



S.H.I.N.E. Conference Handouts

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Your Big WHY

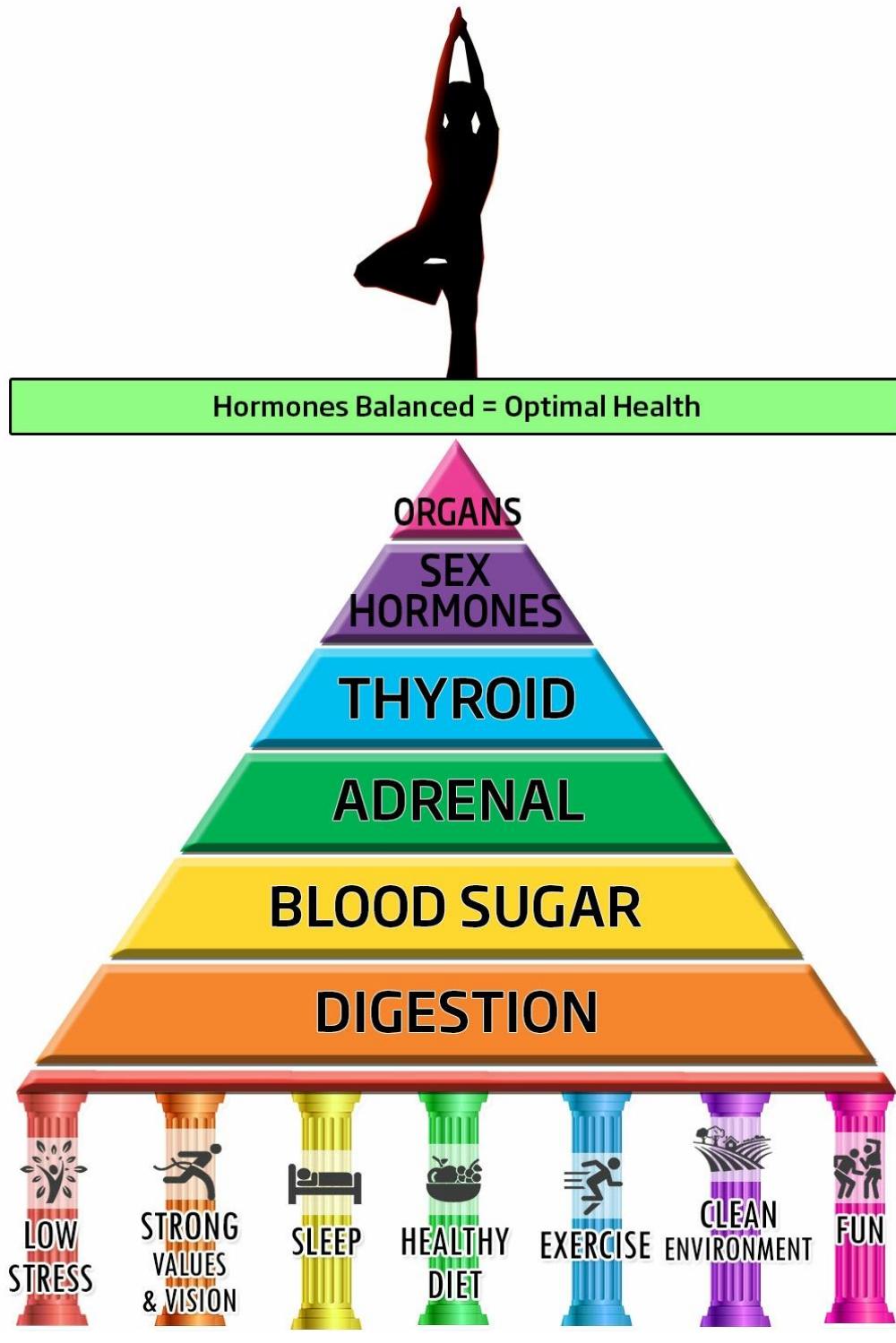
Brainstorm all the reasons that motivate you to help people with their health versus another profession.

- Why do you do what you do?
- Why are you HERE?
- What is the difference you want to make in the world?
- What is your contribution?
- If you are switching professions, what drives you?
- If there were no limitations, what would you aspire to?



Root Cause Analysis and Client Care Model

Root Cause Analysis Using Functional Hierarchy



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Client Care Model



Make a **deep connection**.



Get clients connected to what matters most:
values and goals.



Ask the right questions: assess where they are now, what brought them to their current status, and what's getting in the way.



Identify the best **labs and exams** to assess your client's state of health and current imbalances.



Decide the **order of corrective protocols** in advance.



Restore balance with **diet, lifestyle protocols, and supplementation**.



Reassess status and **adjust** protocols at regular intervals to assure you are on the right track.



History Taking Guidelines

As a nutrition coach and/or functional medicine practitioner, it's important to do a very thorough history. Remember, you are looking for root causes, and it's important to investigate all aspects of your client's life.

Of course there will be the very easy and obvious cases that walk through your doors. And I hope you get many, because the tough cases take a lot of time and effort.

The history taking consists of several parts

1. **The initial contact:** Sometimes this is a brief chat over the phone when someone calls because their friend referred them, and you ask a few questions to determine if it's a good fit.
2. **Pre-consultation forms:** While it's possible to take a good history in person on the phone, the process of gathering all the information you need can be very time consuming. I prefer to get a lot of the details, especially historical details involving dates, before the initial consultation.
3. **Initial consultation:** Interview questions
4. **Journals** of their daily activities and diet

The information you'll be gathering falls into the categories you'll find on the next page. You won't need all of these categories for every person that comes through the door, but it's good to be familiar enough with each piece that you can easily include the appropriate parts as needed.

With experience, you'll recognize the need for specific types of information.

I prefer to keep all of the pieces as separate, shorter forms, sometimes collected over time. I like to gather enough to at least get the person started on basic nutritional protocols, and then I have the client complete the more detailed assessments over time. With practice you'll discover what works best for you.



Components of a Thorough Client History:

- Demographics and General Information
- Health Goals
- History of Chief Complaints
- Review of Body Systems
- Medications
- Supplements
- Past Illness History
- Surgery
- Trauma
- Family History
- Nutrition and Lifestyle Questionnaire
- Stress Evaluation
- Environmental Influences Questionnaire
- Dental Evaluation
- Hormone Evaluation
 - Thyroid
 - Adrenal
 - Insulin
 - Pituitary
 - Sex Hormones
- Body Systems Evaluation Scorecards
 - Digestion (including leaky gut and candida)
 - Cardiovascular
 - Respiratory
 - Genitourinary
 - Neurotransmitters
 - Detoxification
- Nutrient Evaluations
 - Vitamins
 - Minerals
 - Amino Acids
 - Fatty Acids
- Patient Readiness Evaluation



Strategy Session Intake Form List of Questions

Here are some suggested questions to ask on a pre-strategy session questionnaire.

1. 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.
2. What are your top 5 health concerns, in priority order?
3. On a scale from 1 to 10, how important is it for you to get these health concerns solved?
4. What are your top 3 health goals? Please CIRCLE your top priority.
5. What interventions have you taken, to date, to address your health concerns? Please describe in as much detail as possible, including treatments, programs, diets, supplements, drugs, surgery or other interventions. Provide information on the effectiveness of these and the ones you continue to do.
6. If you are currently under the care of any health care practitioner, please indicate what type of practitioner and for what purpose. Write NONE if you are not currently seeing any health practitioners.
7. List the top five priorities in your life. That is, what five things do you value above all else?
8. What habits do you currently have that positively influence your health?
9. What habits do you currently have that negatively influence your health?
10. On a scale of 0 to 10, rate your average stress level.
11. What are the major stressors in your life?
12. List any medications you take and for what purpose. Include prescription and over the counter. Write NONE if you don't take any.

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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.
14. List any nutritional supplements or herbs you take and indicate why you take each.
Write NONE if you don't take any.
15. What are the 3 worst foods you eat in a week?
16. What are the 3 healthiest foods you eat in a week?
17. How many alcoholic beverages do you consume per week?
18. How many caffeinated beverages do you consume per week?
19. How many times do you eat out per week?
20. How many times do you eat raw nuts or seeds?
21. How many times do you work out per week?
22. If you work out, what type of exercise do you do?
23. Do you smoke?
24. If you smoke, what do you smoke and how much?
25. Have you smoked in the past?
26. If you are an ex-smoker, what do you smoke, how much and when did you quit?
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.
28. What is the one thing you'd most like to get out of our first session together?



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
Does your sweat have a strong odor?					0	1	2	3
Do you experience stomach upset by taking vitamins?					0	1	2	3
Do you feel a sense of excess fullness after meals?					0	1	2	3
Do you ever feel like skipping breakfast?					0	1	2	3
Do you feel better if you don't eat?					0	1	2	3
Do you feel sleepy after meals?					0	1	2	3
Do your fingernails chip, peel or break easily?					0	1	2	3
Do you have anemia (low red blood cells count) that is unresponsive to iron?					0	1	2	3
Do you experience stomach pains or cramps?					0	1	2	3
Do you have chronic diarrhea?					0	1	2	3
Do you experience diarrhea shortly after meals?					0	1	2	3
Is there ever undigested food in your stool?					0	1	2	3



Subtotal for Upper Gastrointestinal Symptoms – low stomach acid (sum of scores)					
Subtotal /54					
Upper Gastrointestinal - excess stomach acid		0	1	2	3
Do you ever have black or tarry colored stools?		0	1	2	3
Do you experience stomach pain, burning or aching 1-4 hours after eating?		0	1	2	3
Do you use antacids?		0	1	2	3
Do you ever feel hungry an hour to two after eating?		0	1	2	3
Do you experience heartburn from spicy foods, chocolate, citrus, peppers, alcohol, and/or caffeine?		0	1	2	3
Do you receive temporary heartburn relief from antacids, food, milk or carbonated beverages?		0	1	2	3
Do your digestive problems subside with rest and relaxation?		0	1	2	3
Subtotal for Upper Gastrointestinal Symptoms – excess stomach acid (sum of scores)					
Subtotal /21					
Liver and Gallbladder		0	1	2	3
Do you experience pain between your shoulder blades?		0	1	2	3
Do you experience stomach upset by eating greasy foods?		0	1	2	3
Do you ever have greasy or shiny stools?		0	1	2	3
Do you experience nausea?		0	1	2	3
Do you ever experience sea, car, airplane or motion sickness?		0	1	2	3
Do you have a history of morning sickness?					
0 = never					
1 = years ago		0	1	2	3
2 = within last year					
3 = within past 3 months					
Do you ever have light or clay colored stools?		0	1	2	3
Do you have dry skin, itchy feet, or skin peels on your feet?		0	1	2	3
Do you ever feel headaches "over your eyes"?		0	1	2	3
Have you ever had a gallbladder attack(s)?					
0 = never					
1 = years ago		0	1	2	3
2 = within last year					
3 = within past 3 months					
Has your gallbladder been removed?		0			3
Do you ever experience a bitter taste in your mouth, especially after meals?		0	1	2	3
Would you become sick if you were to drink wine?		0	1	2	3
Would you be easily intoxicated if you were to drink wine?		0	1	2	3



Liver and Gallbladder	0	1	2	3
Would you be easily hung over if you were to drink wine?	0	1	2	3
How many alcoholic drinks do you consume per week? 0 = <3 1 = <7 2 = <14 3 = >=14	0	1	2	3
Are you a recovering alcoholic?	0			3
Do you have a history of drug or alcohol abuse? 0 = never 1 = years ago 2 = within last year 3 = within past 3 months	0	1	2	3
Do you have a history of hepatitis? 0 = never 1 = years ago 2 = within last year 3 = within past 3 months	0	1	2	3
Do you have a history of long term use of prescription/recreational drugs? 0 = never 1 = years ago 2 = within last year 3 = within past 3 months	0	1	2	3
Are you sensitive to chemicals?	0	1	2	3
Are you sensitive to tobacco smoke?	0	1	2	3
Are you sensitive when exposed to diesel fumes?	0	1	2	3
Do you ever feel pain under the right side of your rib cage?	0	1	2	3
Do you have hemorrhoids or varicose veins?	0	1	2	3
Do you consume NutraSweet (aspartame)?	0	1	2	3
Are you sensitive to NutraSweet (aspartame)?	0	1	2	3
Do you have chronic fatigue or Fibromyalgia?	0	1	2	3
Do you experience lower bowel gas and/or bloating several hours after eating?	0	1	2	3
Is there a yellowish cast to your eyes?	0	1	2	3
Do you have reddened skin, especially your palms?	0	1	2	3
Subtotal for Liver and Gallbladder Symptoms (sum of scores)				
Subtotal /93				
Small Intestine and Pancreas	0	1	2	3
Do you have any known food allergies?	0	1	2	3
Do you experience abdominal bloating 1 to 2 hours after eating?	0	1	2	3



