

CMDS | CLINICAL MASTERY OF THE DIGESTIVE SYSTEM

Case Studies

Medical Disclaimer: The information in this presentation is not intended to replace a one-on-one relationship with a qualified health care professional and is not intended as medical advice. It is intended as a sharing of knowledge and information from the research and experience of Dr. Ritamarie Loscalzo, drritamarie.com, and the experts who have contributed. We encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.

Case 1: 53 YO Female

Case 1: 53 YO Female

- 2. What are your top 5 health concerns, in priority order?**
 - 1 – Clear Gall Bladder/Liver - so I can digest fats properly
 - 2 – Adrenals – improve my ability to cope with stress
 - 3 – Improve/heal detox pathways – I have a methylation issue and I do not detox very well, as per my MD
 - 4 – Kidney weakness – I continually deal with kidney infections ever since I got a staph infection when I had my son. This has really improved in last 6 months, but when I do a cleanse/detox I notice it in my kidneys
 - 5 – Thyroid Imbalance – energy levels are low on some days.
- 3. On a scale of 0-10, how important is it for you to get these health concerns solved?**

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Case 1: 53 YO Female

- ✓ Long history of trying “everything”

6. If you are currently under the care of any health care practitioners, please indicate what type of practitioner and for what purpose. Write NONE if you are not currently seeing any health practitioners.

Naturopath – to muscle test supplements and move forward in my health goals

Chiropractor – 1x/month – to align my jaw and body

Core Synch practitioner (energy work) – to balance my body and de-stress

MD – as needed, to get testing done so I can get B12 shots and Nature-throid



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Case 1: 53 YO Female

8. **What habits do you currently have that positively influence your health?**
Organic foods, juicing, enemas, sauna, raise my own food, sleep
9. **What habits do you currently have that negatively influence your health?**
Doing too much, not getting enough "me" time
10. **On a scale of 0 to 10, rate your average stress level.**
5-6 most of the time
11. **What are the major stressors in your life?**
Having to do everything myself, my family doesn't help me much
My husband – spending money, especially on trying to figure out my health issues and to buy the things I need because I'm so sensitive
My kids – they are teenagers, need I say more?

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Case 1: 53 YO Female

No history of smoking, alcohol etc. Yoga once a week

27. List any toxic exposures you currently have or have had over the past 5 years. This includes industrial chemicals, paints, pesticides, molds, and chemicals in water.
Radon poisoning, mold exposure, mercury fillings removed 6 years ago

28. What is the one thing you'd most like to get out of our first session together?
A new path – new insight. I want to be able to eat a normal healthy diet without problems, including healthy fats.



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Case 1: 53 YO Female

Digestion Assessment Scorecard

Digestion Assessment							
Name	Age	Height	Weight				
Based upon your health profile for the past 30 days, please select the appropriate number, from '0' - '3' on all questions (0 as least/never/no and 3 as most/always/yes). Each choice has been given a score. Circle the number/score you feel best applies, then add the scores in each column to create your subtotals. The sum of the subtotals will create your grand score.							
Point Scale: 0 = Never or almost never have the experience/effect. 1 = Mild experiences/effects 2 = Moderate experiences/effects 3 = Severe/chronic experiences/effects							
Upper Gastrointestinal - low stomach acid/digestive enzymes <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>				0	1	2	3
0	1	2	3				
Do you experience belching or gas within one hour after eating? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							
Do you experience heartburn or acid reflux? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							
Do you experience bloating within one hour after eating? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							
Do you follow a vegan diet? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							
Do you have bad breath? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							
Have you experienced a loss of taste for meat? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3							



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Case 1: 53 YO Female

Candida and Gut Dysbiosis Assessment Scorecard

Candida and Gut Dysbiosis Assessment							
Name	Age	Height	Weight				
Based upon your health profile for the past 30 days, please select the appropriate number, from '0' - '3' on all questions (0 as least/never/no and 3 as most/always/yes). Each choice has been given a score. Circle the number/score you feel best applies, then add the scores in each column to create your subtotals. The sum of the subtotals will create your grand score.							
Point Scale: 0 = Never or almost never have the experience/effect. 1 = Mild experiences/effects 2 = Moderate experiences/effects 3 = Severe/chronic experiences/effects For all yes/no questions, 0 = no and 3 = yes							
Candida Symptom Questions - History <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>				0	1	2	3
0	1	2	3				
Have you ever taken antibiotics for acne for 1 month or longer? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 25							
Have you, at any time in your life, taken other "broad-spectrum" antibiotics for respiratory, urinary, or other infections for 2 months or longer, or in short courses four or more times in a 1 year period? <input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 20							



