



NEPT | NUTRITIONAL
ENDOCRINOLOGY
PRACTITIONER TRAINING

RETREAT HANDOUTS #2

WITH DR. RITAMARIE LOSCALZO

MS, DC, CCN, DACBN



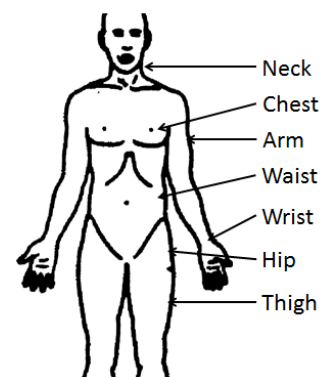
INE | INSTITUTE OF
NUTRITIONAL
ENDOCRINOLOGY

CHANGING LIVES WITH
ROOT CAUSE HEALTH CARE



Nutritionally Oriented Physical Exam

Name:		Date:	
Height:		Weight:	
Frame size (check one):	Small	Medium	Large
Respiration – breaths per minute:			
Pulse – beats per minute:		Temperature:	
Blood Pressure			
Seated, legs uncrossed Left Arm: Right Arm:		If difference between left and right is > 10, top or bottom, there may be a blockage.	
Lying Face Up			
Standing Immediately upon arising: 1m: 2m: 3m: 4m: 5m:		Systolic blood pressure (top number) should increase by 10 when you stand up. If it does not or if it decreases, it's suggestive of adrenal stress. The more time it takes to restore the blood pressure to what it should be is suggestive of the degree of adrenal distress. Measure once a minute for up to 5 minutes. Stop when pressure increases by 10 points.	
Measurements			
Waist:			
Hip (across femur heads):			
Waist/Hip Ratio:			
Neck:			
Chest:			
Wrist:	Right:	Left:	
Arm:	Right:	Left:	
Thigh:	Right:	Left:	





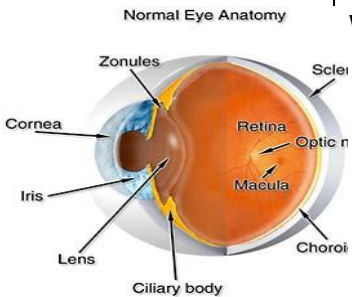
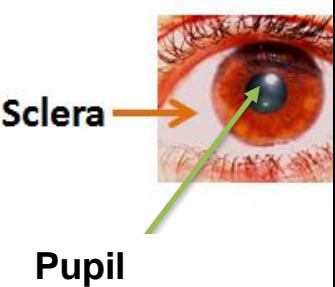
Eye Examination




Pupil Constriction: In a darkened room, shine a small penlight in one eye. Pupil should constrict. Continue to shine light and count how many seconds pupil stays constricted. Stop at 20 seconds or upon dilation of pupil.

If a pupil does not contract when a bright light shines on to it, this indicates dulled nerve reflexes, weak adrenal glands, or an overstimulated sympathetic nervous system, often from fear as a hidden, chronic condition. Adrenal weakness is indicated if pupil does not remain constricted for 10 seconds or longer. Adrenal stress is indicated if the pupils begin to expand and contract repeatedly when exposed to bright light for 30 seconds.




Pupil Constriction - seconds held:

Circle all that apply		Possible interpretation
  <p>Sclera</p> <p>Pupil</p>	White ring around the iris	Also known as the cholesterol ring. It might indicate an excess of calcium or aluminum, salicylate poisoning or arteriosclerosis. This sign presents as a white halo around the perimeter of the iris. It may indicate a family history of heart disease. Check cholesterol. A heavy white ring near the outer edge of the iris points to salt (sodium) and calcium deposits.
	Grey ring around the cornea	Possible atherosclerosis, Alzheimer's disease, liver issues
	Gray pupil	Cataracts
	Green pupil	Glaucoma
	No pupil constriction with light.	Weak adrenals
	Black discoloration below bottom eyelids.	Adrenal exhaustion
	Brown discoloration below bottom eyelids.	Adrenal weakness, kidney weakness
	Puffy bags under eyes	Kidney/bladder weakness, edema
	Yellow discoloration below bottom eyelids.	Liver/gallbladder stress
	Eyes "bug-out"	Possible hyper-thyroid



Sclera → 	Circle all that apply	Possible interpretation
	Deep orange color surrounding pupil	Disordered sugar metabolism
	Yellow patches on eyelids	Possible high cholesterol
	Red upper eyelids	gastritis
	Dry eyes	Possible autoimmune disease called Sjogren's
	White discharge from corners	Digestive problems
	Grey or milky white ring around cornea	Called arcus senilis and is associated with high cholesterol and triglycerides, and increased risk for heart attack and stroke.
	"eye gunk" at base of eyelashes	Seborrhea, dandruff, rosacea, vitamin A deficiency, vitamin B6 deficiency or fatty acid deficiency
	Sclera Color (white outer wall of the eye)	
	Circle all that apply	Possible interpretation
	Yellow/brown	Liver or gallbladder stress
	Clear with bluish tint	Poor circulation/anemia
	Sclera turns blue	Osteogenesis imperfecta, a disease that makes the bones very brittle
	Red	Conjunctivitis, inflammation of the GI tract, liver fire rising
	Red blotches on sclera	Possible hypertension
	Green	Poor bile formation
	Pasty, off white	Lymphatic congestion
	Gray	Constipation, sluggish bowel