Small Intestine and Pancreas	0	1	2	3
Do specific foods make you tired or bloated?	0	1	2	3
Does your pulse speed after eating?	0	1	2	3
Do you have any airborne allergies?	0	1	2	3
Do you experience hives?	0	1	2	3
Do you experience sinus congestion or "stuffy head"?	0	1	2	3
Do you crave bread or noodles?	0	1	2	3
Do you alternate between constipation and diarrhea?	0	1	2	3
Do you have a history of Crohn's disease? 0 = never 1 = years ago 2 = within last year 3 = within past 3 months				
Are you sensitive to wheat or grains?	0	1	2	3
Are you sensitive to dairy?	0	1	2	3
Are there foods you could not give up?	0	1	2	3
Do you have issues with asthma, sinus infections, and/or a stuffy nose?	0	1	2	3
Do you have bizarre, vivid dreams and/or nightmares?	0	1	2	3
Do you use over-the-counter pain medications?	0	1	2	3
Do you ever feel spacey or unreal?	0	1	2	3
Does eating roughage and fiber cause constipation?	0	1	2	3
Do you have indigestion and fullness that lasts 2-4 hours after eating?	0	1	2	3
Do you ever feel pain, tenderness, soreness on your left side under your rib cage?	0	1	2	3
Do you experience excessive passage of gas?	0	1	2	3
Do you experience nausea and/or vomiting?	0	1	2	3
Do you notice your stool is undigested, foul smelling, mucous-like, greasy, and/or poorly formed?	0	1	2	3
Do you frequently need to urinate?	0	1	2	3
Do you have intense thirst and appetite?	0	1	2	3
Do you have difficulty losing weight?	0	1	2	3
Subtotal for Small Intestine and Pancreas Symptoms (sum of scores)				
Subtotal /78				
Large Intestine	0	1	2	3
Do you ever have issues with your anus being itchy?	0	1	2	3
Is your tongue coated?	0	1	2	3
Do you feel worse in moldy or musty places?	0	1	2	3



Large Intestine	0	1	2	3
Have you taken antibiotics for a total accumulated time of: 0 = never 1 = <1 month 2 = <3 months 3 = >3 months	0	1	2	3
Do you ever have fungus or yeast infections?	0	1	2	3
Do you have ring worm, "jock itch", "athletes foot", and/or nail fungus?	0	1	2	3
Do any yeast related symptoms increase with sugar, starch or alcohol?	0	1	2	3
Are your stools hard or difficult to pass?	0	1	2	3
Do you have a history of parasites? 0 = never 1 = <1 month 2 = <3 months 3 = >3 months	0	1	2	3
Do you have less than one bowel movement per day?	0	1	2	3
Do your stools ever have: corners, edges, flat shapes, ribbon shapes	0	1	2	3
Are your stools not well formed (loose)?	0	1	2	3
Do you have irritable bowel or mucus colitis?	0			3
Do you ever have blood in your stool?	0	1	2	3
Do you ever have mucus in your stool?	0	1	2	3
Do you ever have excessive foul smelling lower bowel gas?	0	1	2	3
Do you have bad breath or strong body odors?	0	1	2	3
Is it painful to press along the outer sides of your thighs (Iliotibial Band)?	0	1	2	3
Do you have cramping in your lower abdominal region?	0	1	2	3
Do you have dark circles under your eyes?	0	1	2	3
Do you ever have the feeling that your bowels do not empty completely?	0	1	2	3
Do you experience lower abdominal pain relief by passing stool or gas?	0	1	2	3
Do you have alternating constipation and diarrhea?	0	1	2	3
Do you ever experience diarrhea?	0	1	2	3
Do you ever experience constipation?	0	1	2	3
Do you have more than 3 bowel movements daily?	0	1	2	3
Do you ever have a need for laxatives?	0	1	2	3
Subtotal for Large Intestine Symptoms (sum of scores)				
Subtotal /81				
Grand Total (sum of the three Subtotals) /327				



Interpretation

- 0-10% - Overall good balance. Sound nutrition and healthy habits will maintain good balance.
- 11-20% - In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.
- 21-35% - Things are out of balance and need attention.
- 36-50% - Very compromised and likely to significantly affect your state of health, well-being and energy level.
- 51-100% - Severely compromised and requires immediate attention.



Brain and Neurotransmitter Assessment Scorecard

Adrenal Assessment

Name	
------	--

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). Check the number you feel best applies, then add the number of checks in each column to create your 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

General Brain Function Symptom Question	0	1	2	3
Is your memory noticeably declining?				
Are you having a hard time remembering names and phone numbers?				
Is your ability to focus noticeably declining?				
Has it become harder for you to learn things?				
Do you have a hard time remembering your appointments?				
Is your temperament getting worse in general?				
Is your attention span getting shorter?				
Are you depressed more than usual?				
When driving, do you fatigue more quickly than you used to?				
Does reading cause you to fatigue more quickly than in the past?				
Do you walk into rooms and forget why?				
Do you pick up your cell phone and forget why?				
Total for Each Column (number of checkmarks x value)				
Subtotal /36				



Serotonin Symptom Question	0	1	2	3
Are you losing your pleasure in hobbies and interests?				
Do you feel overwhelmed with ideas to manage?				
Do you have feelings of inner rage (anger)?				
Do you have feelings of paranoia?				
Do you have feelings of depression?				
In general, do you feel like you are not enjoying life?				
Do you feel you lack artistic appreciation?				
Do you feel depressed in overcast weather?				
Are you losing your enthusiasm for your favorite activities?				
Are you losing enjoyment for your favorite foods?				
Are you losing your enjoyment of friendships and relationships?				
Do you have difficulty falling into deep restful sleep?				
Do you have feelings of dependency on others?				
Do you feel more susceptible to pain?				
Do you have feelings of unprovoked anger?				
Are you losing interest in life?				
Do you experience winter blues?				
Do you experience negativity?				
Do you have low self-esteem?				
Do you tend to worry?				
Do you experience anxiety?				
Do you experience a lot of guilt?				
Do you have obsessive thoughts or behaviors?				
Are you perfectionistic?				
Do you have panic attacks?				
Do you experience phobias?				
Are you prone to suicidal thoughts?				
Do you get afternoon or evening cravings?				
Have you been diagnosed with fibromyalgia?				
Do you dislike hot weather?				
Are you a night owl?				
Do you feel symptom relief when you consume sweets?				
Do you feel symptom relief when you consume starch?				
Do you feel symptom relief when you consume tobacco?				



Do you feel symptom relief when you consume chocolate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume Ecstasy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume Prozac?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume Paxil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume Effexor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume Celexa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total for Each Column (number of checkmarks x value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal /126				
Dopamine Symptom Question	0	1	2	3
Do you have feelings of hopelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have self-destructive thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an inability to handle stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have anger and aggression while under stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you are not rested even after long hours of sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prefer to isolate yourself from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have unexplained lack of concern for family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you distracted easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an inability to finish tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the need to consume caffeine to stay alert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your libido has been decreased?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your temper for minor reasons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have feelings of worthlessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lost your motivation and drive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have low energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you easily bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you lack focus and concentration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have ADD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume sweets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume starch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume chocolate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel symptom relief when you consume marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Do you feel symptom relief when you consume Ecstasy?				
Do you feel symptom relief when you consume Prozac?				
Do you feel symptom relief when you consume Paxil?				
Do you feel symptom relief when you consume Effexor?				
Do you feel symptom relief when you consume Celexa?				
Total for Each Column (number of checkmarks x value)				
Subtotal /87				
GABA Symptom Question	0	1	2	3
Do you feel anxious or panic for no reason?				
Do you have feelings of dread, or pending gloom?				
Do you feel knots in your stomach?				
Do you have feelings of being overwhelmed for no reason?				
Do you have feelings of guilt about everyday decisions?				
Does your mind feel restless?				
Is it difficult to turn your mind off when you want to relax?				
Do you have disorganized attention?				
Do you now worry about things you were not worried about before?				
Do you have feelings of inner tension and inner excitability?				
Do you have stiff and tense muscles?				
Do you feel stressed or burned out?				
Do you get easily overwhelmed?				
Do you feel symptom relief when you consume sweets?				
Do you feel symptom relief when you consume starch?				
Do you feel symptom relief when you consume tobacco?				
Do you feel symptom relief when you consume chocolate?				
Do you feel symptom relief when you consume alcohol?				
Do you feel symptom relief when you consume marijuana?				
Do you feel symptom relief when you consume Ecstasy?				
Do you feel symptom relief when you consume Prozac?				
Do you feel symptom relief when you consume Paxil?				
Do you feel symptom relief when you consume Effexor?				
Do you feel symptom relief when you consume Celexa?				
Total for Each Column (number of checkmarks x value)				
Subtotal /72				



Acetylcholine Symptom Question	0	1	2	3
Do you feel your visual memory (shapes & images) is decreased?				
Do you feel your verbal memory is decreased?				
Do you have memory lapses?				
Has your creativity been decreased?				
Has your comprehension been diminished?				
Do you have difficulty calculating numbers?				
Do you have difficulty recognizing objects & faces?				
Do you feel like your opinion about yourself is changed?				
Are you experiencing excessive urination?				
Are you experiencing slower mental response?				
Total for Each Column (number of checkmarks x value)				
Subtotal /30				
Grand Total /351				

0-10% - Neurotransmitters within the green zone are generally fairly balanced and need continued sound nutrition and healthy lifestyle habits to maintain balance.

11-20% - Neurotransmitters in the blue zone are in need of a tune up to bring them into balance to avoid serious alterations in brain chemistry, mood and behavior. You can often shift these symptoms through general diet and lifestyle improvements.

21-35% - Neurotransmitters in the yellow zone are warning you that things are out of balance and need attention.

36-50% - Neurotransmitters that score in the orange zone are compromised and likely to significantly affect your state of mood, well-being, and energy level.

51-100% - Neurotransmitters with scores in the red zone may be severely compromised and require immediate attention. These imbalances are most likely causing you to feel out of balance, sluggish, and challenged in your day to day life. These areas need to be addressed first.



Nutrient Assessment Chart

Nutrient	Signs of Imbalance	
Vitamin A	<input type="checkbox"/> Chicken skin on backs of arms <input type="checkbox"/> Chronic acne <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dry eyes <input type="checkbox"/> Food allergies <input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Poor night vision <input type="checkbox"/> Recurrent infections and colds <input type="checkbox"/> Reduced hair growth in children <input type="checkbox"/> Ulcers <input type="checkbox"/> Hair loss
B Vitamins	<input type="checkbox"/> Afternoon slump <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Focus issues <input type="checkbox"/> Geographic tongue <input type="checkbox"/> Moodiness <input type="checkbox"/> Poor digestion <input type="checkbox"/> Splitting nails	<input type="checkbox"/> Vertical ridges on nails <input type="checkbox"/> Flaky cuticles <input type="checkbox"/> Splitting skin in corners of mouth <input type="checkbox"/> Thin hair <input type="checkbox"/> Tongue and mouth pain <input type="checkbox"/> Hair loss <input type="checkbox"/> Canker sores <input type="checkbox"/> Cracks in corner of mouth
Vitamin B1	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Hysteria <input type="checkbox"/> Loss of appetite; in extreme cases beriberi (mostly in alcoholics). <input type="checkbox"/> Muscle cramps	
Vitamin B2	<input type="checkbox"/> Cracks and sores around the mouth and nose <input type="checkbox"/> Visual problems. <input type="checkbox"/> Low energy <input type="checkbox"/> Eyes sensitive to light and tire easily <input type="checkbox"/> Sore lips <input type="checkbox"/> Sensitive tongue <input type="checkbox"/> Insomnia <input type="checkbox"/> Trembling <input type="checkbox"/> Itching of skin around eyes, ears, mouth, scrotum, forehead and scalp	
Vitamin B3 - Niacin	<input type="checkbox"/> Bad breath <input type="checkbox"/> Canker sores <input type="checkbox"/> Confusion <input type="checkbox"/> Depression <input type="checkbox"/> Dermatitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional instability <input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Memory impairment <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea <input type="checkbox"/> Skin eruptions and inflammation <input type="checkbox"/> Puffy gums



Nutrient	Signs of Imbalance
Vitamin B5 - Pantothenic Acid	<ul style="list-style-type: none"><input type="checkbox"/> Abdominal pains<input type="checkbox"/> Burning feet<input type="checkbox"/> Chronic gas or constipation<input type="checkbox"/> Depression<input type="checkbox"/> Eczema<input type="checkbox"/> Fatigue<input type="checkbox"/> Hair loss<input type="checkbox"/> Immune impairment<input type="checkbox"/> Insomnia<input type="checkbox"/> Irritability<input type="checkbox"/> Low blood pressure<input type="checkbox"/> Muscle spasms<input type="checkbox"/> Nausea<input type="checkbox"/> Poor coordination<input type="checkbox"/> Seasonal allergies<input type="checkbox"/> Beefy tongue
Vitamin B6	<ul style="list-style-type: none"><input type="checkbox"/> Anemia<input type="checkbox"/> Breast cysts<input type="checkbox"/> Carpal tunnel<input type="checkbox"/> Convulsions<input type="checkbox"/> Dandruff<input type="checkbox"/> Excess ear wax<input type="checkbox"/> Irritability<input type="checkbox"/> Patches of itchy, scaling skin<input type="checkbox"/> PMS<input type="checkbox"/> Poor dream recall<input type="checkbox"/> Stiff fingers in AM<input type="checkbox"/> Water retention in AM<input type="checkbox"/> Scalloped tongue<input type="checkbox"/> Tooth decay<input type="checkbox"/> Breaking nails<input type="checkbox"/> Essential Fatty Acid deficiency that doesn't respond to taking fats<input type="checkbox"/> Magnesium deficiency that doesn't respond to magnesium <p>LABS:</p> <ul style="list-style-type: none"><input type="checkbox"/> AST –<input type="checkbox"/> Alt –<input type="checkbox"/> GGT –<input type="checkbox"/> Iron +<input type="checkbox"/> MCV –<input type="checkbox"/> MCH –<input type="checkbox"/> MCHC –<input type="checkbox"/> RDW +<input type="checkbox"/> RBC –<input type="checkbox"/> Hematocrit –<input type="checkbox"/> Hemoglobin –<input type="checkbox"/> Alkaline Phosphatase –
Biotin (Vitamin B7)	<ul style="list-style-type: none"><input type="checkbox"/> Dermatitis<input type="checkbox"/> Eye inflammation<input type="checkbox"/> Hair loss<input type="checkbox"/> Insomnia<input type="checkbox"/> Loss of muscle control<input type="checkbox"/> Dry lips<input type="checkbox"/> Breaking nails
Folic Acid (Vitamin B9)	<ul style="list-style-type: none"><input type="checkbox"/> Anemia<input type="checkbox"/> Apathy<input type="checkbox"/> Diarrhea<input type="checkbox"/> Fatigue<input type="checkbox"/> Gastrointestinal upsets Headaches<input type="checkbox"/> Impaired cell division<input type="checkbox"/> Insomnia<input type="checkbox"/> Loss of appetite<input type="checkbox"/> Neural tube defects in fetus<input type="checkbox"/> Paranoia<input type="checkbox"/> Shortness of breath<input type="checkbox"/> Weakness<input type="checkbox"/> Puffy gums<input type="checkbox"/> Tender tongue<input type="checkbox"/> Canker sores<input type="checkbox"/> Geographic tongue