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Case 1: 53 YO Female

low stomach acid (sum of scores)	6	0	5	Subtotal /54	6
excess stomach acid (sum of scores)	0	2	1	Subtotal /21	2
Subtotal for Small Intestine and Pancreas Symptoms (sum of scores)				13	12
Subtotal /78				15	
Subtotal for Large Intestine Symptoms (sum of scores)				5	8
Subtotal /81				17	
Subtotal for Liver and Gallbladder Symptoms (sum of scores)				5	8
Subtotal /93				22	
Subtotal for Candida History (sum of scores)				15	5
Subtotal /211				20	21

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Case 1: 53 YO Female

Leaky Gut Assessment Scorecard

Leaky Gut Assessment			
Name			
Age	Height	Weight	
Based upon your health profile for the past 30 days, please select the appropriate number, from '0' to '3' on all questions (0 as least/never/no and 3 as most/always/yes). Each choice has been given a score. Circle the number/score you feel best applies, then add the scores in each column to create your grand score.			
Point Scale:		2 = Occasionally, but severe	
0 = Never		3 = Frequently	
1 = Occasionally, but not severe			
Leaky Gut Symptom Questions			
How often do you experience constipation and/or diarrhea?		0	1
1		2	3
How often do you experience abdominal pain or bloating?		0	1
1		2	3

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Case 1: 53 YO Female

Leaky Gut Assessment Scorecard

Interpretation

Please check the result that applies based on your score.

Score = 0: Congratulations. You display no overt signs and symptoms of leaky gut. Be sure to follow diet and lifestyle guidelines for a healthy digestive tract.

Score = 1-5: While a few signs and symptoms of leaky gut are present, the likelihood of it being a major health issue is low.

Score = 6-20: You are showing signs of leaky gut, and it is probably resulting in a challenge to your health.

Score = 20+: Leaky gut is a significant factor in your health and requires immediate attention.

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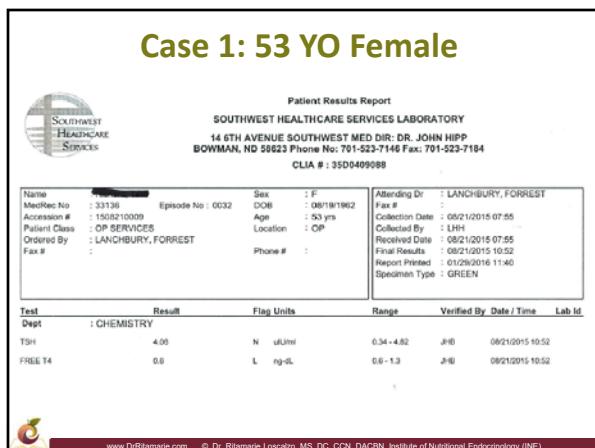
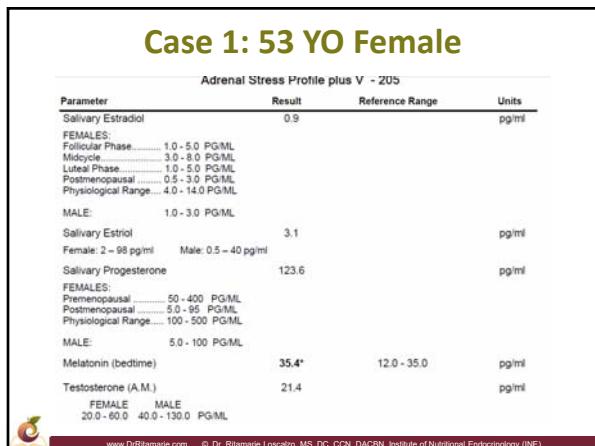
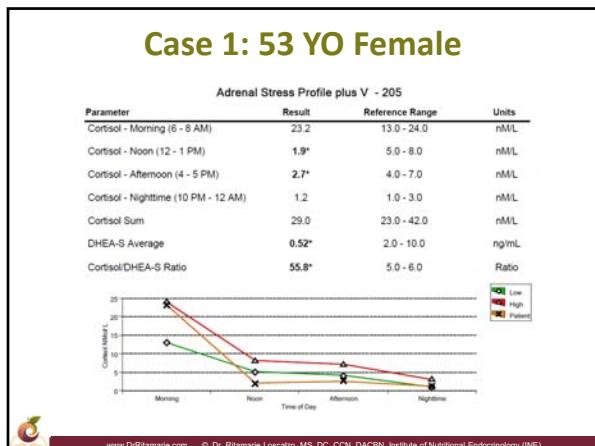
Case 1: 53 YO Female					
Assessment / Desired Score	Score At Start Date:	Priority V High High, Med, Low	Protocols Started Date	Protocols Completed Date	Score After Protocols
Low stomach acid / <10	6/54=11%				
Excess stomach acid / <10	2/21=9%				
Pancreas/small intestine / <10	15/78=19%				
Large intestine / <10	17/81= 21%				
Liver/gallbladder / <10	22/93=24%				
Candida/dysbiosis / <40	20/211= 9%				
Leaky gut / 0	6				
SIBO					

