

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

Age	53	Date of Birth	08-19-1962	Height	5'4"	Weight	117
Occupation	Health coach			Employer	Self-employed		

- Please describe in as much detail as possible your reasons for setting up this appointment. If specific health challenges prompted you, provide as much detail as possible.**

I can't digest fat (bone broth, butter, nuts/seeds). I have done everything under the sun and I'm just not digesting fat. I feel like because I'm not digesting fats, that is clogging up my Liver/GB and it's creating all this other stuff. I've been told that my detox pathways aren't working optimally and I think it's all related. Every time I go see my naturopath, she says I'm low on my healthy fats.



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?**

10



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



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?



Case 1: 53 YO Female

12. **List any medications you take and for what purpose. Include prescription and over the counter. Write NONE if you don't take any.**

Nature-throid – only take $\frac{1}{4}$ - $\frac{1}{3}$ of 32 mg tablet daily

Compounded Methylcobalamin (PF) IHS 5000 mcg/0.2 ml - B12 shots – 2x/week

13. **Please list any surgeries, hospitalizations, accidents and major illnesses and injuries. Include approximate date or age of each point and indicate whether the incident continues to impact your health.**

LONG, LONG history of illness, surgeries, and exposures



Case 1: 53 YO Female

14. List any nutritional supplements or herbs you take and indicate why you take each. Write NONE if you don't take any.

Young Living Super B – stress and support detox

Standard Process Zinlori (Zinc) – take between meals to heal digestion

B12 Spray (Mercola) – taken on days I don't do B12 shots

D3 Spray (Mercola) – take 5000 IUs/day – last test level was at 70

Protein Power (Summer Bock) – add 1 tsp to my green drinks

Linum B6 Flax oil in capsule (Std Process), 1-2/day – sub for fish oil

Ocean's Alive Phytoplankton + 1 oz YL Ninja Red – to heal gut

1 oz YL Ninja Red + 1-1/2 oz Aloe water – to heal gut, consistent healthy BMs

Activation Magnesium Spray – spray on abdomen and tops of feet after shower daily

K&B Tincture from Young Living – use if have Kidney/Bladder symptoms



Case 1: 53 YO Female

15. What are the 3 worst foods you eat in a week?

Organic, non-GMO corn tortilla chips

Maple syrup in my shake or if I make GF-choc chip cookies

16. What are the 3 healthiest foods you eat in a week?

Green juice, bone broth soups, organic vegetables

17. How many alcoholic beverages do you consumer per week?

Zero

18. How many caffeinated beverages do you consume per week?

Zero. I drink home-made green juices and purified water.

19. How many times do you eat out per week?

Zero. Just about every time I eat out, I get sick.

20. How many times do you eat raw nuts or seeds?

Zero



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.



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			For all yes/no questions, 0 = no and 3 = yes					
Upper Gastrointestinal - low stomach acid/digestive enzymes					0	1	2	3
Do you experience belching or gas within one hour after eating?					0	1	2	3
Do you experience heartburn or acid reflux?					0	1	2	3
Do you experience bloating within one hour after eating?					0	1	2	3
Do you follow a vegan diet?					0	1	2	3
Do you have bad breath?					0	1	2	3
Have you experienced a loss of taste for meat?					0	1	2	3



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					
	0	1	2	3	
Have you ever taken antibiotics for acne for 1 month or longer?	0				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?	0				20



Case 1: 53 YO Female

low stomach acid (sum of scores)	0	6	0	0
Subtotal /54	6			

excess stomach acid (sum of scores)	0	2		
Subtotal /21	2			

Subtotal for Small Intestine and Pancreas Symptoms (sum of scores)

-	3	12	-
15			

Subtotal /78

Subtotal for Large Intestine Symptoms (sum of scores)

5	0	6
17		

Subtotal /81

Subtotal for Liver and Gallbladder Symptoms (sum of scores)

5	8	9
22		

Subtotal /93

Subtotal for Candida History (sum of scores)

15	5
20/21	

Subtotal /211



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 - 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:					
0 = Never		2 = Occasionally, but severe			
1 = Occasionally, but not severe		3 = Frequently			
Leaky Gut Symptom Questions		0	1	2	3
How often do you experience constipation and/or diarrhea?		0	1	2	3
How often do you experience abdominal pain or bloating?		0	1	2	3



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.



