladi: and so I don't want you to spend hours and hours. I look at it and just get a sense of what is this person's? How can I help this person? You know what is the big, you know what is impaired? Where's the loss of resiliency? You know what's what's going on? What should I do? What should be my next clinical steps. You know, and.

313

00:59:36.500 --> 00:59:52.430

Janet Vailes: I thank you for doing this because I've been doing it 2 years in my herbal course, and it really helps you grow. Once you get the theory to actually do the case study and then go over it. It really has made a lot of us grow. So thank you for doing this.

314

00:59:53.200 --> 01:00:10.154

lisa fouladi: I hope you find it useful. I mean, really, it's in response to people asking for for for more of these kinds of calls, you know, to look at it. And you know, I mean, we're we're all different kinds of practitioners, and we all bring our strengths

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01:00:10.500 --> 01:00:23.979

lisa fouladi: to the way we support people, but I can't emphasize enough how important it is to learn about the biochemistry and physiology. You can look at Dr. Edenway's module. She goes in depth in the physiology and things. So really to understand

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01:00:23.980 --> 01:00:32.680

lisa fouladi: the the the major functions. We have to really understand. You know, the physiology.

317

01:00:32.914 --> 01:00:38.300

lisa fouladi: You know, we want to improve so you can just read about it. You don't. You don't have to have gone to medical school.

318

01:00:38.669 --> 01:01:04.839

lisa fouladi: But I really want you to look at the interconnected patterns from a systems biology point of view, which is functional medicine, you know. So if there's you know, Hpa, access is upregulated. There's high cortisol. So loss of function is the resiliency overload right? And the mechanism is chronic stress response. So that you know it's kind of way to think about it. You know all these answers. It just trying to get you to think about it in a

319

01:01:04.840 --> 01:01:26.579

lisa fouladi: in in that kind of way you missed the beginning. Listen to the recording. I won't be doing presentations on the next calls at this one. This time I did basic overview of what I mean by the you know how how we use the functional medicine lens to look at

320

01:01:26.800 --> 01:01:28.870

lisa fouladi: to support people. Basically.

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01:01:29.130 --> 01:01:37.240

lisa fouladi: that's, you know, it's how I've interpreted it. But that's how functional. That's how functional medicine practitioners work.

322

01:01:37.830 --> 01:01:43.320

lisa fouladi: So, or should work sort of like. And you know. Yeah.

323

01:01:43.580 --> 01:01:50.430

lisa fouladi: yeah. So it's just really getting you in tune with what to look for. I'll just show you the

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01:01:50.540 --> 01:01:53.560

lisa fouladi: the dysfunction again.

325

01:01:54.464 --> 01:01:56.559

lisa fouladi: Let me see here.

326

01:02:00.580 --> 01:02:03.989

lisa fouladi: Yeah, I'll give this to Tasha.

327

01:02:05.647 --> 01:02:12.459

lisa fouladi: Right. So I talked about loss of function right? And then.

328

01:02:12.974 --> 01:02:17.710

lisa fouladi: these are the physiological functions that are really central to functional medicine.

329

01:02:18.080 --> 01:02:25.770

lisa fouladi: and then, of course, resiliency. And then this is really the approach and how we work.

330

01:02:26.190 --> 01:02:32.620

lisa fouladi: And this also looks at it. You know the same thing. These are the physiological mechanisms

331

01:02:32.850 --> 01:02:35.290

lisa fouladi: that we look at.

332

01:02:35.781 --> 01:02:54.579

lisa fouladi: That help inform our testing. And we need to understand that there's a web of interactions with the physiological imbalances. So it's not just one thing, and I hope I was able to impart. You know, the impact of stress on this person's hormones on this person's gut, you know, etc.

333

01:02:55.243 --> 01:03:06.136

lisa fouladi: So yeah. So yeah, look at the quiz and and then look at the homework assignment and come prepared to discuss on

334

01:03:07.110 --> 01:03:07.950

lisa fouladi: I'm just

335

01:03:08.200 --> 01:03:13.900

lisa fouladi: you find that. Would that be okay? I don't mean to give you homework, but best way to learn is by doing so.

336

01:03:14.880 --> 01:03:18.920

lisa fouladi: So it's a is that? Alright? Everybody.

337

01:03:18.920 --> 01:03:23.979

Xiaoyun Pan: Yeah, there's a question asked where we will be able to find the recording

338

01:03:24.856 --> 01:03:30.720

Xiaoyun Pan: under Nept recording. Since this is a new call.

339

01:03:31.190 --> 01:03:34.899

Xiaoyun Pan: I guess that they will create a separate one for this.

340

01:03:35.360 --> 01:03:50.210

lisa fouladi: Yeah, I don't know where it will be. Really, it's a new call. So wherever the call record, you know, there's the calls, wherever all the calls are, and then they have the recordings the call will be there, and if you can't find it, I would say, reach out to help desk.

341

01:03:50.950 --> 01:03:56.519

lisa fouladi: So, but wherever all the calls are normally, this will be there.

342

01:03:57.127 --> 01:04:06.792

lisa fouladi: Yeah, I'll make sure that I have my slides as well. I wasn't gonna do any slides, because I really want this to be interactive. So

343

01:04:07.290 --> 01:04:15.939

lisa fouladi: and so this was the 1st one. So I did too much talking. So next time, which will be in December I will try to have the lab

344

01:04:16.965 --> 01:04:17.680

lisa fouladi: stuff

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01:04:18.110 --> 01:04:46.960

lisa fouladi: prepared early, so you can look at it, and then we can go through a case together. And you'll have. We'll have time to prepare. As this was the 1st one. I didn't think it made sense to give you this stuff in advance, so kind of wanted to take you through it, and those of you who are certified have gone through this before. So you kind of know, and the cases that we have are more complicated than this one. So but this one is complicated enough. We're not complicated, but there's enough stuff to take out of it, you know, to be able to create plan.

346

01:04:47.750 --> 01:04:55.140

lisa fouladi: Yeah. So I hope to see you on Tuesday and come with your questions and etcetera.

347

01:04:55.320 --> 01:05:02.269

lisa fouladi: Okay, alright, thank you all. Bye, bye, thank you. Lisa.

348

01:05:03.620 --> 01:05:04.810

lisa fouladi: Bye, bye.

349

01:05:04.810 --> 01:05:05.363

Janet Vailes: Thank you.