	Low Stomach Acid	Excess Stomach Acid	Small Intestine and Pancreas	Large Intestine	Liver / Gall Bladder	Candida/ Dysbiosis	Leaky Gut and Inflammatory Bowel Disease	FODMAP (Specific Carbohydrate Sensitivity (SCD))	SIBO
Gut Rejuvenator	Green	Green	Green	Green	Green	Green	Green	Green	Green
Green Drinks							purple of cooked or fermented grains / beans	purple restricted grain and beans	purple restricted grain and beans
Probiotic Ritual, Chewing, Calm									
Remove Gut Hurting Foods	Dark Green						Dark Green		
Elimination diet – food sensitivities									
Add Gut healing foods							May need an impact to colonized gut	May – only include the healing foods	FODMAP and SCD restricted diet
HCL Challenge	Red						Caution		
Bitters plus zinc	Cream								
Enzymes	Cream								
Soothing Herbs + Mucinagogues	Dark Green							Soften herbs (e.g. NEEM leaves) – Modified SCD and diet	Soften herbs (e.g. NEEM leaves) – Modified SCD and diet
Antispasmodic Herbs					Dark Green				
Carmine Herbs									
Candida parasite cleanse									
Leaky Gut									
Liver/gall bladder									
Probiotics					Dark Green				Red if IBS
Prebiotics									
Cholagogues	Caution – May contribute IBD							Caution	Caution

Case 1: 53 YO Female

Adrenal Stress Profile plus V - 205

Parameter	Result	Reference Range	Units
Cortisol - Morning (6 - 8 AM)	23.2	13.0 - 24.0	nm/L
Cortisol - Noon (12 - 1 PM)	1.9*	5.0 - 8.0	nm/L
Cortisol - Afternoon (4 - 5 PM)	2.7*	4.0 - 7.0	nm/L
Cortisol - Nighttime (10 PM - 12 AM)	1.2	1.0 - 3.0	nm/L
Cortisol Sum	29.0	23.0 - 42.0	nm/L
DHEA-S Average	0.52*	2.0 - 10.0	ng/mL
Cortisol/DHEA-S Ratio	55.8*	5.0 - 6.0	Ratio



Case 1: 53 YO Female

Doctor Consultation Recommended: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
Screening	Your Results Compared to Generally Accepted Risk Categories		Measurement	Clinical Measures	Recommended Next Screening
Carotid Artery Disease	Normal	Mild + 0.5	Normal	Left: PSV < 110cm/s	Plaque Buildup and Blood Flow
	Normal	Moderate + 1.0	Normal	Right: PSV < 110cm/s	April 2018
Atrial Fibrillation	Normal	Abnormal	Abnormal	No Atrial Fibrillation Heart Rate: 48 Beats/min	4-limb EKG
Abdominal Aortic Aneurysm	Normal	Abnormal	Abnormal	<6cm	Abdominal Aorta Size
Peripheral Arterial Disease	Normal	Abnormal + 0.9	Normal	Left Side: L12 Right Side: R12	Ankle Brachial Index
	Normal	Abnormal + 0.9	Abnormal	Right Side: L14	April 2017
Osteoporosis	Low Risk	Medium Risk + 0.5	High Risk + 1.0	-1.3	Bone Mineral Density (BMD)
Body Mass Index	Underweight + 0.5	Normal + 0.5	Medium Risk + 0.5	High Risk + 1.0	BMI Height: 5'9" (Weight: 126 lbs)