Nutrient	Signs of Imbalance
Vitamin B12	<ul style="list-style-type: none"><input type="checkbox"/> Tender tongue<input type="checkbox"/> Geographic tongue<input type="checkbox"/> Pale skin<input type="checkbox"/> Shortness of breath<input type="checkbox"/> Fatigue<input type="checkbox"/> Dizziness<input type="checkbox"/> Headache<input type="checkbox"/> Cold hands and feet<input type="checkbox"/> Heart palpitations<input type="checkbox"/> Chest pain<input type="checkbox"/> Nausea<input type="checkbox"/> Vomiting<input type="checkbox"/> Heartburn<input type="checkbox"/> Abdominal gas<input type="checkbox"/> Constipation<input type="checkbox"/> Diarrhea<input type="checkbox"/> Loss of appetite<input type="checkbox"/> Weight loss without trying<input type="checkbox"/> Numbness and tingling in the hands and feet<input type="checkbox"/> Unsteadiness<input type="checkbox"/> Difficulty walking<input type="checkbox"/> Confusion<input type="checkbox"/> Depression<input type="checkbox"/> Hallucinations<input type="checkbox"/> Memory loss<input type="checkbox"/> Vertical ridges on nails<input type="checkbox"/> Bloating <p>LABS:</p> <ul style="list-style-type: none"><input type="checkbox"/> Methylmalonic Acid<input type="checkbox"/> Serum Vitamin B12<input type="checkbox"/> MCV +<input type="checkbox"/> MCH +<input type="checkbox"/> MCHC +<input type="checkbox"/> Iron +<input type="checkbox"/> RDW +<input type="checkbox"/> WBC –<input type="checkbox"/> RBC –<input type="checkbox"/> Hematocrit –<input type="checkbox"/> Hemoglobin –<input type="checkbox"/> Homocysteine +<input type="checkbox"/> Uric Acid –
Vitamin C	<ul style="list-style-type: none"><input type="checkbox"/> Bruise easily<input type="checkbox"/> Hemorrhoids<input type="checkbox"/> Joint injuries<input type="checkbox"/> Muscle weakness<input type="checkbox"/> Puffy, bleeding, red gums<input type="checkbox"/> Varicose veins<input type="checkbox"/> Weakened immune system<input type="checkbox"/> Mucus membranes raw and bleeding<input type="checkbox"/> Spongy and bleeding gums are spongy <p>LABS:</p> <ul style="list-style-type: none"><input type="checkbox"/> Hematocrit –<input type="checkbox"/> Alkaline Phosphatase +<input type="checkbox"/> RBC +<input type="checkbox"/> Hemoglobin –<input type="checkbox"/> Hematocrit –<input type="checkbox"/> MCV +<input type="checkbox"/> MCH +<input type="checkbox"/> MCHC +
Calcium	<ul style="list-style-type: none"><input type="checkbox"/> Anxiety<input type="checkbox"/> Brittle nails<input type="checkbox"/> Cramps<input type="checkbox"/> Delusions<input type="checkbox"/> Depression<input type="checkbox"/> Insomnia<input type="checkbox"/> Irritability<input type="checkbox"/> Nervousness <ul style="list-style-type: none"><input type="checkbox"/> Osteoporosis<input type="checkbox"/> Palpitations<input type="checkbox"/> Periodontal disease<input type="checkbox"/> Rickets<input type="checkbox"/> Tendency towards headaches<input type="checkbox"/> Tooth decay<input type="checkbox"/> Twitches<input type="checkbox"/> LAB: Serum Calcium



Nutrient	Signs of Imbalance	
Chromium	<input type="checkbox"/> Adult-onset diabetes <input type="checkbox"/> Anxiety <input type="checkbox"/> Fatigue <input type="checkbox"/> Glucose intolerance	
Copper	<input type="checkbox"/> Anemia <input type="checkbox"/> Arterial damage <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue	<input type="checkbox"/> Fragile bones <input type="checkbox"/> Hair loss <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Weakness
Iodine	<input type="checkbox"/> Cretinism <input type="checkbox"/> Fatigue <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Weight gain	
Iron	<input type="checkbox"/> Anemia <input type="checkbox"/> Brittle nails <input type="checkbox"/> Confusion <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Dizziness <input type="checkbox"/> Fatigue <input type="checkbox"/> Headaches	<input type="checkbox"/> Inflamed tongue <input type="checkbox"/> Mouth lesions <input type="checkbox"/> Spooning nails <input type="checkbox"/> Pale blue nails LABS: <input type="checkbox"/> Low serum iron <input type="checkbox"/> Low ferritin
Magnesium	<input type="checkbox"/> Anxiety <input type="checkbox"/> Breast cysts <input type="checkbox"/> Confusion <input type="checkbox"/> Constipation <input type="checkbox"/> Chronic stress <input type="checkbox"/> Cramps <input type="checkbox"/> Dandruff <input type="checkbox"/> Depression <input type="checkbox"/> Excess ear wax <input type="checkbox"/> Heart attack <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Insomnia	<input type="checkbox"/> Irregular heartbeats <input type="checkbox"/> Irritability <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea <input type="checkbox"/> Nervousness <input type="checkbox"/> Noise sensitivity <input type="checkbox"/> PMS <input type="checkbox"/> Restlessness <input type="checkbox"/> Spasms <input type="checkbox"/> Twitching <input type="checkbox"/> Sores around mouth <input type="checkbox"/> Breaking nails
Manganese	<input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Dizziness <input type="checkbox"/> Elevated cholesterol <input type="checkbox"/> Glucose intolerance <input type="checkbox"/> Hearing loss <input type="checkbox"/> Loss of muscle control <input type="checkbox"/> Ringing in ears	



Nutrient	Signs of Imbalance	
Molybdenum	LABS: <input type="checkbox"/> Increased Serum Iron <input type="checkbox"/> Decreased Uric Acid	
Phosphorus	<input type="checkbox"/> Anorexia <input type="checkbox"/> Bone pain <input type="checkbox"/> Weakness	
Potassium	<input type="checkbox"/> Anorexia <input type="checkbox"/> Irritability <input type="checkbox"/> Muscle cramps <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea	
Zinc	<input type="checkbox"/> Acne <input type="checkbox"/> Decreased sense of taste <input type="checkbox"/> Form scars easily <input type="checkbox"/> History of Crohn's disease <input type="checkbox"/> Overconsumption of sweets <input type="checkbox"/> Poor perception of sweet <input type="checkbox"/> Rashes <input type="checkbox"/> Retarded growth and delayed sexual development in children	<input type="checkbox"/> Slow wound healing <input type="checkbox"/> Smelly feet <input type="checkbox"/> Tendency towards infections <input type="checkbox"/> White spots on fingernails <input type="checkbox"/> Puffy gums <input type="checkbox"/> Cracked finger tips LAB: <input type="checkbox"/> Alkaline Phosphatase low
Amino Acids	<input type="checkbox"/> ADHD <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty building muscle mass <input type="checkbox"/> Inability to concentrate	
Essential Fatty Acids	<input type="checkbox"/> Acne <input type="checkbox"/> Breast cysts <input type="checkbox"/> Dandruff <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dry skin and hair <input type="checkbox"/> Eczema <input type="checkbox"/> Excess ear wax <input type="checkbox"/> Gall stones <input type="checkbox"/> Hair loss <input type="checkbox"/> Immune impairment	<input type="checkbox"/> Infertility <input type="checkbox"/> Liver degeneration <input type="checkbox"/> Poor wound healing <input type="checkbox"/> Premenstrual syndrome <input type="checkbox"/> Sores around mouth <input type="checkbox"/> Dry lips <input type="checkbox"/> Split cuticles <input type="checkbox"/> Splitting nails



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
Have you ever taken a broad-spectrum antibiotic (even a single course)?				0			6
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting vaginitis or your reproductive organs?				0			25
Have you ever been pregnant? 0 = no 2 = one time 3 = two or more times				0		3	5
Have you ever taken birth control pills? 0 = no 2 = for 6 months to 2 years 3 = for more than 2 years				0		8	15
Have you ever taken prednisone or other cortisone-type drugs? 0 = no 2 = for 2 weeks or less 3 = for more than 2 weeks				0		6	15
Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke symptoms in you?				0	5	15	20



Candida Symptom Questions - History	0	1	2	3
Are your symptoms worse on damp, muggy days or in moldy places?	0			20
Have you had athlete's foot, ringworm, "jock itch", or other chronic infections of the skin or nails?	0	5	15	20
Do you crave sugar?	0			10
Do you crave breads?	0			10
Do you crave alcoholic beverages?	0			10
Does tobacco smoke really bother you?	0			10
Subtotal for Candida History (sum of scores)				
Subtotal /211				
Candida Symptom Questions – Major Symptoms	0	1	2	3
Do you ever have fatigue or lethargy?	0	3	6	9
Do you ever have poor memory?	0	3	6	9
Do you ever feel "spacey" or "unreal"?	0	3	6	9
Do you ever experience depression?	0	3	6	9
Do you ever experience numbness, burning, or tingling?	0	3	6	9
Do you ever experience muscle aches?	0	3	6	9
Do you ever experience muscle weakness or paralysis?	0	3	6	9
Do you ever experience pain and/or swelling in joints?	0	3	6	9
Do you ever experience abdominal pain?	0	3	6	9
Do you ever experience constipation?	0	3	6	9
Do you ever experience diarrhea?	0	3	6	9
Do you ever experience bloating?	0	3	6	9
Do you ever experience persistent vaginal itch?	0	3	6	9
Do you ever experience persistent vaginal burning?	0	3	6	9
Do you ever experience prostatitis?	0	3	6	9
Do you ever experience impotence?	0	3	6	9
Do you ever experience loss of sexual desire?	0	3	6	9
Do you ever experience Endometriosis?	0	3	6	9
Do you have cramps and/or other menstrual irregularities?	0	3	6	9
Do you ever experience premenstrual tension?	0	3	6	9
Do you ever see spots in front of your eyes?	0	3	6	9
Do you ever experience erratic vision?	0	3	6	9
Subtotal for Candida Major Symptoms (sum of scores)				
Subtotal /207				



Candida Symptom Questions – Other Symptoms	0	1	2	3
Do you ever experience drowsiness?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you ever have difficulty with coordination?	0	1	2	3
Do you ever experience the inability to concentrate?	0	1	2	3
Do you ever experience frequent mood swings?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Do you ever experience dizziness or loss of balance?	0	1	2	3
Do you ever experience pressure above your ears or the feeling of your head swelling and tingling?	0	1	2	3
Do you ever experience itching?	0	1	2	3
Do you ever experience rashes?	0	1	2	3
Do you ever experience heartburn?	0	1	2	3
Do you ever experience indigestion?	0	1	2	3
Do you ever experience belching and intestinal gas?	0	1	2	3
Do you ever find mucus in your stools?	0	1	2	3
Do you ever experience hemorrhoids?	0	1	2	3
Do you ever find that your mouth is dry?	0	1	2	3
Do you ever get rashes or blisters in your mouth?	0	1	2	3
Do you ever have bad breath?	0	1	2	3
Do you ever experience swelling in your joints or arthritis?	0	1	2	3
Do you ever experience nasal congestion or discharge?	0	1	2	3
Do you ever experience postnasal drip?	0	1	2	3
Do you ever experience nasal itching?	0	1	2	3
Do you ever have a sore or dry throat?	0	1	2	3
Do you ever find that you have a cough?	0	1	2	3
Do you ever experience pain or tightness in your chest?	0	1	2	3
Do you ever find yourself wheezing or short of breath?	0	1	2	3
Do you ever urinate with urgency or frequency?	0	1	2	3
Do you ever experience burning upon urination?	0	1	2	3
Do you ever find your vision is failing?	0	1	2	3
Do you ever experience a burning or tearing of your eyes?	0	1	2	3
Do you ever experience recurrent infections or fluid in your ears?	0	1	2	3
Do you ever experience ear pain?	0	1	2	3
Do you ever experience deafness for periods of time?	0	1	2	3



Subtotal for Candida Other Symptoms (sum of scores)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Subtotal /99	<input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Grand Total (sum of the three Subtotals) /421	<input type="text"/>

Interpretation

Please check the result that applies based on your score.