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					



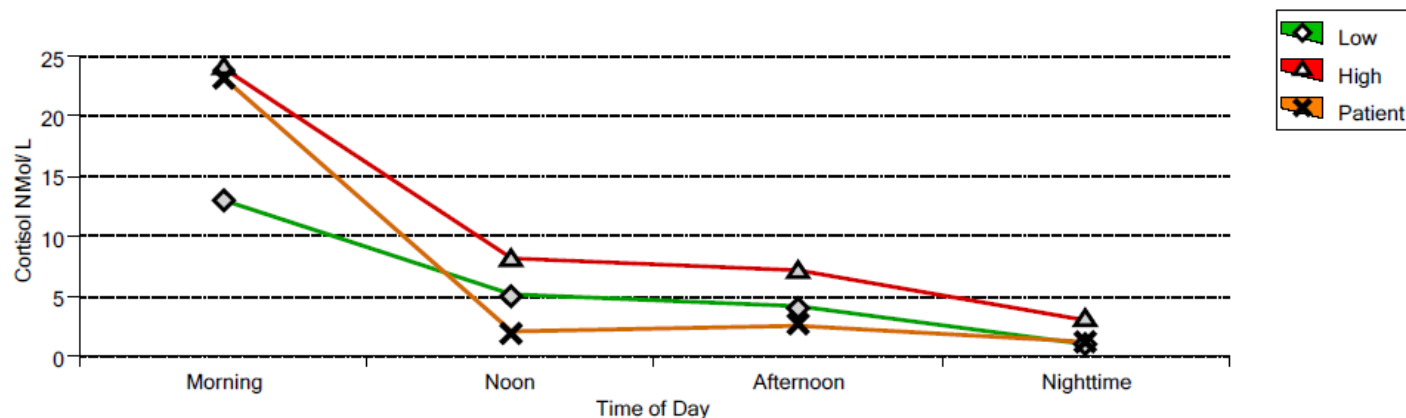
	Low Stomach Acid	Excess Stomach Acid	Small Intestine and Pancreas	Large Intestine	Liver / Gall Bladder	Candida/ Dysbiosis	Leaky Gut and Inflammatory Bowel Disease	FODMAP /Specific Carbohydrate Sensitivity (SCD)	SIBO
Gut Rejuvenator		Monitor – remove citrus or aCV if it aggravates							
Green Drinks							juices or cooked and blended greens if severe	Replace restricted greens with allowed	Replace restricted greens
Pre Meal Ritual, Chewing, Calm									
Remove Gut Hurting Foods									
Elimination diet – food sensitivities									
Add Gut healing foods							May need to restrict to cooked/ pureed	Modify to only include the allowed foods	FODMAP and SCD, consider elemental diet
HCL Challenge		NO					caution		
Bitters plus zinc		caution							
Enzymes		caution							
Gut Soothing Herbs - Mucilaginous								Some herbs may not be tolerated –Modified SCD chart	Some herbs may not be tolerated – Modified SCD chart
Antospasmodic Herbs									
Carminative Herbs									
Candida parasite cleanse									
Leaky Gut									
Liver/gall bladder									
Probiotocs									Not in early stages
Prebiotics								Caution	Caution
Cholagogues		Caution- May Stimulate HCl							