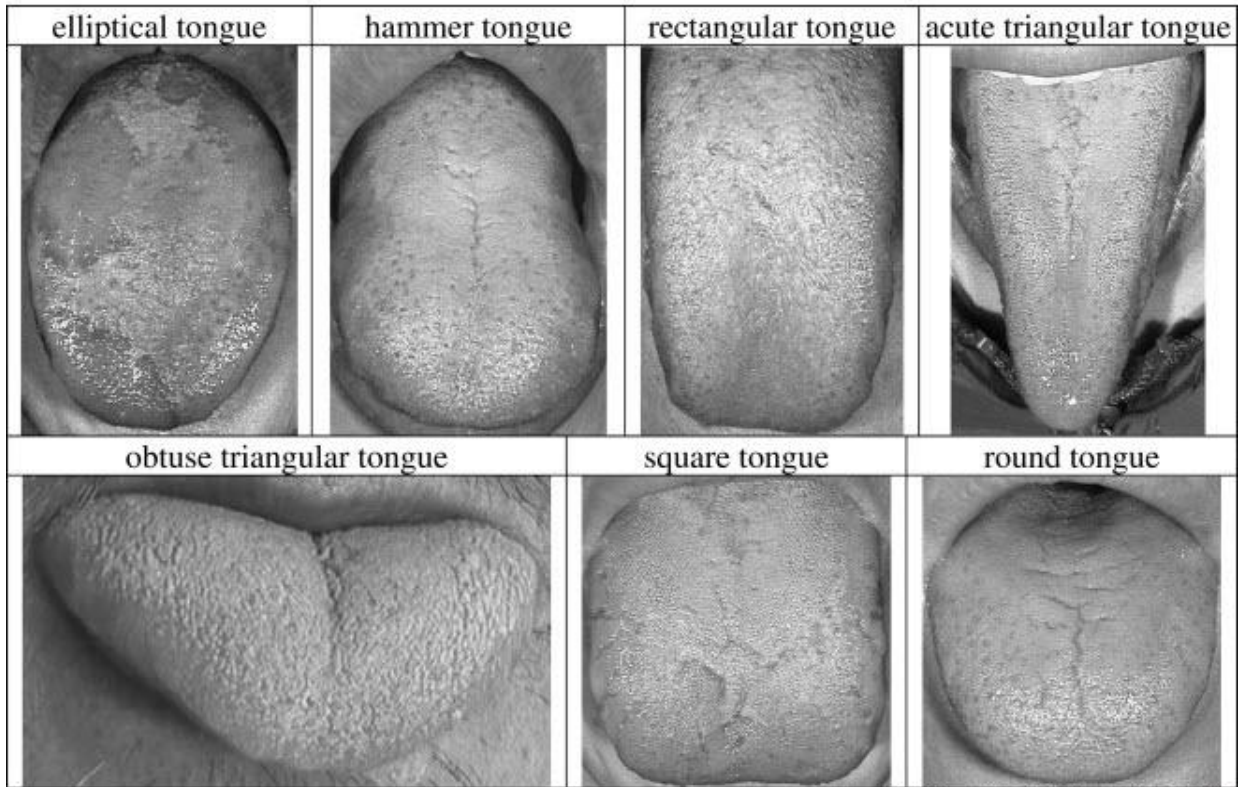
Lip and Mouth Evaluation		
  	Circle all that apply	Possible interpretation
	Pale gums	Iron deficiency
	Gums, puffy/bleeding	Insufficiency of folic acid, coenzyme Q-10, bioflavonoids, vitamin C, niacin, zinc, or vitamin A
	Ulcerations or canker sores	Insufficient friendly gut bacteria, low B vitamins (especially folic acid), low lysine, excess arginine, gluten sensitivity, food allergies, stress
	Lines around mouth	Low estrogen, low essential fatty acids, or vitamins B, A or E
	Cracks, fissures, and scales, especially at corners	Insufficiency of B vitamins, especially B2, B5, B6, and folic acid, imbalance of essential fatty acids, low magnesium.
	Dry flaking lips	Essential fatty acids imbalance; Low levels of biotin
	Metallic taste	Heavy-metal toxicity, excess mineral intake, side effect of medications
	Loss of tastes, especially sweets	Inadequate zinc, excess copper and/or selenium
	Bitter taste	Infection or abscess
	Salty taste	Excess salt intake, bleeding somewhere in body
	Excessive salivation	Excess mercury
	Painful dentures	Low stomach acid, low B vitamins, low glutamine
	Bleeding gums	Deficiency of Vitamin C, bioflavonoids
	Bad breath	Inadequate digestive enzymes, food allergies, infection, leaky gut, overeating, eating too frequently, stress
	Acetone-like breath smells	Diabetes or active weight loss process
	Urine-like breath smells	Protein maldigestion
	Putrid breath smells	Mouth and/or lung infection
	Red and inflamed lips	Low B vitamins, poor absorption in small intestine



Face Evaluation		
	Circle all that apply	Possible interpretation
	Facial color: Yellow	Liver, gallbladder issues
	Facial color: Ashen gray	Lung problems, shock
	Facial color: Red	High blood pressure, alcoholism
	Facial color: Bluish	Heart stress
	Facial color: Copper	Iron overload
	Facial color: Brown	Kidney stress
	Red cheeks	Lung heat
	Ear lobe creases	Heart stress
	Long earlobes	Strong constitution
	Creases between eyes	Liver stress
	Crack between chin and lips	Ileocecal valve problems
	Bulbous nose	Alcohol excess, acne
	Acne	Decreased stomach acid, deficiencies of zinc, essential fatty acids, consumption of "bad" oils
Tongue Evaluation		
Redness/Irritation: Use a pencil or colored pencil to mark areas of redness or irritation.		



Tongue Shape:
Circle the overall tongue shape that matches closest to yours



<http://dx.doi.org/10.1016/j.ins.2009.09.016>

Tongue Shape	Possible Interpretation
Elliptical	Normal
Hammer	Congestion in area of kidneys, bladder or intestines
Rectangular	Possible inflammation in lungs or heart
Acute Triangular	Thin tongue often indicates deficiency, elongated heart heat
Obtuse Triangular	Wide thick tongue often indicates edema or bloating
Rectangular	Possible Stagnation and/or possible heart heat and / or deficiency
Round	Possible heart heat and / or deficiency