In women, yeast-connected health problems are:

- almost certainly present: Total >180
- probably present: Total 120–180
- possibly present: Total 60–119
- less likely present: Total <60

In men, yeast-connected health problems are:

- almost certainly present: Total >140
- probably present: Total 90–140
- possibly present: Total 40–89
- less likely present: Total <40



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 1 = Occasionally, but not severe			2 = Occasionally, but 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
How often do you find mucus or blood in your stool?			0	1	2	3
How often do you experience joint pain or swelling (arthritis)?			0	1	2	3
How often do you experience chronic or frequent fatigue?			0	1	2	3
How often do you have food allergies, sensitivities, or intolerance?			0	1	2	3
How often do you experience sinus or nasal congestion?			0	1	2	3
How often do you experience frequent inflammation?			0	1	2	3
How often do you experience eczema, skin rashes, or hives?			0	1	2	3
How often do you experience asthma, hay fever, or airborne allergies?			0	1	2	3
How often do you experience confusion, poor memory, or mood swings?			0	1	2	3
How often do you use non-steroidal anti-inflammatory drugs (Aspirin, Tylenol, Motrin)?			0	1	2	3
How often do you use antibiotics?			0	1	2	3
How often does alcohol consumption make you sick?			0	1	2	3
How often do you experience Ulcerative colitis, Crohn's Disease, or Celiac Disease?			0	1	2	3
Subtotal for Leaky Gut Symptoms (sum of scores)						
Grand Total /45						



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.



Lab Resource List: Gut-Brain Connection

For Licensed Practitioners:*

If you are a licensed practitioner, you can set up an account with any of the following labs to run functional lab tests. *Those marked with an * can be ordered by practitioners in Dr. Ritamarie's certification program while as they are in the program and maintain certification after graduation.

- * **BioHealth:** Their stool test for microbes has been the most reliable for H. pylori. They also have adrenal and other steroid hormone saliva tests. <http://biohealthlab.com>
- **Doctor's Data:** Their Comprehensive Stool Analysis test is my favorite because it offers counts of normal flora, opportunistic organisms, pathogens and an antimicrobial susceptibility test to prescriptive and natural agents for identified bacterial and fungal species at no additional charge. The test also includes functional GI parameters including pancreatic function, short chain fatty acids, fecal fats and more. Doctor's Data also offers heavy metal testing, amino acid panels, and more. <http://www.doctorsdata.com>
- **Cyrex:** Cyrex is a Clinical Immunology Laboratory Specializing in Functional Immunology and Autoimmunity. Cyrex offers multi-tissue antibody testing for the early detection and monitoring of complex autoimmune conditions. They offer an intestinal permeability test, a complete gluten panel, gluten cross reactivity testing, a comprehensive autoimmune panel, allergy testing and more. <https://www.cyrexlabs.com/>
- **Genova/Metametrix:** They offer an easy to do at home blood spot fatty acid test to assess the balance of omega 3 and 6 fats, organic acids to assess for gut pathogens, neurotransmitters, nutrients, mitochondrial function and antioxidant status. Their digestive panel is similar to but not as comprehensive as the Doctor's Data test, and not as sensitive as the Biohealth test. They also offer amino acids, a 24-hour Comprehensive Urine Steroid panel, salivary hormone testing, heavy metals assessments, minerals testing, allergy testing and more. <http://www.gdx.net>
- * **DiagnosTechs:** They offer a fairly comprehensive stool test for pathogens and GI function, as well as salivary adrenal, male, and female hormone testing. <http://www.diagnostechs.com>
- * **Meridian Valley Lab:** 24-hour Comprehensive Urine Steroid panel, saliva hormone panels, allergy testing. <http://meridianvalleylab.com>



- * **ALCAT:** The Alcat Test is a lab based immune stimulation test in which a patient's WBC's are challenged with various substances including foods, additives, colorings, chemicals, medicinal herbs, functional foods, molds, and pharmaceutical compounds. The patient's unique set of responses help to identify substances that may trigger potentially harmful immune system reactions. <https://www.alcat.com/>

For Unlicensed Practitioners:

If you are not licensed, you can order tests through the following:

- **UBiome:** This is a fairly new lab that offers microbiome identification of the gut (stool), mouth, vagina, ears, nose and other areas. <http://ubiome.com/>
- **Dr Ritamarie's Website:** If you are a member of a coaching program, you have access to this page via the membership portal. This is for your personal use only. Please do not send your clients here. Instead send them to one of the sites below. We are not set up to handle a large number of test orders. <http://www.drritamarie.com/labtesting>
- **Direct Labs:** Blood tests and many of the functional tests from labs like Genova, Doctor's Data, and others. <http://www.DirectLabs.com/drritamarie>
- **Canary Club:** Uses a lab called ZRT -- includes a number of salivary hormone profiles. <http://www.canaryclub.org>
- **Accessa Labs:** Has access to several of the labs above. Compare prices and availability before ordering. <http://www.accesalabs.com>
- **True Health Labs:** Offers a number of blood and functional tests, including ALCAT allergy tests. They did at one time offer Cyrex gluten related panels, but no longer appear to do so. <http://www.truehealthlabs.com>
- **Hakala Labs:** For Iodine Loading Test. <http://www.hakalalabs.com>
- **23andMe:** 23andMe provides ancestry-related genetic reports and uninterpreted raw genetic data. <https://www.23andme.com/>
- **My Labs for Life:** My Labs for Life provides confidential clinical laboratory services promoting wellness, prevention, and early detection of disease. My Labs for Life labs are collected at designated draw sites, which uphold all CLIA, HIPAA and OSHA regulations with the highest standards in phlebotomy collections and laboratory processing. <http://www.mylabsforlife.com/>
- **Great Plains Lab:** Great Plains Lab offers a variety of metabolic tests such as immune deficiency evaluations, amino acid tests, comprehensive fatty acid tests, organic acids testing, metal toxicity and food allergies tests. <http://www.greatplainslaboratory.com/home/eng/home.asp>
- **Spectracell:** Offers micronutrient testing. <http://www.drritamarie.com/go/SCMicronutrient>
- **Enterolab:** Offers stool testing for gluten sensitivity. <https://www.enterolab.com/>



Authorizing Physician:

Accession Number: Z26

Patient:

Age: 35 Sex: Female
Date Collected: 11/17/2011
Date Received: 11/18/2011
Report Date: 11/30/2011
DOB: 07/04/1976

Page 1 of 2

GI Pathogen Screen with H. pylori Antigen - 401H

Parameter	Result
Stool Culture for Pathogens	
Source	Stool
Preliminary Report	Normal Flora After 24 Hours
Final Report	Enterobacter Species Isolated
Amount of Growth	Abundant Growth
Stool for Ova & Parasites	
Ova & parasites #1	No ova or parasites seen
Ova & parasites #2	No ova or parasites seen
Ova & parasites #3	No ova or parasites seen
Ova & parasites #4	No ova or parasites seen
Trichrome Stain	Giardia lamblia seen
Stool Antigens Test	
Cryptosporidium Antigen	Not Detected
E. histolytica Antigen	Not Detected
Giardia lamblia Antigen	Detected

Fungi	No fungi isolated
C. difficile Toxin A	Not Detected
C. difficile Toxin B	Not Detected
Yeast	No yeasts isolated
Occult Blood	Not Detected
Helicobacter Pylori Stool Antigen	
H. pylori Antigen	Detected

This stool analysis determines the presence of ova and parasites such as protozoa, flatworms, and roundworms; Cryptosporidium parvum, Entamoeba histolytica, and Giardia lamblia antigens; bacteria, fungi (including yeasts), and occult blood; and Clostridium difficile colitis A and B. Sensitivity to pathogenic organisms will be reported as necessary.

BioHealth Laboratory - 2216 Santa Monica Blvd, Suite 102, Santa Monica, CA 90404 USA

Phone: 800-570-2000 | 307-426-5050 FAX: 800-720-7239 ONLINE: biohealthlab.com

Directors: Manuel Baculi, MD and Mark Alcantar, CLB CLIA ID: 05D0982456



LAB #: F000000-0000-0
PATIENT: Sample Patient
ID: P00000000
SEX: Male
AGE: 24

CLIENT #: 12345
DOCTOR:
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Comprehensive Stool Analysis

BACTERIOLOGY CULTURE

Expected/Beneficial flora

3+ Bacteroides fragilis group
NG Bifidobacterium spp.
4+ Escherichia coli
1+ Lactobacillus spp.
3+ Enterococcus spp.
1+ Clostridium spp.
NG = No Growth

Commensal (Imbalanced) flora

3+ Alpha hemolytic strep
2+ Citrobacter freundii
2+ Morganella morganii ssp morganii
1+ Staphylococcus aureus

Dysbiotic flora

3+ Escherichia coli ESBL
3+ Klebsiella pneumoniae ssp pneumoniae

BACTERIA INFORMATION

Expected /Beneficial bacteria make up a significant portion of the total microflora in a healthy & balanced GI tract. These beneficial bacteria have many health-protecting effects in the GI tract including manufacturing vitamins, fermenting fibers, digesting proteins and carbohydrates, and propagating anti-tumor and anti-inflammatory factors.

Clostridia are prevalent flora in a healthy intestine. Clostridium spp. should be considered in the context of balance with other expected/beneficial flora. Absence of clostridia or over abundance relative to other expected/beneficial flora indicates bacterial imbalance. If *C. difficile* associated disease is suspected, a Comprehensive Clostridium culture or toxigenic *C. difficile* DNA test is recommended.

Commensal (Imbalanced) bacteria are usually neither pathogenic nor beneficial to the host GI tract. Imbalances can occur when there are insufficient levels of beneficial bacteria and increased levels of commensal bacteria. Certain commensal bacteria are reported as dysbiotic at higher levels.

Dysbiotic bacteria consist of known pathogenic bacteria and those that have the potential to cause disease in the GI tract. They can be present due to a number of factors including: consumption of contaminated water or food, exposure to chemicals that are toxic to beneficial bacteria; the use of antibiotics, oral contraceptives or other medications; poor fiber intake and high stress levels.

YEAST CULTURE

Normal flora

Dysbiotic flora

1+ Candida parapsilosis

MICROSCOPIC YEAST

Result: Expected:
Mod None - Rare

The microscopic finding of yeast in the stool is helpful in identifying whether there is proliferation of yeast. Rare yeast may be normal; however, yeast observed in higher amounts (few, moderate, or many) is abnormal.

YEAST INFORMATION

Yeast normally can be found in small quantities in the skin, mouth, intestine and mucocutaneous junctions. Overgrowth of yeast can infect virtually every organ system, leading to an extensive array of clinical manifestations. Fungal diarrhea is associated with broad-spectrum antibiotics or alterations of the patient's immune status. Symptoms may include abdominal pain, cramping and irritation. When investigating the presence of yeast, disparity may exist between culturing and microscopic examination. Yeast are not uniformly dispersed throughout the stool, this may lead to undetectable or low levels of yeast identified by microscopy, despite a cultured amount of yeast. Conversely, microscopic examination may reveal a significant amount of yeast present, but no yeast cultured. Yeast does not always survive transit through the intestines rendering it unviable.

Comments:

Date Collected: 11/29/2011

* *Aeromonas, Campylobacter, Plesiomonas, Salmonella, Shigella, Vibrio, Yersinia, & Edwardsiella tarda* have been specifically tested for and found absent unless reported.

Date Received: 11/30/2011

Date Completed: 12/12/2011

v5.09



LAB #: F000000-0000-0
PATIENT: Sample Patient
ID: P00000000
SEX: Male
AGE: 24

CLIENT #: 12345
DOCTOR:
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Comprehensive Stool Analysis

DIGESTION /ABSORPTION			
	Within	Outside	Reference Range
Elastase	> 500		> 200 μ g/mL
Fat Stain	Few		None - Mod
Muscle fibers	None		None - Rare
Vegetable fibers	Few		None - Few
Carbohydrates	Neg		Neg

Elastase findings can be used for the diagnosis or the exclusion of exocrine pancreatic insufficiency. Correlations between low levels and chronic pancreatitis and cancer have been reported. **Fat Stain:** Microscopic determination of fecal fat using Sudan IV staining is a qualitative procedure utilized to assess fat absorption and to detect steatorrhea. **Muscle fibers** in the stool are an indicator of incomplete digestion. Bloating, flatulence, feelings of "fullness" may be associated with increase in muscle fibers. **Vegetable fibers** in the stool may be indicative of inadequate chewing, or eating "on the run". **Carbohydrates:** The presence of reducing substances in stool specimens can indicate carbohydrate malabsorption.

INFLAMMATION			
	Within	Outside	Reference Range
Lysozyme*		823	<= 600 ng/mL
Lactoferrin		15.7	< 7.3 μ g/mL
White Blood Cells	None		None - Rare
Mucus	Neg		Neg

Lysozyme* is an enzyme secreted at the site of inflammation in the GI tract and elevated levels have been identified in IBD patients. **Lactoferrin** is a quantitative GI specific marker of inflammation used to diagnose and differentiate IBD from IBS and to monitor patient inflammation levels during active and remission phases of IBD. **White Blood Cells (WBC):** in the stool are an indication of an inflammatory process resulting in the infiltration of leukocytes within the intestinal lumen. WBCs are often accompanied by mucus and blood in the stool. **Mucus** in the stool may result from prolonged mucosal irritation or in a response to parasympathetic excitability such as spastic constipation or mucous colitis.

IMMUNOLOGY			
	Within	Outside	Reference Range
Secretory IgA*		4.9	51 - 204mg/dL

Secretory IgA* (sIgA) is secreted by mucosal tissue and represents the first line of defense of the GI mucosa and is central to the normal function of the GI tract as an immune barrier. Elevated levels of sIgA have been associated with an upregulated immune response.

Comments:

Date Collected: 11/29/2011
Date Received: 11/30/2011
Date Completed: 12/12/2011

*For Research Use Only. Not for use in diagnostic procedures.