Case 1: 53 YO Female

Adrenal Stress Profile plus V - 205

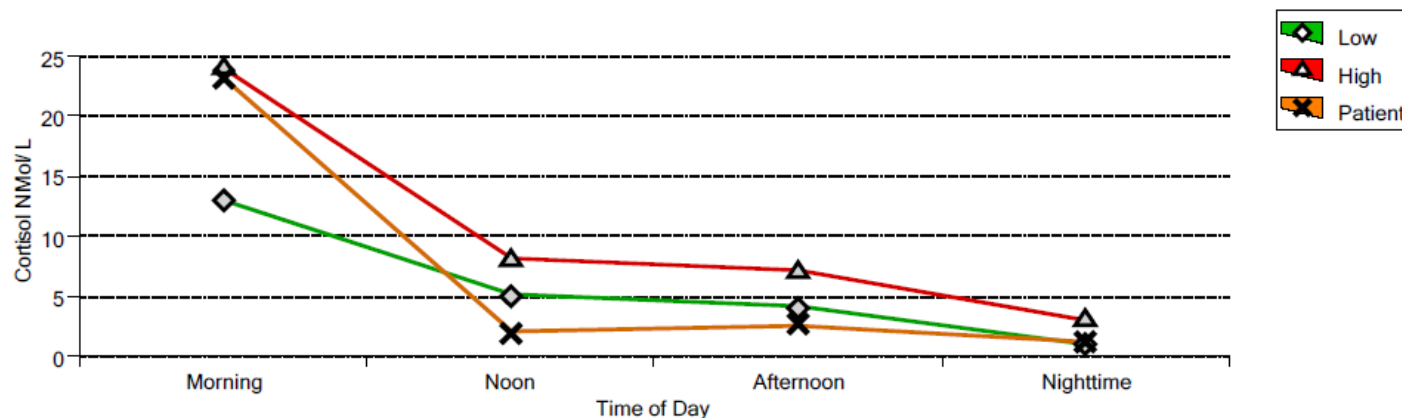
Parameter	Result	Reference Range	Units
Cortisol - Morning (6 - 8 AM)	23.2	13.0 - 24.0	nM/L
Cortisol - Noon (12 - 1 PM)	1.9*	5.0 - 8.0	nM/L
Cortisol - Afternoon (4 - 5 PM)	2.7*	4.0 - 7.0	nM/L
Cortisol - Nighttime (10 PM - 12 AM)	1.2	1.0 - 3.0	nM/L
Cortisol Sum	29.0	23.0 - 42.0	nM/L
DHEA-S Average	0.52*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



Case 1: 53 YO Female

Adrenal Stress Profile plus V - 205

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Cortisol - Morning (6 - 8 AM)	23.2	13.0 - 24.0	nM/L
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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

Adrenal Stress Profile plus V - 205

Parameter	Result	Reference Range	Units
Salivary Estradiol	0.9		pg/ml
FEMALES:			
Follicular Phase.....	1.0 - 5.0	PG/ML	
Midcycle.....	3.0 - 8.0	PG/ML	
Luteal Phase.....	1.0 - 5.0	PG/ML	
Postmenopausal	0.5 - 3.0	PG/ML	
Physiological Range....	4.0 - 14.0	PG/ML	
MALE:			
	1.0 - 3.0	PG/ML	
Salivary Estriol	3.1		pg/ml
Female: 2 – 98 pg/ml Male: 0.5 – 40 pg/ml			
Salivary Progesterone	123.6		pg/ml
FEMALES:			
Premenopausal	50 - 400	PG/ML	
Postmenopausal	5.0 - 95	PG/ML	
Physiological Range....	100 - 500	PG/ML	
MALE:			
	5.0 - 100	PG/ML	
Melatonin (bedtime)	35.4*	12.0 - 35.0	pg/ml
Testosterone (A.M.)	21.4		pg/ml
FEMALE MALE			
	20.0 - 60.0	40.0 - 130.0	PG/ML