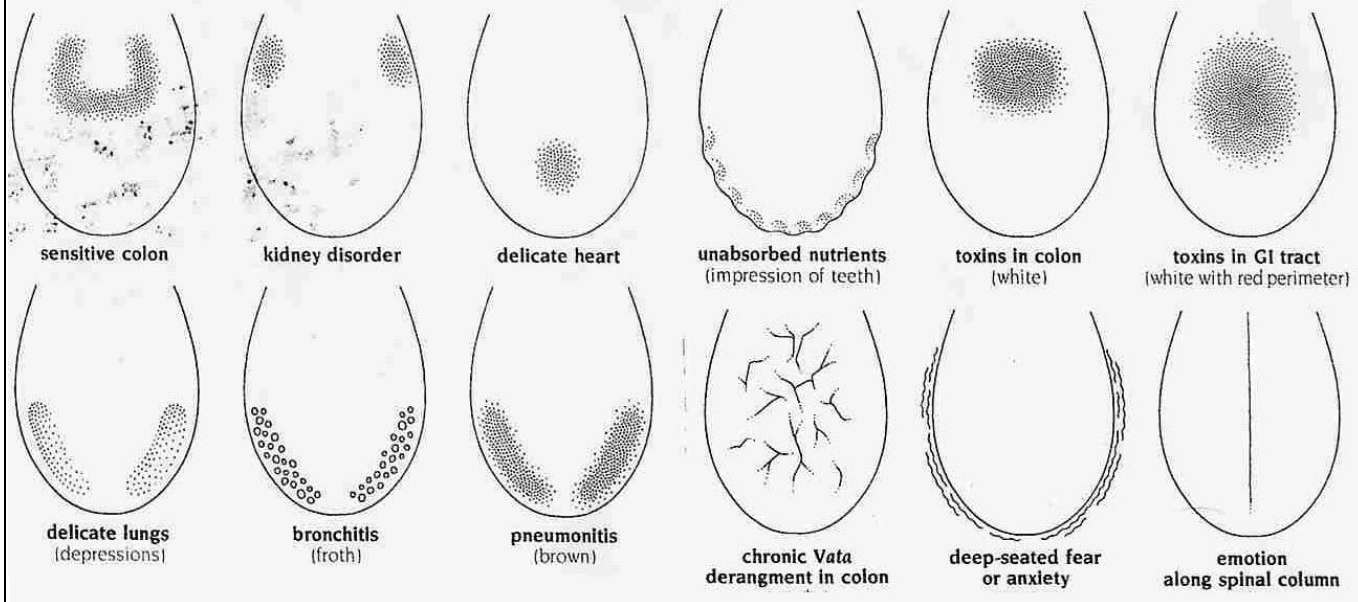


Tongue Evaluation – continued

Distinguishing Marks:

Circle any examples below that show features you see on your tongue.

image source: <http://www.sorensenacupuncture.com/wp-content/uploads/2011/06/Tongue-english-31.jpg>



Color	Pink/ Multi-Colored (normal)	Pale red (mild heat)	Beefy red (heat)	Purple (circulation)	Pale (low metabolism, anemia, blood deficient)
Coating	None (Weak digestive fire, dehydration)		Thin (normal)		Thick (cold-dampness, phlegm, poor digestion)
Coating Color	White (normal)	Light Yellow/ Dirty White (slight heat, cold or flu)	Yellow (heat, anxiety, depression, infection, cigarette, coffee, big meal)		Brown/Black (strong heat or cold, long term smoking, bismuth)



Tongue Evaluation – continued


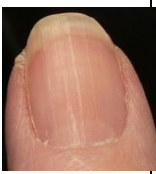


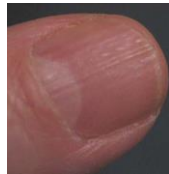
Circle all that apply	Possible interpretation
Tender to touch or sore	Deficiency of Vitamin B12, folic acid or iron
Pale red color	Normal
Beefy red color	Excess heat
Red tip	Overeating, maldigestion, excessive fats and/or fried foods or inadequate fiber
Dark gray or reddish back of tongue	Adrenal and/or kidney weakness
Chronic coating and/or “furry” tongue	Inadequate levels of digestive enzymes, imbalance of friendly to unfriendly intestinal bacteria or toxic bowel, food allergies
Yellowish coating	Can be a sign of heat
A “cottage cheese” growth or coating	Possible yeast infection
Scalloped edges and teeth marks	Allergies, poor digestion, inadequate levels of pancreatic enzymes, inadequate levels of vitamin B6, thyroid problems
Geographic tongue (lines like a map)	Low B vitamins (especially B12 and folic acid), low zinc, low D, gluten sensitivity, or wheat allergy
Excessively shiny or smooth tongue	Low vitamin B12, low folic acid or iron, allergic reaction; can be a sign of diabetes or early blood-sugar imbalances
Purplish tongue	Inadequate levels of vitamin B12
Beefy or enlarged tongue	Inadequate levels of pantothenic acid
Black or hairy-looking tongue	Possible effect from antibiotics, bismuth-containing products, such as Pepto-Bismol

Head Evaluation


Circle all that apply	Possible interpretation
Dry hair	Essential fatty acid (EFA) deficiency
Premature graying	Pantothenic acid (B5) deficiency
Hair loss	Folic acid, vitamin B5, vitamin B6, B-complex, and EFA deficiencies. Vitamin A toxicity, or other environmental toxicity, also causes hair loss
Dandruff	Deficiencies in EFA, antioxidants (selenium especially), B6 or B-complex. May also indicate low stomach acid
Excess ear wax	Low essential fatty acids (EFA)



Head Evaluation – continued					
Cranial Nerves	Left	Right			
Hearing					
Vision					
Sensation					
Smell					
Movement					
Taste					

Hand and Nail Evaluation					
<i>Observe your nails for the following signs and mark the chart for each hand</i>					
Nail Analysis: Check all that apply					
	Moons (lunula)	Ridging	Spooning	Clubbing	Beading
Finger					
Right Thumb					
Right Index					
Right Middle					
Right Ring Finger					
Right Pinky					
Left Thumb					
Left Index					
Left Middle					
Left Ring Finger					
Left Pinky					
Moons Analysis (half-moon at base of nail): Circle all that apply			Possible interpretation		
Large			Good constitutional reserve of energy		
Small			Low constitutional energy when on many		
Large moons on little fingers (plus ear lobe creases and/or reddish tip of tongue)			Suggests tendency to heart problems		