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Case 2: 15 YO Female

- ✓ History of seizures: medication Lamotrigine 25 mg
 - All 3 seizures started 4 days after a fever
- ✓ Chronic headaches relieved by rubbing points on back near shoulder blade – started Jan 2015
- ✓ Diet: GF 2 years, dairy, egg, sugar and grain-free 5 months
- ✓ Whole foods diet, digestive enzymes
 - lost 20 lbs, 20 more to go
- ✓ Leaky gut supplement: Dr. Josh Axe



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Case 2: 15 YO Female

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Case 3: 35 YO Female

Gender	Female
Age	35
Height	5'8"
Weight	162
Occupation	Self Employed
Marital status	Married
Number of children	1
Top 3 health concerns (in order of priority with #1 being the highest). Include severity and priority for each.	
Rheumatoid Arthritis	
Lymphocytic colitis	
Hashimoto's thyroiditis	

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Case 3: 35 YO Female

Gender	Female
Age	35
Height	5'8"
Weight	162
Occupation	Self Employed
Marital status	Married
Number of children	1
Top 3 health concerns (in order of priority with #1 being the highest). Include severity and priority for each.	
Rheumatoid Arthritis	
Lymphocytic colitis	
Hemimolaris thyroctodes	

Surgical, hospitalizations, accidents, major illnesses, and injuries. Include approximate date or age for each. Major complaints were joint, gastrointestinal, and weight. Some issues with sleep. Excessive sugar cravings. Did food sensitivity testing and found high allergies to numerous foods. When starting to see me was starting the **FOIMP** diet and was having a lot of trouble. Was hoping that through working together she could control pain and inflammation, and lose weight. Also wants to stay off the RA meds; and wants to be pain-free for as long as possible. Did autoimmune testing. Family history of autoimmune conditions. Did a lot of yo-yo dieting when younger. Moderate use of antibiotics because was a child. Had some problems with migraines when was a child. Did *xylo* antibiotics for 6 weeks, last summer because doctor was afraid of Lyme disease.

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Case 3: 35 YO Female

So far we have worked on doing an elimination diet while including foods that heal the gut and keeping out the foods that harm the gut. She has been doing great with all of these suggestions with diet. She did some supplementation with a gut restore powder, probiotic,

and zinc-Carnosine. Has been taking and blend digested greens. Added in a green powder and Sun Warrior protein powder to her smoothies. Has been adding in medications and breathing techniques to help manage stress. She no longer has diarrhea and has normal bowel movements for the first time since she can remember. She even went to Paris and ate some things that would have previously made her sick and had not reaction. Energy is back and joint pain is gone. Is able to eat raw veggie, greens, beans, onions and garlic with no problem. Sleeping through the night and wakes up feeling mostly rested. Lost about 5 pounds.

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Case 3: 35 YO Female

Name	Date	Value	Units	Range	Source
Cholesterol, Total	4/23/2015	180.00	mg/dl	100-199	Fairfax Family Practice Centers

Notes:

Dear Amy, As you can see your labs look great. Continue with a healthy diet and exercise program and follow up annually for your wellness care.

Triglycerides 4/23/2015 100.00 mg/dl 0-149 Fairfax Family Practice Centers

Notes:

Dear Amy, As you can see your labs look great. Continue with a healthy diet and exercise program and follow up annually for your wellness care.

diet and exercise program and follow up annually for your wellness care.

Notes:

According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.



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Case 3: 35 YO Female

- ✓ BUN 13
- ✓ Protein 6.4 (6.8)
- ✓ Alk phos 46 (51)
- ✓ MCV 95 (100)
- ✓ Monocytes 8
- ✓ Neutrophils 37
- ✓ Lymphs 53



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