Case 1: 53 YO Female



Patient Results Report

SOUTHWEST HEALTHCARE SERVICES LABORATORY

14 6TH AVENUE SOUTHWEST MED DIR: DR. JOHN HIPPI
BOWMAN, ND 58623 Phone No: 701-523-7146 Fax: 701-523-7184

CLIA # : 35D0409088

Name	Forrest, Lanchbury	Sex	: F	Attending Dr	: LANCHBURY, FORREST
MedRec No	: 33136	Episode No	: 0032	DOB	: 08/19/1962
Accession #	: 1508210009	Age	: 53 yrs	Fax #	:
Patient Class	: OP SERVICES	Location	: OP	Collection Date	: 08/21/2015 07:55
Ordered By	: LANCHBURY, FORREST			Collected By	: LHH
Fax #	:	Phone #	:	Received Date	: 08/21/2015 07:55
				Final Results	: 08/21/2015 10:52
				Report Printed	: 01/29/2016 11:40
				Specimen Type	: GREEN

Test	Result	Flag	Units	Range	Verified By	Date / Time	Lab Id
Dept	: CHEMISTRY						
TSH	4.08	N	uIU/ml	0.34 - 4.82	JHB	08/21/2015 10:52	
FREE T4	0.6	L	ng-dL	0.6 - 1.3	JHB	08/21/2015 10:52	



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 Moderate Significant	Left: PSV: < 110cm/s	Plaque Buildup and Blood Flow	April 2016
	Normal Mild Moderate Significant	Right: PSV: < 110cm/s		
Atrial Fibrillation	Normal Abnormal Incidental Finding	No Atrial Fibrillation Heart Rate: 48 Beats/min	4-limb EKG	April 2016
Abdominal Aortic Aneurysm	Normal Abnormal	<3cm	Abdominal Aorta Size	April 2018
Peripheral Arterial Disease	Normal 0.9-1.3 Abnormal < 0.9 Unable to Evaluate	Left Side: 1.12	Ankle Brachial Index	April 2017
	Normal 0.9-1.3 Abnormal < 0.9 Unable to Evaluate	Right Side: 1.14		
Osteoporosis	Low Risk ≥ -1.2 Moderate Risk -1.3 to -2.5 High Risk ≤ -2.6	-1.3	Bone Mineral Density (BMD)	April 2017
Body Mass Index	Underweight <18.5 Normal 18.5-24.9 Moderate Risk 25-29.9 High Risk ≥ 30	21	lbs/in ² Height: 5'04" Weight: 126 lbs	April 2016



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



Case 2: 15 YO Female

April 27 May 14 August 21 Nov 4
CRP 9.3 (high) 7.20 (high) 7.6 "pediatric CRP"- taken 10/13 "panic I

WBC 11.1 (high) 8.9 (normal) 11.2 (high) 11.2 (high)
MCV 77 (low) 74.8 (Low) 76 (Low) 78 (low)
MCH 24.1 (low) 23.8 (low) 24.4 (low) 24.6 (low)
MCHC 31.4 (Low) 31.8 (low) 32.2 (normal) 31.4 (low)
Neutrophils (Absolute) 7.6 (Low) not taken 7.8 (High) 8.5 (high)
Iron Serum 27 (low) 48 (normal) 33 (low)
Iron Saturation -- 13 (low) 10 (low) --
Calculated % Iron Sat 13 (low)
Ferritin low normal 35 (norm)
Vitamin D (DIHydroxy) -- 26.8 (low) 45 (normal)
Glucose Serum 93 81 (low) --
B-12/Folate 715/8.7 (Folic acid serum) 12.2 (folic Acid, serum) (No
Bands 16 (high) -- --
Monocytes 3 (low) 5 (normal) 6 (normal)
Neutrophils 36 (Normal) 70 (normal)
Unsaturated IBC 332 (High)
Zinc whole blood 615 (normal)
Valine 346.1 (high)
Cystine 37.1 (high)
Homocysteine 4.9