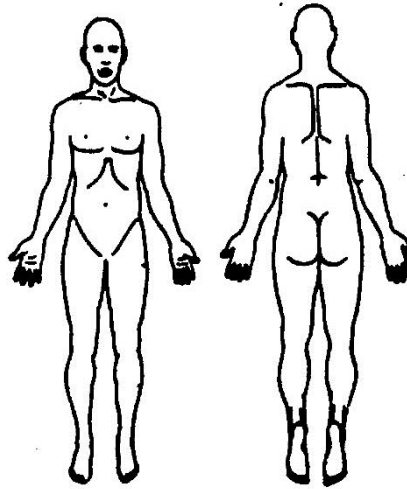


Hand and Nail Evaluation – continued	
Circle all that apply	Possible interpretation
Splitting cuticles	Essential fatty acid imbalance, over consumption of processed oil, food allergies, low bile or pancreatic enzymes
Rough, red, flaky cuticles	B vitamin deficiency, stress
Splitting, breaking nails	Low levels of biotin, essential fatty acids, vitamin B6, or magnesium; also low stomach acid
Excessive vertical ridges	Inadequate levels of B vitamins, especially B12; poor digestion, gallbladder problems
White spots on nails	Inadequate levels of zinc, trauma; protein deficiency
Pitting	Tendency to immune problems, low levels of selenium, maldigestion
Pale or bluish nails	Iron deficiency
Deep horizontal ridges (Beau's lines)	Bronchitis, maldigestion, local trauma, adrenal stress
Yellowish, bulging, bending, breaking nails	Suggests fungal infection like candidiasis
 Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)	Poor oxygenation linked to various serious lung, liver, or kidney diseases
Thumb has ridges	Kidney stress
Thumb has appearance of beads on a string	Suggestive of arthritis or osteoporosis
Vertical ridges that are split	Respiratory problems
Very thin parallel lines	Mineral absorption difficulties
Short wide nails or fingertips	Poor circulation or heart stress
Vertical ridges on other finger nails besides the thumb	Respiratory stress
Yellow nails	Digestion issues
Horizontal ridges	Poor nutrition or cardiovascular stress
Black spots	Digestion difficulties
Spooning	Iron deficiency, anemia, lead poisoning
Cracked skin at tips of fingers	Low zinc
Cold hands	Poor circulation, possible low thyroid



Skin Assessment

Observe your body head to toe. Use a mirror or a trusted companion to see areas you normally would not see. Use the diagrams to note any areas of rash, skin tag, discoloration, bumps, bruises, moles, or other abnormalities of your skin.



Circle all that apply	Possible interpretation
Skin tags	Blood sugar problems like hypoglycemia, tendency towards diabetes, low chromium, tendency to develop cysts and/or polyps
Dry skin	Deficiencies in EFA, vitamin A or vitamin E
“Goose flesh” at the backs of arms or thighs	Vitamin A deficiency, low thyroid, low essential fatty acids, low zinc, low vitamin E
Bruising – slow to heal or excessive	Deficiencies in vitamin K, C, E, or bioflavonoids
Wounds that take a long time to heal	Deficiencies in vitamin A, vitamin C, zinc or EFA; diabetes may also be the cause
Hemorrhoids	Dehydration, inadequate fiber, low levels of bioflavonoids, vitamin E, vitamin A, or essential fatty acids; inadequate exercise or food allergies
Tenderness at rib margins	Sign of adrenal distress or over-work

At-Home and In-Office Tests

Digestion

- ☐ HCl Challenge
- ☐ Bowel Transit Time
- ☐ Pulse Testing for Food Allergies
- ☐ Indican

Acid-Alkaline Balance

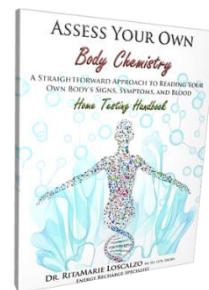
- ☐ pH Assessment – Urine and Saliva
- ☐ pH Acid Challenge

Hormones

- ☐ Blood Sugar Monitoring
- ☐ Basal Body Temperature
- ☐ Konisburg Adrenal Fatigue
- ☐ Postural Blood Pressure
- ☐ Pupillary Constriction
- ☐ Raglan's

Vitamins, Minerals and Antioxidants

- ☐ Minerals
 - ☐ Zinc Assay
 - ☐ Iodine Skin Test
 - ☐ Neuro-Lingual Mineral Testing
- ☐ Oxidata
- ☐ Vitamin C Urine



Assess Your Own Body Chemistry: Home Testing Handbook

<http://www.drritamarie.com/go/HomeTestingHandbook>



Assignment: Nutrient and Herb Grab Bag

Purpose:

The Nutrient and Herb Grab Bag assignment will allow you to research and get to know one nutrient and herb very well. Completion of the assignment will demonstrate your ability to communicate your understanding, your research skills, and your reporting skills. All documents will be shared as part of the Micronutrients Module, so you'll get to learn in-depth about each nutrient without doing all the exhausting research or simply relying on a textbook.

Write in a way that is understandable by clients so it can be used as a client handout. We'll be posting all papers within the "Done-For-You" section of the Micronutrients Module, so all will have a set of nutrient and herb papers to share.

Once completed, you will have the option of presenting your findings on a conference call to your classmates.

Choosing Your Topics:

- Login to the INE members' site. Under the NEPT Bulletin Board menu, go to your NEPT "LIVE Features" page. Find the "Nutrient and Herb Grab Bag" Assignment. There you will find a link to a Google Doc spreadsheet where you can sign up for and choose your nutrient and herb.
- Choose one nutrient from the nutrient worksheet (the first tab at the bottom) and enter your name under the "Primary Practitioner" column beside your desired nutrient. If you'd like to research a second nutrient, as many have indicated, please put your name under the secondary column of the nutrient you choose.
- Move to the herb worksheet (the second tab at the bottom). Your name will already be listed. Consider an herb you'd like to research that has not yet been selected and enter it beside your name. If you'd like to research a second herb, please list the additional herb under the secondary column beside your name.



Research Guidelines:

Each report should include all of the following (if available):

For each nutrient:

- The common name and any alternate names it might have
- Whether or not it is fat- or water-soluble (for vitamins), or whether it is considered a major or trace mineral (for minerals)
- In detail, write the primary action/benefit of the nutrient
- Also include any other/secondary functions/benefits
- List food sources of the nutrient
- List any challenges to getting enough, or the ability to get enough absorbed
- Discuss antagonizing factors, i.e., factors that decrease the absorption and utilization of the nutrient, including other nutrients, medications, dietary factors, and heat or cold. For example: heat destroys vitamin C.
- Present hormone balancing and/or therapeutic uses
- Outline how to assess status
- List symptoms of excess, if any
- Special considerations or cautions

For each herb:

- The common name and any alternate names it might have
- In detail, write the primary action/benefit of the herb
- Also include any other/secondary functions/benefits
- Where does the herb generally grow?
- What factors affect its absorption and utilization?
- What is the best form to take?
- Present hormone balancing and/or therapeutic uses
- Contraindications to its use (i.e. is it safe in pregnancy?)
- Special considerations or cautions