LAB #: F000000-0000-0
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AGE: 24

CLIENT #: 12345
DOCTOR:
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St. Charles, IL 60174

Comprehensive Stool Analysis

SHORT CHAIN FATTY ACIDS			
	Within	Outside	Reference Range
% Acetate	48		36 - 74 %
% Propionate	22		9 - 32 %
% Butyrate	27		9 - 39 %
% Valerate	3.9		1 - 8 %
Butyrate	2.0		0.8 - 3.8 mg/mL
Total SCFA's	7.4		4 - 14 mg/mL

Short chain fatty acids (SCFAs): SCFAs are the end product of the bacterial fermentation process of dietary fiber by beneficial flora in the gut and play an important role in the health of the GI as well as protecting against intestinal dysbiosis. Lactobacilli and bifidobacteria produce large amounts of short chain fatty acids, which decrease the pH of the intestines and therefore make the environment unsuitable for pathogens, including bacteria and yeast. Studies have shown that SCFAs have numerous implications in maintaining gut physiology. SCFAs decrease inflammation, stimulate healing, and contribute to normal cell metabolism and differentiation. Levels of **Butyrate** and **Total SCFA** in mg/mL are important for assessing overall SCFA production, and are reflective of beneficial flora levels and/or adequate fiber intake.

INTESTINAL HEALTH MARKERS			
	Within	Outside	Reference Range
Red Blood Cells	None		None - Rare
pH	6.2		6 - 7.8
Occult Blood		Pos	Neg

Red Blood Cells (RBC) in the stool may be associated with a parasitic or bacterial infection, or an inflammatory bowel condition such as ulcerative colitis. Colorectal cancer, anal fistulas, and hemorrhoids should also be ruled out.

pH: Fecal pH is largely dependent on the fermentation of fiber by the beneficial flora of the gut.

Occult blood: A positive occult blood indicates the presence of free hemoglobin found in the stool, which is released when red blood cells are lysed.

MACROSCOPIC APPEARANCE			
	Appearance	Expected	
Color	Brown	Brown	
Consistency	Soft	Formed/Soft	

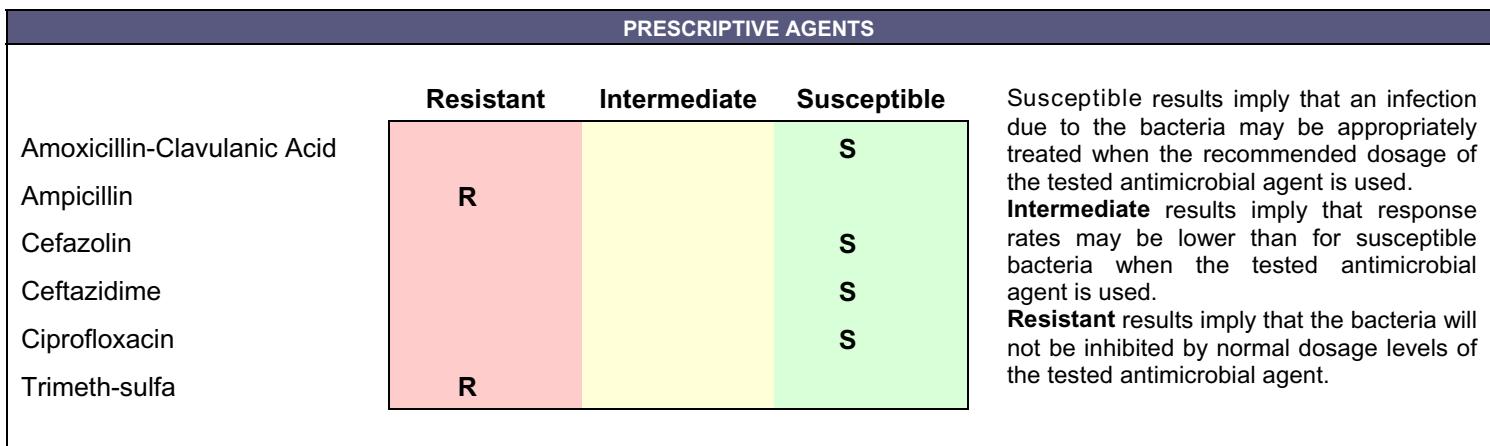
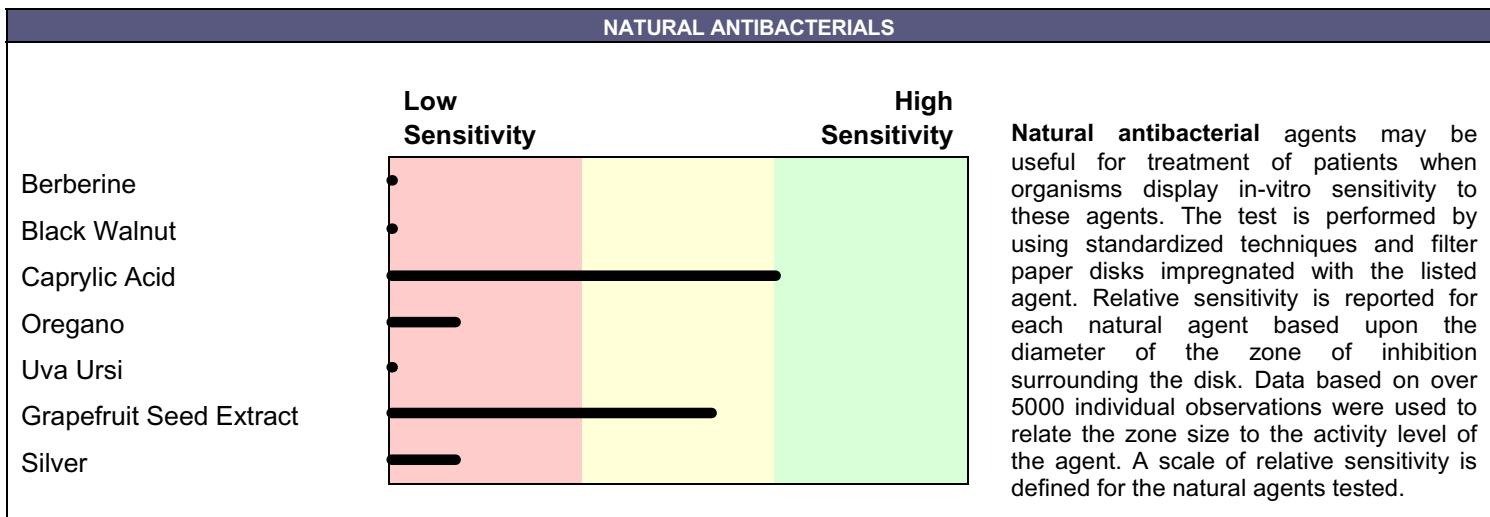
Color: Stool is normally brown because of pigments formed by bacteria acting on bile introduced into the digestive system from the liver. While certain conditions can cause changes in stool color, many changes are harmless and are caused by pigments in foods or dietary supplements. **Consistency:** Stool normally contains about 75% water and ideally should be formed and soft. Stool consistency can vary based upon transit time and water absorption.



LAB #: F000000-0000-0
PATIENT: Sample Patient
ID: P00000000
SEX: Male
AGE: 24

CLIENT #: 12345
DOCTOR: MM
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Bacterial Susceptibilities: Klebsiella pneumoniae ssp pneumoniae



Comments:

Date Collected: 11/29/2011
Date Received: 11/30/2011
Date Completed: 12/12/2011

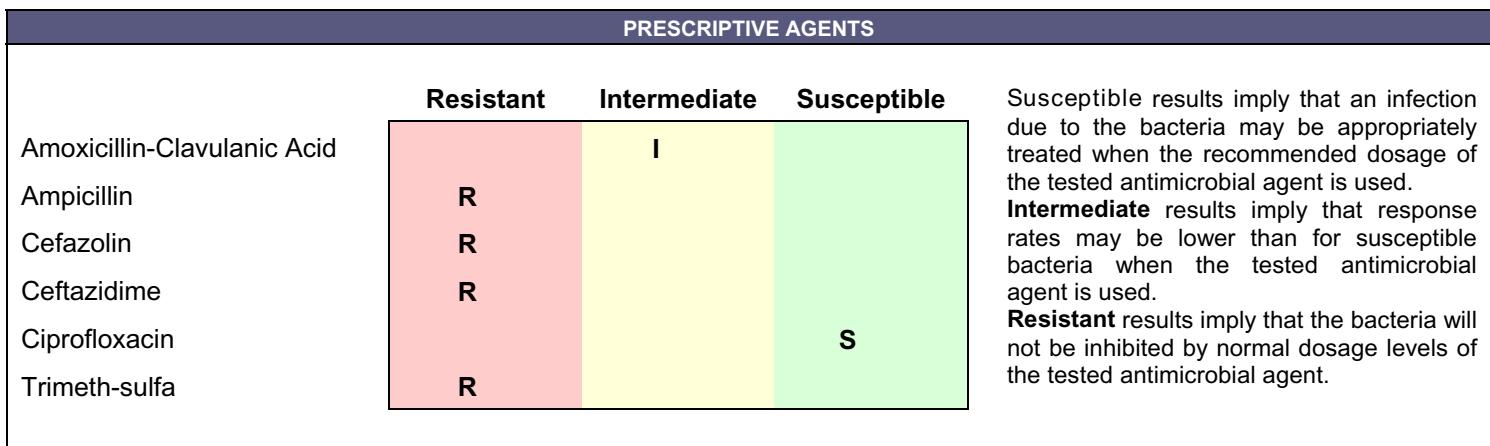
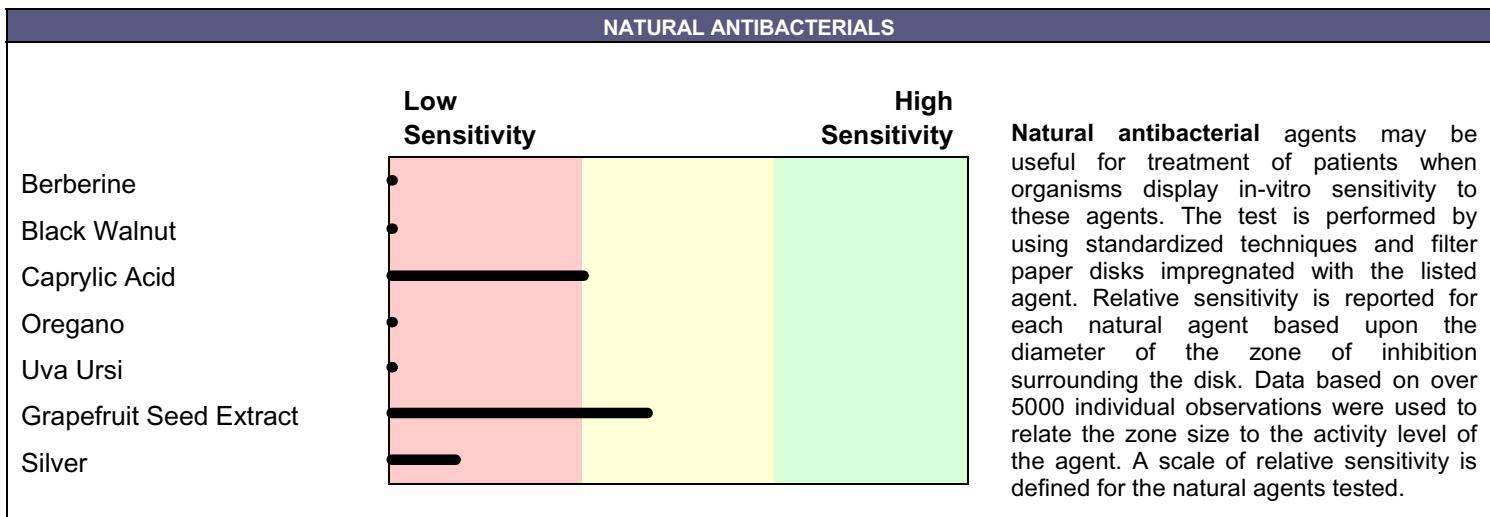
Natural antibacterial agent susceptibility testing is intended for research use only.
Not for use in diagnostic procedures.



LAB #: F000000-0000-0
PATIENT: Sample Patient
ID: P00000000
SEX: Male
AGE: 24

CLIENT #: 12345
DOCTOR:
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Bacterial Susceptibilities: Escherichia coli ESBL



Comments:

Date Collected: 11/29/2011
Date Received: 11/30/2011
Date Completed: 12/12/2011

Natural antibacterial agent susceptibility testing is intended for research use only.
Not for use in diagnostic procedures.