Bartonella henselae IGG negative
Bartonella henselae IGM negative
Bartonella quintana IGG negative
Bartonella quintana IGM negative

Celiac Comprehensive: deaminated gliadin ABS, IGA-4; IGG-2
TRANSGLU-TAMINASE (TTG) IGA: <2
TRANSGLU-TAMINASE (TTG) IGG: <2
ENDOMYSIAL ANTIBODY IGA= NEGATIVE
IMMUNOGLOBULIN ON SERUM-108 (RANGE-77-278)



Case 3: 35 YO Female

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

Rheumatoid Arthritis

Lymphocytic colitis

Hashimotos thyroiditis



Case 3: 35 YO Female

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

Rheumatoid Arthritis

Lymphocytic colitis

Hashimotos thyroiditis

Surgeries, hospitalizations, accidents, major illnesses, and injuries. Include approximate date or age for each.

Major complaints were joins, 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 FODMP 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 any meds for colitis. Only surgery was for right elbow. Did increase mobility some. Family history of autoimmune conditions. Did a lot of yo-yo dieting when younger. Moderate use of antibiotics when was a child. Had some problems with migraines when was a child. Did take antibiotics for 6 weeks last summer because doctor was afraid of Lyme disease.



Case 3: 35 YO Female

interventions. I provide information on the effectiveness of these, and the interventions they continue to do.

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 juicing and doing blended greens. Added in a greens powder and Sun Worrier protein powder to her smoothies. Has been adding in meditations 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 no reaction. Bloating and stomach pain is gone and is able to eat raw veggies, greens, beans, onions and garlic with no problem. Energy is back and joint pain is mostly gone. Sleeping through the night and wakes up feeling mostly rested. Lost about 5 pounds. Inflammation markers went down. Taking multi vitamin-phyto multi, vitamin e drops (2000), fish oil-DHA, magnesium, probiotics, turmeric, Taking synthroid for thyroid. Had an IUD for several years and decide to have removed a couple of months ago (notices that she feels much better).



Case 3: 35 YO Female

What habits do they currently have that positively influence health?

Yoga and meditation.

Cardio and resistance training

Eating very clean: greens, foods that heal the gut, chia and flax, greens powder, sprouting and fermenting her own foods, soaking nuts and any grains.

What current habits negatively influence health?

Occasionally has coffee. Still does eggs but seems to tolerate well.

Sometimes puts other before her own self care.

Stress level (on a scale of 1-10) and major stressors:

5-

family. Raising 2 small children.

Current medications and what they are for (to the best of your knowledge).

synthroid for thyroid.

Current nutritional supplements or herbs and purpose (to the best of your knowledge).

vitamin d

magnesium

fish oil (DHA/EPA blend)

Turmeric

mutil vitamin

probiotic



Case 3: 35 YO Female

Food and Lifestyle Habits	
Exercise	4 times /week
Outdoor time	Don't know
Time in the sun	Did in past
Relaxation	4 times /week
Meditation	5 times or more /week
Drinking greens	5 times or more /week
Eating vegetables	5 times or more /week
Drinking alcohol	Never
Consuming caffeine	1 time /week
Consuming soft drinks	Never
Consuming sugar	Never
Eating out	1 time /week
Consuming fast food	Never
Drinking tap water	Never
Drinking purified water	5 times or more /week
Sleeping 8 hours or more	5 times or more /week



Case 3: 35 YO Female

	10.01 - 25.00	25.01 - 50.00	50.01 - 100.00	>100.00	III	IV	V	of Specific IgG Antibody	
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
6 months								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
3 months								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(
								ABNORMAL	(



Case 3: 35 YO Female

<u>Name</u>	<u>Date</u>	<u>Value</u>	<u>Units</u>	<u>Range</u>	<u>Source</u>
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
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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.

HDL Cholesterol	4/23/2015	55.00	mg/dl	>39	Fairfax Family Practice Centers
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Notes:

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



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