Report Criteria:

- Each report (one report for your nutrient and one report for your herb) should be roughly two pages (reference page may be an additional page). As this will be shared as a collective resource, to ensure consistency in formatting and appearance, some conventions of style should be used (see below for details).
- Text citations (APA format) are important to avoid issues of plagiarism.
- Your reference section/page (APA format) should list all the sources you've previously cited.
- You need to submit both your "raw file" (i.e. Word doc/docx, Open Office, etc.) and a PDF file.
- Submit your assignment here: <http://www.drritamarie.com/go/INEUploader>

Style Conventions:

- **Margins:** 1" margins all around
- **Report title:** Arial 20-point font, bold.
- **Report body:** Arial 12-point font, line-spacing: single (preferably set at 1.3 spacing)
- **Header:** Report title on all pages – right-justified
- **Footer:** Include a document footer that includes "Prepared for the Institute of Nutritional Endocrinology (INE) by *your name, credentials*". Please present page numbers in "Page X of X" format – centered.
- **Citations and References (APA format):** There are many sources on the Internet with detailed instructions on how to format using APA style. Here's one that's succinct. <http://www.drritamarie.com/go/APAReferences>

Due Dates:

- On your NEPT "LIVE Features" page, find the "Nutrient and Herb Grab Bag" Assignment. There you will see the due dates listed for your assignments.



Lab Ordering for NEPT Practitioners

Labs That NEPT Practitioners Can Order Through Dr. Ritamarie's Account

Note: Labs and websites change over time, so be prepared that the process may change since this document's creation.

23andMe

- **Website:** <https://www.23andme.com/drloscalzo>
- You will create your own account to view the results.
- Your clients will also create their own accounts to view and share with you.
- To initiate sharing, follow the steps below:
 - Hover over the "Family & Friends" section in the navigation and select "Manage Sharing".
 - Click the "Share Your Genome" button on the right to bring up the invitation form.
 - You will be asked to enter the e-mail address of the person you wish to share with in the invite box. You can share with other users at different levels -- either with or without health reports. The recipient will get an e-mail prompting them to log in to their account or create a free demo account to accept your sharing invitation.

ALCAT

- **Website:** <https://www.alcat.com/>
- Fill out and submit (using contact details on the form) the *CSS: Cell Science Systems - Account Activation Form: ALCAT* form found on the INE Members' website (www.INEmembers.com), under the "Resources" menu on the "NEPT Resource" page.
- After you receive your own account, it will include the log-in information.
- Log in to your account at the ALCAT website and order your test.
- The results will come back to you.



BioHealth

- **Website:** <http://biohealthlab.com/>
- Go to “New Account Sign-up” in top right-hand corner of their website.
- Fill out the form with your information. If you have no degree or credentials, it is okay to put ‘none.’ Put Dr. Ritamarie’s name where it says ‘How were you referred to BioHealth?’
- Order kits.
- The results will come back to you.

Blood Chemistry Software

- **Website:** <http://bloodchemsoftware.com/>
- Access to log in is on the top right-hand side of the page.
- Log in using the same user name and password to gain access to the www.INEmembers.com members’ website.
- After logging in, you are now ready to add clients and their labs.

DiagnosTechs

- **Website:** <http://www.diagnostechs.com/>
- Fill out the application for a new account.
- List Dr. Ritamarie as the referral.
- Order the test - list Dr. Ritamarie as the referring doctor.
- The results will come back to you.

Direct Labs

- **Website:** <http://www.directlabs.com/DrRitamarie>
- In the top, click on “Register”.
- Complete your information and submit.
- Order tests.
- The results will come back to you.



Great Plains

- **Website:** <http://www.greatplainslaboratory.com/home/>
- Click on “For Clinicians”.
- Click on “Authorize a Test For a Patient”.
- Fill out the information using Dr. Ritamarie’s information.
- Under “Physician Signature Options” use “My Signature is on File”.
- When you order the test, it will be sent to you.
- The results will be sent to Dr. Ritamarie. You will have to call to get the results sent to you also - 913-341-8949 or 800-288-0383.

Meridian Valley

- **Website:** <http://meridianvalleylab.com/>
- Fill out and submit (using contact details on the form) the *Meridian Valley Labs - Account Registration* form found on the INE Members’ website (www.INEmembers.com), under the “Resources” menu on the “NEPT Resource” page.
- Log in and order your kits.
- The results will come back to you.



Nutritional Endocrinology Practitioner Training (NEPT) Certification Requirements

Upon completion of the following criteria, you will be awarded your Certificate and receive the option to have your information listed on the Nutritional Endocrinology Website.

1. **Case Histories:** Submit 3 recorded 20-minute audio sessions demonstrating your capability to establish rapport with clients, take a comprehensive case history, and create a healing protocol. An example template and audio recording will be posted on the NEPT website under the "Certification" section.
2. **Case Write-Ups:** Submit 2 Case Write-Ups in standard format, so that any colleagues or specialists the client is referred to can easily interpret. An example template will be posted in the Certification area.
3. **Coaching Practicum Hours:** You must complete 50-100 hours of coaching / supporting / mentoring members in any of Dr. Ritamarie's programs. You may apply to complete this requirement after submitting your first recorded Case History session plus 1 Case Write-Up. Upon acceptance, you will be assigned to mentor someone in a Dr. Ritamarie Program who is in need of additional support.
4. **Case Studies Presentation:** Submit a Case Study and walk the other practitioner candidates through it in 20 minutes. You may prepare for this by listening to the Case Studies recordings in the resource library.
5. **Health Topic Presentation:** This presentation must demonstrate your ability to teach a topic to colleagues. You should prepare a 15-minute presentation using visual aids (Power Point or other method) plus respond to a 5-minute Q&A session. You will present your health topic to your colleagues in the program.



6. **Client Handout/Research Paper:** Create and submit a 2-page paper covering a health condition, syndrome, nutrient, herb, supplement, etc. of your choosing, which can be given as a handout or guideline for a client. This needs to be in language and terms that are easily understood by most clients; however, you need to include a bibliography and references to your source documents on the 2nd page. All submissions will be compiled into a Client Resource Handbook for certification candidates to share.
7. **NEPT Module Exams:** Pass the open-book comprehensive examinations covering each module in the NEPT curriculum. Exams will be available at the end of each module.
8. **Completion of all Module Assignments and Projects:** At the end of select modules there will be an assignment or project to reinforce the learning.
9. **Oral Exam Interview:** Complete an interview with Dr. Ritamarie or one of her certified team members to determine qualification (to be scheduled after all other Certification Requirements are met).