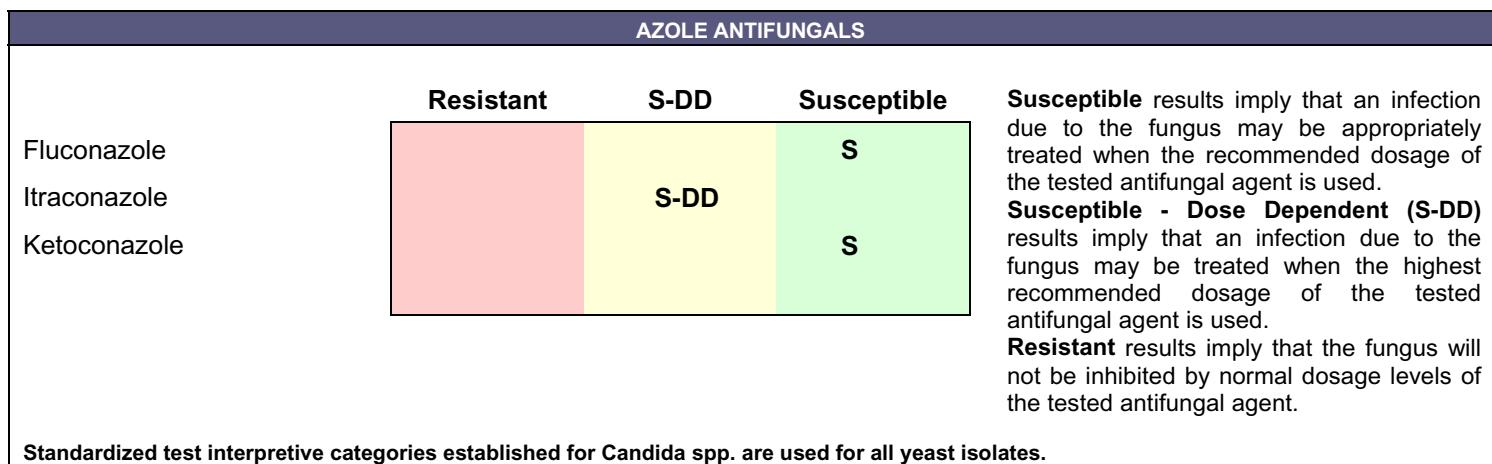
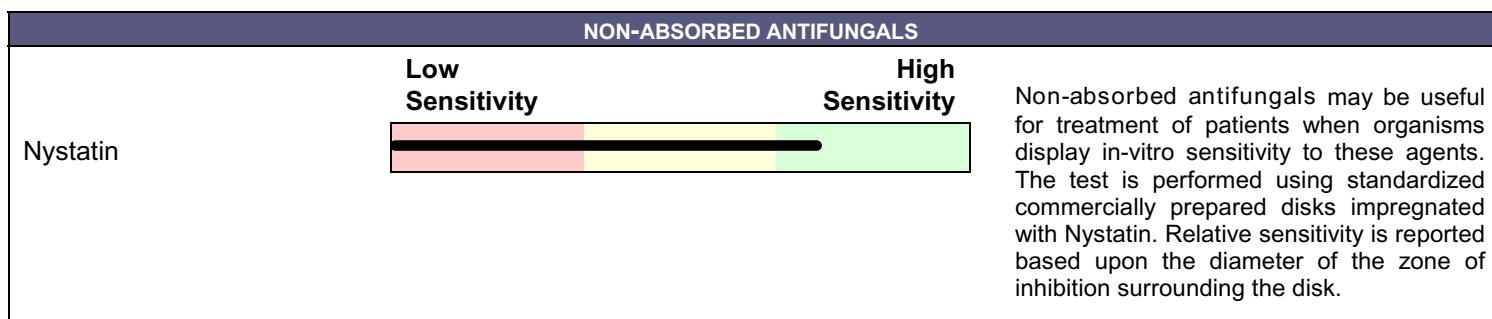
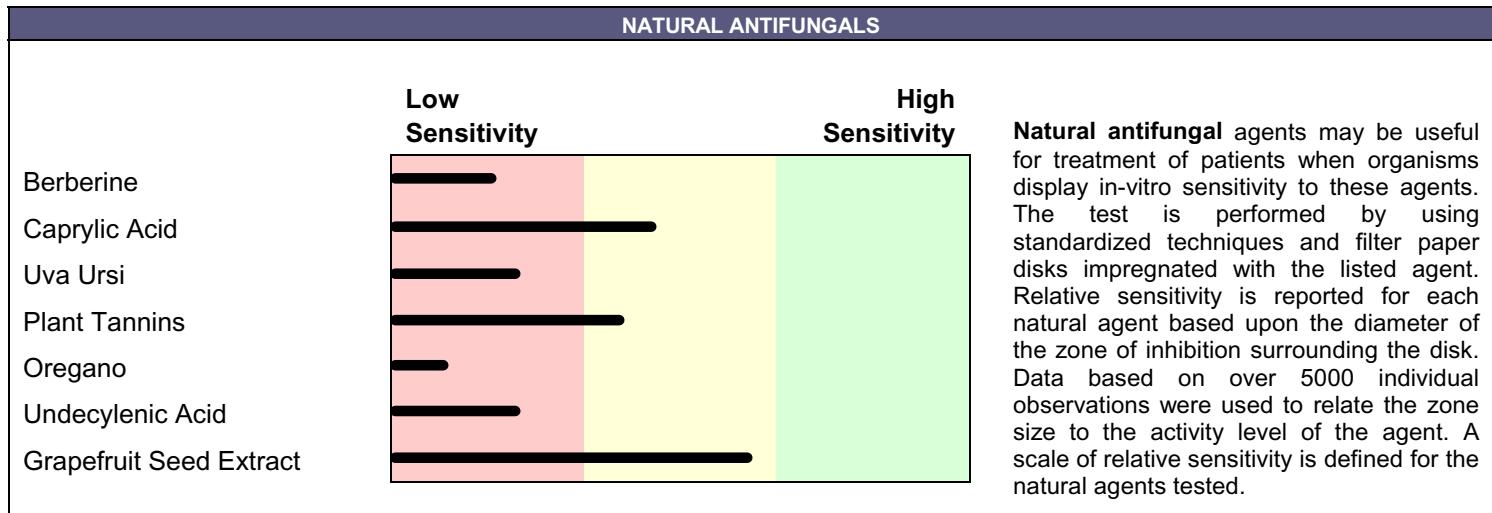
v10.11



LAB #: F000000-0000-0
PATIENT: Sample Patient
ID: P00000000
SEX: Male
AGE: 24

CLIENT #: 12345
DOCTOR:
Doctor's Data, Inc.
3755 Illinois Ave.
St. Charles, IL 60174

Yeast Susceptibilities: Candida parapsilosis



Comments:

Date Collected: 11/29/2011
Date Received: 11/30/2011
Date Completed: 12/12/2011

Yeast antifungal susceptibility testing is intended for research use only.
Not for use in diagnostic procedures.

v10.11



Gut Healing Protocols Table

FOCUS/ CONDITION	Low Stomach Acid	Excess Stomach Acid	Small Intestine and Pancreas	Large Intestine	Liver / Gallbladder	Candida / Dysbiosis	Leaky Gut and Inflammatory Bowel Disease	FODMAP / Specific Carbohydrate Sensitivity (SCD)	SIBO
PROTOCOLS									
Gut Rejuvenator drink		Monitor – remove citrus or apple cider vinegar if it aggravates						May need to restrict to juices or cooked and blended greens if severe	Replace restricted greens with allowed
Green drinks									
Pre-meal ritual, chewing, calm meals									
Remove gut hurting foods									
Elimination diet – food sensitivities									
Add gut healing foods								May need to restrict to cooked and pureed	Modify to only include the allowed foods
HCL challenge	NO							Caution	Limit to allowed
Bitters plus zinc									Limit to allowed
Enzymes									



Gut Healing Protocols Table

FOCUS/ CONDITION	Low Stomach Acid	Excess Stomach Acid	Small Intestine and Pancreas	Large Intestine	Liver / Gallbladder	Candida / Dysbiosis	Leaky Gut and Inflammatory Bowel Disease	FODMAP / Specific Carbohydrate Sensitivity (SCD)	SIBO
PROTOCOLS									
Gut soothing - Herbs - mucilaginous								Some may not be tolerated – Modified SCD chart	Some may not be tolerated – Modified SCD chart
Antispasmodic herbs								Limit to allowed	Limit to allowed
Carminative herbs								Limit to allowed	Limit to allowed
Candida parasite cleanse									
Leaky gut repair protocol									
Liver / gallbladder cleanse									
Probiotics									
Prebiotics									
Cholagogues (some also stimulate HCl)									
Key:	Very Important / Mandatory	Helpful	Caution	Avoid					



Gut-Brain Assessment Protocols

Step-By-Step Actions:

- ❑ **Step 1:** Complete a thorough client history.
 - ❑ <http://www.drritamarie.com/go/INEHistoryTakingGuidelinesPDF>
 - ❑ <http://www.drritamarie.com/go/INEStrategySessionQuestions>
 - ❑ <http://www.drritamarie.com/go/INEClientHistoryPDE>
- ❑ **Step 2:** Assess digestion to determine areas of compromise.
 - ❑ <http://www.drritamarie.com/go/INEDigestionAssessmentPDF>
- ❑ **Step 3:** Assess brain/neurotransmitter balance to determine areas of compromise.
 - ❑ <http://www.drritamarie.com/go/INEBrainAssessmentPDF>
- ❑ **Step 4:** Assess nutrient balance to determine whether the gut is compromising overall nutrition status.
 - ❑ <http://www.drritamarie.com/go/INENutrientAssessmentChartPDF>
- ❑ **Step 5:** Assess status of microbiome.
 - ❑ <http://www.drritamarie.com/go/INECandidaAssessmentPDE>
- ❑ **Step 6:** Assess for leaky gut.
 - ❑ <http://www.drritamarie.com/go/INELeakyGutAssessmentPDF>
- ❑ **Step 7:** If a chronic and persistent case, in spite of making healthy changes, test for Small Intestinal Bacterial Overgrowth (SIBO) using BioFlex Natural Therapies quiz.
 - ❑ <http://www.drritamarie.com/go/SIBOAssessment>
- ❑ **Step 8:** Use interpretation chart to identify areas to be addressed.
 - ❑ <http://www.drritamarie.com/go/INEGutHealingTable>
- ❑ **Step 9:** Do lab, at-home, and in-office testing as indicated for chronic and persistent cases.
 - ❑ Blood chemistry: CBC with blood chemistry including liver function, lipids, electrolytes, kidney function (a comprehensive panel similar to DirectLabs Comprehensive Wellness Profile).
 - ❑ <http://www.drritamarie.com/go/DLDRL Labs>

Continued...



- ❑ **Step 9 (continued):** Do lab, at-home, and in-office testing as indicated for chronic and persistent cases.
 - ❑ Transit time test
 - ❑ <http://www.drritamarie.com/go/INEBowelTransitTime>
 - ❑ HCl challenge
 - ❑ <http://www.drritamarie.com/go/INEHClChallenge>
 - ❑ Stool testing: See lab resource for comprehensive list of labs that do stool testing for microbes and gut function
 - ❑ <http://www.drritamarie.com/go/INELabsGutBrain>
 - ❑ Organic acids testing: For neurotransmitter function and nutrient status
 - ❑ <http://www.drritamarie.com/go/INELabsGutBrain>
 - ❑ Amino acid testing: Since amino acids are precursors to neurotransmitters, amino acid assessment is a good way to determine if brain function possibly compromised
 - ❑ <http://www.drritamarie.com/go/INELabsGutBrain>
- ❑ **Step 10:** Retest at regular intervals to determine progress and revamping of program.



Brain and Neurotransmitter Balancing: Nutrients and Protocols

Vitamins:

- B1 (thiamine)
- B3 (niacin)
- B5 (pantothenic acid)
- B6 (P5P is the active form)
- B12 (methyl, adenosyl, or hydroxy, not cyano)
- C (ascorbate)
- D (cholecalciferol)
- Folate (methylfolate)

Herbs:

- St. John's Wort
- Kava
- Lemon Balm
- Milky Oat

Minerals:

- Chromium
- Iron
- Choline (sunflower lecithin is a great way to get the phosphatidylcholine form which is helpful for enhanced memory)

Amino Acids and the Neurotransmitter and Symptom Imbalances:

- Tryptophan and 5-Hydroxytryptophan (5-HTP):** Precursors to serotonin and melatonin
- Phenylalanine and Tyrosine:** Precursors to dopamine and norepinephrine (adrenaline)
- Valine, Leucine, Isoleucine:** Branched chain amino acids, important for energy production; low energy leads to sluggish brain and neurotransmitter function
- Lysine:** Precursor to glutamine for gut integrity which affects absorption of amino acids and nutrients and impacts neurotransmitters indirectly
- Taurine and Glutamine:** Precursors to GABA, which is important for calming the brain and nervous system



Action Steps to Share with Clients to Restore and Balance Brain

Function:

- Go gluten-free** and access gluten-free living resources to understand why it's so important for your brain and overall health.
- Optimize hydration** and drink filtered water.
- Identify deficient brain and neurotransmitter promoting nutrients** and start eating the foods that are most abundant in those nutrients or consider supplementation (use the *INE: Nutrient Assessment Chart* to assess). Make a list of the top nutrients you suspect are deficient and look up foods that are strong in those nutrients on www.whfoods.com. The Assessment chart is here:
<http://www.drritamarie.com/go/INENutrientAssessmentChartPDF>
- Add brain nourishing foods on a regular basis.** Consider supplementation if you can't reliably access the nutrients you need in food form. *Sunwarrior Liquid Vitamin Mineral Rush* is a good supplement. Liquid and non-synthetic forms are best.
- Optimize omega-3 essential fatty acids** intake and balance. Your omega ratio should be no higher than 3:1 of omega 6 to 3.
- Optimize protein intake** and absorption. Use protein powder supplementation, if necessary, until you can restore your ability to digest protein. Amino acids are the building blocks of neurotransmitters, the language of the brain.
- Address stomach acid.** Consider HCl challenge and taking bitters.
- Consider taking liquid ionic minerals** to bypass low stomach acid as you restore stomach function.
- Eat a whole-foods, antioxidant-rich, organic diet** that includes plenty of leafy greens, fruits, vegetables, and omega 3-rich seeds, like chia, hemp, and flax. Leafy greens are loaded with brain boosting nutrients, so strive to make them a staple in your daily diet. Drink your greens; eat your salads.
- Eat organic as much as possible.** Organic food is either free from, or has a much lower level of, pesticides, which are neurotoxins. Neurotoxins are toxins that can damage your brain and nerve cells. Many pesticides currently being used are still considered neurotoxins.
- Grow your own food** when possible, especially sprouts.