Coaching Opportunities

☐ Internships

☐ One-on-One Support for Individuals in Dr. Ritamarie Programs

☐ Strategy Sessions

☐ Delivery of One-on-One Coaching Packages

☐ Group Coaching Mentorship



Case Study Template for Certification

A case study/history is generally started in paragraph form and then divided into sections for specific medical history and findings.

- ☐ **Age, sex and chief complaint of client:** i.e. 27 y.o. female presents with a chief complaint of daily headaches and abdominal pain.
- ☐ **Height and weight:** Client is of average height at 5'4" and overweight for height at 197 lbs.
- ☐ **Marital status, number of children, and living status:** Client lives alone or client lives with her husband of 17 years and their 3 children -- ages 2, 6, and 10.
- ☐ **Occupation:** Client is employed by a local bank where she works as a receptionist 40 hours a week.
- ☐ **Education:** Client is a high school graduate who completed 2 years at university level before becoming pregnant and dropping out to raise her family.
- ☐ **Travel, if possibly relevant to history:** Shortly before the onset of her chief complaints, client spent 2 weeks on vacation in Mexico; a year before that she spent a month in Africa.
- ☐ **Pets:** Client has 2 dogs, 3 cats, 2 birds, and a monkey.

Example Paragraph

For your submitted studies, leave out the name and either use a pseudonym, pronouns, or "client".

Mary Jones is a 27 y.o. female who presents with a chief complaint of daily headaches and abdominal pain. She is of average height at 5'4" and overweight for her height at 197 lbs. Mary lives alone with her husband of 17 years and their 3 children -- ages 2, 6, and 10. Mary is employed by a local bank where works as a receptionist 40 hours a week. She is a high school graduate who completed 2 years at university level before becoming pregnant and dropping out to raise her family. Shortly before the onset of her chief complaints, Mary spent 2 weeks on vacation in Mexico; a year before that she spent a month in Africa. She has 2 dogs, 3 cats, 2 birds, and a monkey.



HISTORY OF CHIEF COMPLAINT(S)

- | | |
|---|--|
| <input type="checkbox"/> Onset: when started, mode of onset, mode of ending, initial treatment if any | <input type="checkbox"/> Severity |
| <input type="checkbox"/> Progression | <input type="checkbox"/> Timing |
| <input type="checkbox"/> Previous occurrence | <input type="checkbox"/> Associated symptoms |
| <input type="checkbox"/> Quality of pain or discomfort | <input type="checkbox"/> Better with – relief obtained by activities, positions, treatments or lifestyle factors |
| <input type="checkbox"/> Radiation to other body parts | <input type="checkbox"/> Contributing factors to worsening of symptoms |
| <input type="checkbox"/> Review of any other related or concurrent symptoms | <input type="checkbox"/> Duration |
| <input type="checkbox"/> Site of discomfort or pain | <input type="checkbox"/> Effect on day to day activities |
| <input type="checkbox"/> Setting under which symptoms occur | <input type="checkbox"/> Frequency |

EXAMPLE OF HISTORY OF CHIEF COMPLAINT IN PARAGRAPH FORM:

Headaches and abdominal pain were first noticed approximately 3 years ago, shortly after returning home from a family vacation in Mexico. They were mild at first and infrequent. As they became more frequent, they were accompanied by bouts of abdominal pain and gas. Client reports that she'd had previous bouts of headaches and nausea as a teenager, shortly after the onset of menstruation.

Headaches are described as dull and throbbing with occasional sharp stabbing pains in the region of the left temple. Sometimes the pain radiates into the back of the skull and occasionally into the shoulder blade region.

The headaches are often but not always accompanied by pain in the lower right quadrant of the abdomen and are occasionally accompanied by nausea and visual disturbances. Headaches occur approximately once a week, and abdominal pain almost as frequently. In addition, she reports gas and bloating almost daily, especially within an hour after eating sandwiches and pasta.

At their worst, headaches are rated as 6 on a 0-10 pain scale. Abdominal pain ranges from 3-6.

Headaches are worse when she is under a lot of stress and better on the weekends and when on vacation. Eating a gluten-free diet has helped as well, but her compliance is low.



REVIEW OF BODY SYSTEMS

- ☐ **General:** brief description of any fatigue, fever, appetite, weight, or sleep issues; if none, say no general complaints
- ☐ **Digestive:** brief description of any digestive complaints; if none, say no reported digestive complaints
- ☐ **Endocrine:** brief description of any complaints related to blood sugar, adrenal, thyroid, or genitourinary; if none, say no reported complaints related to endocrine glands
- ☐ **Immune system:** brief description of any complaints related to allergies, autoimmune, or frequency of infectious illness; if none, say no reported complaints related to the immune system
- ☐ **Respiratory:** brief description of any complaints related to sinuses or breathing; if none, say no reported complaints related to the respiratory system
- ☐ **Cardiovascular:** brief description of any complaints related to blood pressure, circulation, or heart; if none, say no reported complaints related to the cardio system
- ☐ **Musculoskeletal:** brief description of any complaints related to bones, joints, muscles, or movement restrictions; if none, say no reported complaints related to the musculoskeletal system
- ☐ **Neurological:** brief description of any complaints related to numbness, tingling loss of sensation, paralysis, or mood disturbances; if none, say no reported neurological complaints
- ☐ **Skin (often referred to as integument):** any rashes, acne, or breakouts reported; if none, say no reported complaints related to the skin (or integumentary system)
- ☐ **Dental:** any issues related to teeth, current dental work, fillings, root canals, bridges, implants, and missing teeth; if none, say no reported dental complaints or dental work in progress

NUTRITION AND LIFESTYLE HABITS

- ☐ **Foods eaten and foods avoided:** any specific symptoms reported after eating known food allergies or sensitivities
- ☐ **Hydration habits:** how much water consumed and quality of water (tap, filtered)
- ☐ **Unhealthy habits:** alcohol, caffeine, and tobacco – current and past
- ☐ **Exercise habits:** frequency and duration, types, and how client feels afterwards
- ☐ **Sleep habits:** number of hours, is it restful, time to bed, time up in the morning, shift work currently or a history of shiftwork
- ☐ **Stress:** gauge what is most stressful, duration, and severity of stress; describe any of the client's stress management habits, if any