- ❑ **Avoid food ingredients that are neurotoxic** such as red and yellow dyes, butyrate, MSG, and many more. The English dictionary defines neurotoxins as "substances that interfere with the electrical activities of nerves, thus preventing them from functioning." Studies have shown that neurotoxins can shorten the life span of nerve cells. These toxins have been linked to brain disorders and neurodegenerative diseases, such as Alzheimer's, Huntington's, chorea, and Parkinson's.
- ❑ **Avoid caffeine:** Caffeine contributes to anxiety and depression. Researchers at Carnegie Mellon University found that large doses of caffeine raise blood pressure, stimulate the heart, and produce rapid, shallow breathing, which deprives the brain of the oxygen needed to keep your thinking calm and rational. It takes 24 hours for caffeine to work its way out of your system. Any caffeine in your system makes it harder to fall asleep. Caffeine also disrupts the quality of your sleep by reducing rapid eye movement (REM) sleep, the deep sleep when your body recuperates and processes emotions.
- ❑ **Avoid or minimize alcohol.** Alcohol contributes to dementia, damages brain cells, and depletes your B vitamins, in particular vitamin B1 (thiamin), which is a really important nutrient for your central nervous system. Alcohol directly affects brain chemistry by altering levels of neurotransmitters — the chemical messengers that transmit the signals throughout the body that control thought processes, behavior, and emotion. Your thought, speech, and movements are slowed down, and the more you drink the more of these effects you'll feel.
- ❑ **Avoid processed grains.** They pull out the B vitamins, which are important for catalyzing the conversion of precursors to neurotransmitters. Gliadin, a protein found in wheat gluten, unleashes a feel-good effect in the brain by morphing into a substance that crosses the blood-brain barrier and binds onto the brain's opiate receptors. Gliadin is a very mind-active compound that increases people's appetites. People on average eat 400 more calories a day when eating wheat, thanks to the appetite-stimulating effects of gliadin.
- ❑ **Avoid the top food allergens.** These cause inflammation of the brain. Allergies to food can upset levels of hormones and other key chemicals in the brain, resulting in symptoms ranging from depression to schizophrenia.
- ❑ **Avoid sugar:** Sugar depletes B vitamins and creates blood sugar imbalances. You should also avoid high fructose corn syrup. Alzheimer's is considered to be insulin resistance of the brain. A 2012 study on rats, conducted by researchers at UCLA, found that a diet high in fructose (that's just another word for sugar) hinders learning and memory by literally slowing down the brain. The researchers found that rats who over-consumed fructose had damaged synaptic activity in the brain, meaning that communication among brain cells was impaired.



- ❑ **Eat probiotic-rich foods**, like sauerkraut, non-dairy yogurt, and kefir. The gut bacteria contribute to brain chemistry. Certain pathogenic organisms contribute to depression and anxiety while the beneficial ones, like bifidobacteria and certain lactobacillus species, have been shown to reduce or eliminate depression and anxiety.
- ❑ **Avoid heated and trans-fats**. Preliminary findings reveal that trans-fat is linked to a higher risk of memory impairment. Trans-fats may act as a pro-oxidant, contributing to oxidative stress that causes cellular damage. Vegetable oils oxidize when heated; when oxidized, cholesterol and trans-fat enter into your LDL particles, and they become destructive, contributing to arterial plaque buildup in your brain.
- ❑ **Keep blood sugar in balance**. Eat a low-glycemic diet and test your blood sugar to keep your blood sugar balance steady. There is a direct relationship between fasting blood sugar and average blood sugar in terms of predicting the rate at which the hippocampus will shrink and memory decline. Results from studies indicate that chronically higher blood glucose levels exert a negative influence on cognition, possibly because of structural changes in learning-relevant brain areas. As you indulge in sugar, your brain becomes overwhelmed by the high levels of blood sugar, insulin, and leptin. Eventually insulin and leptin signaling becomes compromised, leading to impairments in thinking and memory, and eventually causing permanent brain damage.
- ❑ **Get enough sleep**, preferably 7-9 hours each night. Sleep deficiency puts you at higher risk for Alzheimer's, psychosis, depression, ADD, learning and memory problems, and weight gain. Sleep loss affects your ability to utilize neurotransmitters properly. Sleep is an ideal time for the "undistracted" brain to link new information to related memories. Sleep gives the brain time to find and build more distant associations that can ultimately lead to the inspiration of creativity.
- ❑ **Reduce toxic exposures in the environment** as well as the products you use on yourself and in your home. Start switching to natural alternatives. Keep your windows open, for at least 20 minutes or as much as you can, to keep a flow of air circulating in your house and let indoor toxins out. The high fat content of the brain makes it susceptible to long-term storage of fat soluble toxic chemicals. The high content of polyunsaturated fatty acids also makes it much more susceptible to free radical damage brought about by toxic chemicals, leading to increased damage to brain molecules. All of these biochemical factors make the brain extremely susceptible to neuropsychiatric diseases caused by exposures to a variety of toxic chemicals.



- ❑ **Incorporate movement breaks and fun exercise daily.** Studies show that exercise is better than drugs at controlling depression. Exercise increases heart rate, which pumps more oxygen to the brain. It also aids the bodily release of many hormones, all of which participate in aiding and providing a nourishing environment for the growth of brain cells. Exercise stimulates the brain plasticity by stimulating growth of new connections between cells in a wide array of important cortical areas of the brain. Exercise increases growth factors in the brain, making it easier for the brain to grow new neuronal connections. The antidepressant effect of exercise is also associated with more cell growth in the hippocampus, an area of the brain responsible for learning and memory.
- ❑ **Investigate brain exercises.** Check out <http://www.braingym.com/> and <http://www.brainmetrix.com/> to start.
- ❑ **Practice HeartMath quick coherence technique**, aka "mini-vacations", 5 times a day.
- ❑ **Avoid unnecessary medications.** Many interfere with nutrient uptake and neurotransmitter functions. Always consult with your doctor before making any changes to medications. Some medications may prove to be harmful in the long run for brain health. Many commonly prescribed drugs also can interfere with memory. They can dampen activity in key parts of the brain, including those involved in the transfer of events from short-term to long-term memory. Drugs that lower blood levels of cholesterol may impair memory and other mental processes by depleting brain levels of cholesterol as well. In the brain, these lipids are vital to the formation of connections between nerve cells — the links underlying memory and learning.
- ❑ **Build fun and play into every day.** The brain is wired to find learning fun. Every time you're interested and engaged in a subject, your brain gets a shot of dopamine. Dopamine rewards behaviors—like learning—that promote the survival of our species. However, dopamine not only motivates you to learn, it also helps you to retain that new information. The more interested you are in an activity, the more dopamine is released and the better you remember it.
- ❑ **Reassess progress in 3 months.** After following the suggested protocols for at least 3 months, complete the assessments again to reassess your function. Continue to follow protocols as needed.



Gut Balancing Actions Summary

Gut Balancing Actions

- Follow Dr. Ritamarie's pre-meal ritual before each meal: You need to DO these steps EVERY time you put food into your body: Stop -- Look -- Tune into your heart -- Breathe fully and deeply -- Feel sincere appreciation.
- Begin to remove the foods that harm your gut and digestion.
- Do the HCl Challenge low stomach acid appears to be a problem. **Do not do the HCl challenge if you've been diagnosed with gastritis or ulcers.**
- Drink a cleansing beverage upon rising (before food) – with warm water, lemon or lime juice, and essential oils as indicated.
- Add foods that heal the gut.
- Before each meal, take bitters to stimulate HCl and bile release and/or take herbs like slippery elm or DGL powder to soothe gut. Take zinc as a building block to HCl.
- Stay calm and present at all meals. Harness the power of appreciation and conscious eating.
- Take digestive enzymes with each meal separately from any stomach acid supplementation.
- Take time to chew food thoroughly.
- Remove both allergenic and potentially allergenic foods. Completing an elimination diet will help identify both allergenic and potentially allergenic foods. Once you identify your trigger foods, you can give your system a rest from hard to digest and potentially allergenic foods.
- Clear dysbiosis if indicated.
- Follow a leaky gut detox and intestinal repair protocol if indicated.
- Remove FODMAP and SCD disapproved foods if symptoms worsen or persist even while using the gut healing nutrients as directed.
- If symptoms continue to persist or worsen on gut healing protocols, assess for SIBO and take appropriate action.
- Test bowel transit time and optimize.
- Practice habits to optimize elimination via daily exercise; abdominal massage; and the proper intake of fiber, chia seeds, and hydration.
- Eat brassicas and other liver and gallbladder supporting herbs and foods daily if tolerated.

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Page 1 of 2



- ❑ Include greens at each meal (if tolerated well). A variety of leafy greens such as romaine, green/red leaf, arugula, butterhead, kale, mustard greens, collard greens, Swiss chard, spinach, dandelion greens, red clover, plantain, watercress, and chickweed provide a wide variety of gut healing nutrients. Steam greens if there are serious IBS or IBD issues.
- ❑ Consume probiotic foods, juices, smoothies, and supplements each day.
- ❑ Use calming herbs such as dill, fennel, anise, mint, ginger, caraway, cinnamon, turmeric, clove, cardamom, chamomile, oregano, rosemary, and thyme to soothe irritable bowel symptoms.
- ❑ Consider a gentle 5-day liver/gallbladder cleanse.
- ❑ Reassess digestion after following the protocols and make appropriate adjustments.



HCI Challenge Test for Optimizing Stomach Acid

Caution: Do not do this test without first consulting a qualified medical professional familiar with your personal health history if you have or have had stomach related health conditions such as GERD, ulcers, or gastritis. Taking HCl, even if you need it, can aggravate these conditions and result in increased pain and burning.

Purpose

This test is used to determine the integrity of your stomach lining and its ability to produce HCl (Hydrochloric Acid). HCl is the acid produced by your stomach to initiate protein digestion and mineral absorption. Without adequate HCl, you will not efficiently extract nutrients from your food, no matter how excellent your diet may be.

This test helps you to identify whether you are producing enough HCl to efficiently digest protein and minerals. It helps to determine the amount of supplemental HCl required or to assess the effectiveness of food and herbal approaches to improving digestion in your stomach.

Procedure

Day 1:

Take **ONE** 500-650 mg capsule (not tablet) containing both hydrochloric acid (HCL) and approximately 150 mg of pepsin after you've eaten a few bites of food at the beginning of a substantially complex meal, i.e. your largest meal of the day. **Do not test yet on simple meals** like fruit or a light, low fat salad without added concentrated protein or a simple fruit green smoothie.

**Do not take on an empty stomach or after meals
and do not open capsules and take as a powder.**



Observe how you feel throughout the meal and during the hour following. If you have discomfort (burning or warm sensation), **STOP** and proceed to *How to Handle Stomach Discomfort* then read the *Interpretation* paragraph below.

Continue with the same dose of HCl for each substantial meal that day, observing carefully for symptoms. During testing, **only take HCl at your larger meals** that contain concentrated foods (i.e. nuts, seeds, grains, legumes, fish, meat, eggs or dairy). During the initial phase of testing, do not take if your meal is just fruit, a smoothie or salad.

Day 2:

Take 2 capsules at the **beginning** of your first complex meal. Make it a meal that's similar in complexity to test meals from previous days. If you have **discomfort** (burning or warm sensation), **STOP** and proceed to *How to Handle Stomach Discomfort* then read the *Interpretation* paragraph below.

Day 3:

Take 3 capsules at the **beginning** of your first complex meal. Make it a meal that's similar in complexity to test meals from previous days. If you have **discomfort** (burning or warm sensation), **STOP** and proceed to *How to Handle Stomach Discomfort* then read the *Interpretation* paragraph below.

Day 4:

Take 4 capsules at the **beginning** of your first complex meal. Make it a meal that's similar in complexity to test meals from previous days. If you have **discomfort** (burning or warm sensation), **STOP** and proceed to *How to Handle Stomach Discomfort* then read the *Interpretation* paragraph below.



HCI Challenge Test Tracking



How to Handle Stomach Discomfort

If at any point you experience warmth, discomfort, or burning, drink 16 ounces of purified water to quench the reaction and stop taking HCl until the discomfort subsides.

If that's not sufficient, there are several options for pain relief -- preferred are a) and b).

- a) Drink 1 teaspoon slippery elm dissolved in 8 ounces warm water. Continue every 15 minutes until pain subsides, usually within an hour.
- b) Drink $\frac{1}{4}$ cup aloe vera juice.
- c) Drink $\frac{1}{4}$ teaspoon baking soda in 4 ounces water.
- d) Take an antacid like Alka Seltzer Gold.

Interpretation

If you had pain with the first dose, it's likely that either you don't need HCl or you have disruption of your stomach's protective mucous lining as in an ulcer or gastritis. If you have symptoms of low stomach acid as indicated on your symptom questionnaire and discomfort with taking HCl, you might try a month or two of DGL licorice and slippery elm to soothe and heal your stomach lining combined with bitters as described in step 2 below.

If you made it to Day 4 without discomfort, you likely have a severe deficit in HCl and have been experiencing significant digestive inefficiency as a result.

Corrective Action

Choose one of the following actions:

#1: Supplement with HCl

- With each of your heavier or more complex meals, take the number of HCl capsules you took the day BEFORE you experienced warmth or discomfort. Take the first HCl capsule at the beginning of the meal, after a few bites of food. After each HCl capsule, take a few bites of food before taking the next. If you take digestive enzymes, take those at the end of the meal for best results.
- With your lighter meals, retest starting from Day 1 and determine the optimal dose.
- Take at MOST 4 capsules.



#2: Stimulate your own HCl production with bitter herbs, juices, and foods

- Consume dandelion, arugula, and other bitter greens, either as juice or whole leaves chewed to juice and swished in mouth about 15 minutes before each meal.
- Consume bitters formula as a tincture, taken 15 minutes before each meal and swished.

#3 **Preferred** Take HCl AND bitters

- Take both HCl and bitters so that as you replenish your HCl and get the benefit of improved protein and mineral digestion; you will also restore your body's ability to make HCl.

For all Methods

- Important:** Regardless of which option you choose, it's advisable to also supplemental with zinc as it's important for the production of HCl and is not well absorbed in low HCl states.
- Start with about 30 mg per day of zinc picolinate or zinc citrate or 1 teaspoon liquid zinc.
- If you have indications of long standing mineral or protein deficiencies, you might also consider an amino acid or protein drink supplement while you are getting things balanced as well as a liquid multi-mineral formula, taken on an empty stomach.

You should not go above the maximal HCl dose, which is approximately four HCl 650 mg capsules unless under supervision.

Caution: Do not do this test without first consulting a qualified medical professional familiar with your personal health history if you have or have had stomach related health conditions such as GERD, ulcers, or gastritis. Taking HCl, even if you need it, can aggravate these conditions and result in increased pain and burning.



Brief Summary of Major Signs of Low Stomach Acid

- Digestive woes immediately after eating like burping, gas, and bloating
- Bouts of nausea and/or unexplained diarrhea
- Soft brittle or peeling nails
- Parallel ridges on fingernails indicate malabsorption
- Dry skin on lower leg may indicate malabsorption
- Diffuse hair loss in women
- Chronically coated tongue
- Chronic bad breath
- Food allergies
- Non-responsive to supplements and dietary efforts
- Muscle cramps
- Heavy, full sensation after eating (called delayed gastric emptying)

Blood Lab Scores That Are Suggestive (Not Diagnostic) Of Insufficient Stomach Acid

- Low total protein, globulin, ferritin, calcium, magnesium, BUN
- B12 below 350 pg/ml
- Complete Blood Count (CBC): MCV over 93
- Stool testing: Imbalance of normal gut flora and overgrowth of unfriendly critters, known as dysbiosis, and lots of yeast
- Hair analysis: 5-6 low minerals (not including sodium and potassium)

Disclaimer: The information in this document has not been evaluated by the FDA is not intended to diagnose, cure, prevent or treat any disease. The information presented is for educational purposes only with the intent of teaching you how to properly nourish and balance our body and trigger your innate self-healing mechanisms.

This information is not intended as a substitute for the advice or medical care of a qualified health care professional and you should seek the advice of your health care professional before undertaking any dietary or lifestyle changes, especially if you have any serious medical conditions or health concerns.



Digestion Protocols: Dysbiosis

Dysbiosis is a general term for bacterial flora imbalance in the digestive tract and may be caused by any number of unwelcome organisms or by a lack of proper digestive function.



The gastrointestinal tract is the largest immune reactive surface inside the human body with a total surface area comparable to the size of a small tennis court.

This surface is continually exposed to a vast array of food particles, bacteria, and yeast that can dramatically alter the defense mechanisms of the gut lining, producing inflammatory responses associated with skin disorders as well as inflammatory joint and connective tissue diseases.

This may explain why intestinal symptoms of dysbiosis are more common among people with these conditions than in healthy people.

Evaluation

- Symptom survey
- Comprehensive Digestive Stool Analysis
- Urine Organic Acids - D Arabinitol test
- IgG food sensitivity testing
- Small Intestinal Bacterial Overgrowth (SIBO) hydrogen breath test
- Tongue and facial markings, as well as pulse diagnosis



Common Causes of Dysbiosis

- Use of antibiotics
- Use of birth control pills
- Use of hormone medicines like steroids
- Use of NSAIDs such as aspirin and advil
- Bacterial, viral, parasitic, or yeast infections
- Deficiency of good bacteria or overgrowth of bad bacteria
- Immune suppressive diseases such as AIDS and diabetes
- Inflammation
- Maldigestion
- Nutritional deficiencies such as zinc and omega-3's
- Being stressed
- Pregnancy
- Overweight and obese conditions
- Chronic constipation
- Excess sugar or refined carbohydrates
- Excess meat or fat
- Lack of fiber in the diet
- Alcohol
- Contaminated food and water
- Food allergies and sensitivities
- Environmental toxins

Lifestyle Habits to Improve Dysbiosis

- Eliminate any molds, fungus, and toxic metals in your home environment
- Stress management techniques; consider biofeedback techniques
- Daily yoga or walking
- Spend time outside
- Evaluate medications
- Proper chewing and eating slowly
- Have proper meal spacing and portions



Dietary Habits That Can Improve Dysbiosis

- Increase fiber intake
- Increase water intake (half the body weight in fluid ounces)
- Avoid hydrogenated and processed foods
- Avoid sugary and starchy foods
- Decrease animal protein and saturated fat
- Eliminate dairy
- Eliminate gluten
- Eat more garlic
- Increase probiotic foods like sauerkraut, kefir, and cultured vegetables

Herbs and Nutrients to Improve Dysbiosis

- Bayberry
- Berberine
- Butyric acid
- Caprylic Acid
- Digestive enzymes
- Echinacea
- Garlic
- Geranium
- Goldenseal
- Grapefruit seed extract
- Kombucha tea
- L-Glutamine
- Marshmallow
- N-acetyl-glucosamine
- Oregano
- Pau de Arco
- Prebiotics, such as Jerusalem artichoke and yacon
- Probiotics
- Slippery elm
- Turmeric
- Wormwood



Digestion Protocols: Hypochlorhydria



Hypochlorhydria refers to a condition where the production of gastric acid in the stomach is low. It is associated with various other medical problems. A similar condition, achlorhydria, is when the production of gastric acid is absent.

From approximately age 35 and on, most people begin to secrete less stomach acid. By the time people reach their 50's, it is estimated that over 50% of people have low stomach acid.

People with a history of helicobacter pylori infection (the bacteria involved in stomach ulcers) and/or who have used protein pump inhibitor medications long-term are more likely to have hypochlorhydria.

Many of the symptoms of hypochlorhydria resemble excess stomach acid and they are mistakenly put on acid blockers, which makes the problem worse.

Symptoms

- Upset stomach, diarrhea
- Constipation
- Feeling full after a small meal
- Anemia, iron deficiency
- B12 deficiency
- Skin rashes like acne or eczema
- Weak, brittle, or peeling nails
- Bloating, gas, and burping after meals
- Heartburn or reflux
- Dry, thin hair and skin
- Tendency towards allergies
- Candida
- Chronic fatigue



Evaluation

- Symptom survey
- Heidelberg Gastric Analysis Test: <http://www.phcapsule.com>
- HCl challenge
- Stool analysis for candida, parasites, and other imbalances
- IgG food sensitivity testing

Common Causes of Hypochlorhydria

- Bacterial infection (H. pylori)
- Aging
- Adrenal fatigue
- Chronic stress
- Alcohol consumption
- Food sensitivities
- Gastrointestinal infections
- Gastritis
- Gastric ulcer
-
- Pernicious anemia
- Hypothyroidism
- Autoimmune conditions
- Chronic use of drugs, such as stomach acid blockers and steroids
- Overeating of animal fats and poor quality fats
- Diet low in protein
- Drinking water with meals

Lifestyle Habits to Improve Hypochlorhydria

- Chew thoroughly
- Don't lie down after eating
- Avoid overeating
- Eat small meals
- Stay hydrated
- Don't drink ice water
- Avoid the use of acid-blocking drugs; ask your doctor first
- Avoid drinking water with meals
- Decrease the amount of meat protein
- Increase consumption of raw fruits and vegetables for digestive enzymes
- Stress reduction techniques such as biofeedback, hypnosis, or counseling
- Include acupuncture to help restore digestive fire to help breakdown food



Dietary Habits That Can Improve Hypochlorhydria

- Chew thoroughly
- Avoid overeating
- Take high doses of Vitamin C at meals
- Include flax, chia, and hemp seeds for their omega-3 fatty acids
- Eliminate dairy
- Eliminate gluten
- Slowly increase your fiber intake
- Stay hydrated
- Eat more garlic
- Increase probiotic foods like sauerkraut, kefir, and cultured vegetables
- Increase dark, leafy greens
- Avoid trans and hydrogenated fats
- Avoid refined sugars and artificial sweeteners
- Avoid caffeine
- Avoid nightshades such as tomatoes, eggplant, and potatoes

Herbs and Nutrients to Improve Hypochlorhydria

- Aloe vera juice
- Apple cider vinegar
- Betaine HCl and pepsin capsules
- Bitter green juice before meals, i.e., dandelion, arugula, and kale
- Bitter herbs, i.e., gentian and dandelion
- Clove oil
- Digestive enzymes
- Garlic
- Ginger tea
- Grapefruit seed extract, herbal anti-microbial
- L-glutamine
- Minerals, i.e., calcium, iron, and zinc
- Oregano oil
- Papaya
- Peppermint oil
- Probiotics
- Vitamin B complex, especially B3 and B12
- Vitamin C
- Wheat grass



Digestion Protocols: Leaky Gut Syndrome



Leaky gut syndrome (also known as intestinal hyperpermeability), is the result of a compromise to the intestinal lining.

During the normal digestion process the tight junctions stay closed, forcing all molecules to effectively be screened and only pass into the blood stream through the mucosal cells. For a number of reasons, these tight junctions can become “open,” or permeable, allowing bacteria, toxins, incompletely digested proteins, fats, and waste into the bloodstream.

Once these toxins are in the blood, they flow throughout the body, which can trigger an autoimmune reaction. Because of this systemic problem, the list of conditions linked to intestinal hyperpermeability is far reaching. Arthritis, asthma, autism, autoimmune

diseases, chronic fatigue syndrome, depression, type I diabetes, type II diabetes, skin disorders, thyroid disorders, and weight loss resistance have all been linked to gut health issues.

Evaluation

- Symptom survey
- Intestinal Permeability Assessment test
- Comprehensive Stool Analysis (CSA) for candida and parasites
- Organic Acid Test (OAT) profile
- PolyethelyneGlycol (PEG) Test
- Small Intestinal Bacterial Overgrowth (SIBO) hydrogen breath test
- IgG and IgE food sensitivity and food intolerance testing
- Tongue and facial markings diagnosis



Common Causes of Leaky Gut

- Food allergies, insensitivities, and intolerances
- Stress
- Incomplete chewing
- Diet high in fat, low in fiber
- Microbial imbalances
- Large meals
- Low levels of stomach acid
- Low levels of pancreatic enzymes
- Alcohol
- Medications, such as antibiotics, NSAIDs, and birth control
- Parasites, yeasts, and fungal infections
- Nutritional deficiencies, such as zinc and omega-3s
- Deficient secretory IgA
- Environmental toxins

Lifestyle Habits to Improve Leaky Gut

- Increase exercise
- Take a daily walk or do yoga
- Stress management techniques; consider biofeedback techniques
- Acupuncture
- Lymphatic drainage massage
- Follow good hygiene practices
- Eliminate unnecessary medications (check with doctor for prescriptions)
- Proper breathing technique
- Breathing and appreciation before each meal
- Proper chewing
- Eating slowly
- Drink your liquids either before or after your meals



Dietary Habits That Can Improve Leaky Gut

- Increase fiber intake
- Avoid hydrogenated and processed foods
- Eliminate dairy
- Eliminate gluten
- Avoid sugar and sugar substitutes
- Avoid known allergens
- Increase green juices and vegetables
- Increase sprouted foods
- Avoid caffeine
- Eat more garlic
- Increase probiotic foods like sauerkraut, kefir, and cultured vegetables

Herbs and Nutrients to Improve Leaky Gut

- Aloe vera juice
- Arabinogalactans
- Betaine HCl as indicated
- Chamomile
- Coconut and coconut oil
- Dandelion root
- Digestive enzymes
- Fennel seed
- Garlic
- Ginger
- Ginseng
- Goldenseal
- L-glutamine
- Licorice root
- Marshmallow root
- Milk thistle
- N-Acetyl Cysteine
- N-Acetyl Glucosamine
- Oregano oil
- Pau d'Arco
- Plantain
- Prebiotics, i.e., artichoke and chicory root
- Probiotics, i.e., fermented foods such as sauerkraut, kefir, kimchi
- Seaweed
- Serotonin precursors 5-HTP
- Slippery elm
- Turmeric
- Vitamin B1



Design Your Own Health Coaching Program Pkgs



Package Type #1

- **Monthly Retainer**

- Clients work with you on a month-to-month basis
- Can cancel on either end with 30-days notice
- Automatically billed unless cancelled
- Set number of sessions of particular duration each month
- Great way to get started

Package Type #2

- **Time Period Package**

- Multi-month commitment
- Substantial savings over retainer
- Walk them through your system
- Accountability (forms, status, diet diaries)
- Include bonus materials: Assessments, Handouts, e-Books, Checklists

Package Type #3

- **Package of Sessions**

- Clients commit to a certain number of sessions
- Clients can use sessions whenever they want
- Savings compared to individual sessions
- Put a time limit on it so they don't come back years later to use their sessions
- Example: Package of 5 Sessions



Practice Levels and Models: Bullseye Diagram