MEDICATIONS AND SUPPLEMENTS

- ☐ **Medication history:** thorough current and past medication history including frequency, timing, duration, doses, brands, reason, noticeable benefits, side effects, whom prescribed by and for what; if discontinued, why?
- ☐ **Supplements (current):** frequency, timing, duration, doses, brands, reason, noticeable benefits, side effects, whom prescribed by and for what
- ☐ **Supplements (recent past):** list and reason for discontinuing

ENVIRONMENTAL INFLUENCES


- ☐ **Exposures:** in the home, garage, lawn, new carpeting, paint, cleaning and personal care products, occupational exposures.
- ☐ **Sensitivities:** include all known sensitivities, current exposures, and past exposures

PAST HEALTH AND FAMILY HISTORY

- ☐ Illnesses
- ☐ Injuries
- ☐ Surgeries
- ☐ Hospitalizations
- ☐ Childhood health history and diet
- ☐ Antibiotic use
- ☐ Prenatal care
- ☐ Trauma: emotional and physical
- ☐ Family history: past and present

RECEPTIVENESS

- ☐ Note how ready and willing the client appears to be to take charge of his/her health and make diet and lifestyle changes to support recovery



Case Study:
53 y/o Cosmetologist
Presenting with Rash & Fatigue

With Dr. Ritamarie Loscalzo
Jan Chamberlain

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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.

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Presenting Case

Chief Complaint: Itching, cracking rash on hands, arms, leg, and trunk. Diagnosed by her doctor as "Dermatitis" with accompanying prescriptions of Antibiotics, Prednisone & Topical Hydrocortisone.

Onset & Duration: October 2013; exacerbated by sun exposure and Christmas 2013 holidays.



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Top Health Concerns

- Rheumatoid Arthritis ("asymptomatic"; but hands are misshapen) – diagnosed at age 34
 - Brain fog, belly fat, and burnout – past 2 years
 - Candida and digestive issues
 - Difficulty losing weight, even with exercise and dieting
 - Diagnosed with hypothyroidism at age 24 – has taken Synthroid and Zoloft for 29 years
 - Allergies and recurring sinus infections
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Medications

1. Lansoprazole (**Prevacid**) 30 mg 1 **daily**
 2. Levothyroxine (**Synthroid**) 125 mcg 1 **daily**
 3. Leflunomide (**Arava** for RA) 20 mg 1 **daily**
 4. Sertraline (**Zoloft** - SSRI) 100 mg 1 **daily**
 5. Sulfasalazine (**Azulfadine** - sulfa drug) 500 mg 2 x **daily** (Just barely started me on this because of 1 flare-up a month with my RA. My RA is under control other than that. I can physically do what I want to do.)
 6. Cetirizine HCl (**Zyrtec** antihistamine) 10 mg. OTC - I take these for allergies when needed.
 7. Fluticasone (**Flonase** nasal spray) 50 mcg for my horrible sinus. I will tell you that I have abused the Z-pac over the years because of my re-occurring sinus infections. I've been to a sinus specialist and he said my sinuses were fine.
 8. **Prednisone** (for rash) now, 10 mg; 4 for 3 days, 3 for 4 days, 2 for 5 days, 1 for 7 days then stop. I have 9 pills left (1-22-14) This is my second round. Was on a 5-day course at Christmas. 5-4-3-2-1 dosage. Not doing anything for my rash.
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Surgeries, Injuries, Major Illnesses

- Staph infections: May 2013 - 2 huge rounds of antibiotics; in 2000 in hospital 4 days
 - Hysterectomy (still have ovaries) - age 46
 - Food poisoning during Thailand trip in 2008
 - Viral infections - frequent
 - Scar tissue in lungs discovered on chest x-ray from prior pneumonia
 - Carpal tunnel (both hands) - age 35
 - Gallbladder removed - age 38
 - 3 Foot surgeries from arthritis and bunions - age 40
 - Eyelids, breast lift, and some liposuction on glutes, thighs and tummy - age 43
 - Fell and hit head pretty hard, needing stitches - age 42
 - Shingles 2 times, once on back, once on arm
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SpectraVision Scan:

- Large Intestine frequency: compromised
- Lymphoreticular frequency: compromised
- Candida frequency: several strains present
- Nutrient absorption: compromised
- Emotional frequencies: (flower essences)



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Lab Findings

- TSH low: .05 in a range of 1.5-3.0, despite taking Synthroid for 29 years
- RDW: elevated in Oct & Dec: Iron, B12, Folate deficiency
- MCV: low: anemia, iron, B6 deficiency
- RBC elevated: vitamin C deficiency, dehydration
- Neutrophils high & lymphs low: bacterial infection!



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Family History

- ✓ Rheumatoid arthritis runs in family
- ✓ Father & mother both still living – no health issues known
- ✓ Father's father had RA
- ✓ Grandparents dead – heart issues, but nothing else to her knowledge
- ✓ Sister has RA



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Lifestyle Habits

- ✓ Regular sleep: 8 hrs/night
- ✓ Regular meditation, exercise: 5 days/week
- ✓ Positive family relationships
- ✓ Enjoys exercise when she has the energy
- ✓ Positive attitude, open to alternative healing modalities
- ✓ Stress - husband on disability; finances (no savings, retirement)
- ✓ Fatigue for the past 2 years
- ✓ Sometimes need to skip exercise due to fatigue
- ✓ Inconsistent intake of supplements
- ✓ Has been "on a diet" her entire life – Weight Watchers, HCG, Ximo (ephedra and green tea), Visalus (soy shakes).
- ✓ Cravings for sugar and sweets
- ✓ Exposed to chemicals daily – has her hair salon in her home



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Food

- ✓ Tested positive for allergies to gluten, dairy, peanuts, and eggs - still eats these foods in small quantities
- ✓ Recently (2 months) quit caffeine, diet soda (44 oz/day) addiction
- ✓ Soy protein shakes
- ✓ Drinks water – will up intake
- ✓ Sugary foods at times – understands need to stop sugar
- ✓ Craves sugar (night) – sometimes eats bowl of cereal for dinner because she is too tired to cook
- ✓ Daily – salads with either chicken or tuna
- ✓ Daily – oatmeal
- ✓ Tried a green smoothie with cilantro for detox – felt ill and it exacerbated the rash again; is leery of green smoothies



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Possible Nutrient Deficiencies

- Low stomach HCL (Prevacid)
- Intestinal flora (candida, antibiotics, large intestine)
- Gluten, cross-reactivity (oatmeal, soy)
- Zinc (skin rash)
- EFAs: Omega-3s, DHA (adrenals, blood sugar, low TSH)
- Iron, Ferritin (labs): fatigue
- Magnesium, chromium (blood sugar)
- B12/Folate/B6: (labs, neurotransmitters, Zoloft dependency)
- Iodine? (low TSH)



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"Subtract, Then Add"

Remove:

- ✓ Chemicals in home and work environment
- ✓ Gluten, dairy, peanuts, egg, soy, and corn
- ✓ Sugar and caffeine
- ✓ Fermented or moldy foods and alcohol
- ✓ Unnecessary stressors
- ✓ OTC medications
- ✓ Prescription meds under doctor's supervision

Add:

- ✓ Hormone balancing protocols and support



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Dr. Ritamarie's Hormone Balancing Hierarchy

- ✓ Digestion
- ✓ Blood Sugar
- ✓ Adrenals
- ✓ Thyroid
- ✓ Sleep
- ✓ Sex Hormones
- ✓ Organ Specific



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Digestion/Detox

The Foundation for Healing!

- ✓ **Water:** ½ her body weight in water daily – avoid 30 min. before/after meals
- ✓ **Daily Sauna:** (she's doing well with this – rash is responding)
- ✓ **Detox Foot Bath (BEFE):** no epsom salts in case of MTHFR
- ✓ **Colon Hydrotherapy:** w/wheatgrass implant
- ✓ **HeartMath:** before meals, reduce unnecessary stress
- ✓ **Stomach Acid Issues:** wean off Prevacid, support with digestive enzymes, bile salts (no gallbladder) – HCL challenge when tolerated
- ✓ **Malabsorption, Leaky Gut:** (avoiding NAC in case she has MTHFR) slippery elm, marshmallow root, yellow dock, galactan, aloe vera juice
- ✓ **Probiotics:** 20 billion CFU's – 2@bedtime



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Blood Sugar

- ✓ Teach to take BG and monitor throughout day
- ✓ 30-Day metabolic reset
- ✓ **Morning protein, omega-3s** (control leptin, sugar cravings at night) – change breakfast to chia porridge w/ SunWarrior protein powder, ground flaxseeds, green powders, chlorella, and shredded coconut
- ✓ Magnesium, DHA, chromium supplementation
- ✓ Speed bursts
- ✓ Meal spacing
- ✓ Recipes and meal plan support: enlist her sister-in-law and spouse (e.g. Jenn's FB post w/photo of BG monitor reading to family and friends)



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Adrenals

- ✓ HeartMath: yoga classes at spa
- ✓ Lymphatic drainage massage
- ✓ Cranio-sacral massage w/emotional release work
- ✓ Adrenal elixirs: ashwaganda, rhodiola, astragalus, maca, coconut oil, protein
- ✓ Thiamine
- ✓ Vitamin C calibration
- ✓ Vitamin D3 supplementation
- ✓ Zinc challenge



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Thyroid

This just in from my client: "When I swallow a lot, I feel like there is something in my throat, where my thyroid is. Sometimes it's worse than others."

Lab Follow-up Needed:

- ✓ T3, Free T3
- ✓ T4, Free T4
- ✓ Reverse T3
- ✓ TSH
- ✓ TPO Antibodies
- ✓ Iodine Loading Tests



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Sleep

Not an issue at this time.

If it becomes an issue:

- ✓ Look at evening and morning BG readings
- ✓ Run ASI
- ✓ Temporarily use passionflower, chamomile tea, valerian, (melatonin?) while healing



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Sex Hormones

- ✓ No current complaints in this area
- ✓ Hysterectomy (still has ovaries) – age 46 – no periods.
- ✓ Not on natural or synthetic HRT
- ✓ No birth control pills since age 21
- ✓ Did do HCG diet (Human Chorionic Gonadotropin)
- ✓ Low-fat dieting may have contributed to low estrogen, progesterone, testosterone, DHEA
- ✓ Follow up with lab testing if necessary



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Organ Specific Protocols

Skin Rash:

- ✓ Try wheatgrass poultice (Hippocrates) or aloe vera gel; switch from Hydrocortisone cream to Ayuderm or Calendula cream
- ✓ Bromelain digestive enzymes, evening primrose or borage oil, increased EFA intake and probiotics should help, along with detox

Bacterial Infection:

- ✓ Garlic
- ✓ 5 drops each of clove/oregano/thyme oils in a capsule
- ✓ Wild oregano oil, colloidal silver, immune support

Sinus:

- ✓ Eliminating dairy and allergens should resolve the issue – use neti pot instead of FloNase



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Nutrition

- ✓ Gut Healing: remove gluten and other 5 allergens - possibly other cross-reactive foods?
- ✓ Avoid fermented, pickled, spoiled foods, and alcohol (candida)
- ✓ Daily Gut Rejuvenator
- ✓ Juicing: she purchased a juicer – wheatgrass juice am & pm
- ✓ Cucumber/celery/sunflower/pea sprout juice w/lemon, garlic, ginger 2x/day
- ✓ Green smoothies (leave out cilantro for now) daily
- ✓ Green salads, blended salads, soups daily – goal: 2 lbs of leafy greens/day
- ✓ Avoid fruit while clearing candida – can do saliva spit test to monitor
- ✓ Add in fruit cautiously, starting with low-glycemic, such as blueberries, etc.
- ✓ Monitor blood sugar regularly – 30-Day metabolic reset
- ✓ Multi-vitamin w/out folic acid – Sun Warrior Liquid VitaMineral Rush



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Recommended Testing

- Full thyroid panel: specifically FT4, FT3, TPO antibodies
- Vitamin D3 levels
- Hemo A1C, C-Reactive Protein
- Iron/Ferritin/B12/B6/Folate levels
- Estrogen, progesterone, testosterone, SHBG, and DHEA
- 23 and Me genetic testing if symptoms fail to respond to nutritional & lifestyle protocols
- Review reflects *general direction and possible concerns*



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