Applied Nutrition in Clinical Practice
Transcript – Class 1 Part 3

0:00
Step number two is the assessment. As I mentioned earlier, this is when we ask all the questions, this is when we really gather all of the information, and this is the key part to really putting together a smoking protocol. If we don't have the beginning information as to what's going on in their body, we can't really make the appropriate recommendations. So we're first going to look at the questionnaire and symptomatology assessment, and that can be found starting on page 29. We're going to spend quite a bit of time going through this now. When I first started, again, I was at school, I was given a questionnaire that basically I gave to my clients, they filled it out and I got that back. And I didn't really like that, something didn't sit right with me. I didn't actually like asking the questions. What I find now is that when I ask them specific questions, they can sometimes go into tangents that are like 20, 30 minutes long. And there's really good valuable information in there. When we give someone a questionnaire, they just check off a box and that's it. So that's why I like to go through every single question with them verbally, face to face.

1:22
Starting on page 29, which is page one of my questionnaire. Right at the top there, I have a space for allergies and sensitivities. I want to know if they're sensitive or allergic to any medications, any supplements, any foods, and what that reaction might be. Then when I'm putting together their protocol, it's there front row and centre. Next, I say, let's start talking about your main concern, what is your main concern? There's a really great space there on page one to start to jot down notes about their main concern. Now, when I'm asking someone about their main concern, I want to know, well, there's some really good questions on page two of the questionnaire, which is page 30 of your notebook. When did your illness first begin? And you can use these questions to prompt some more information. Did something trigger a change in your health? So when did your illness first begin? How long has this been happening? Has it been a few days? Has it been a few weeks? Has it been years? Did something trigger a change in your health? For example, did you travel to Mexico drink some bad water, and your digestion has never been the same? Was there a trigger? When was the last time you felt well? and you'll find all sorts of answers with people. Some people say, Oh, I'd never felt well, or I've been this way as long as I can remember, or everything changed when this happened, but before that, I felt great. These are the things that we're really looking for, because that's where you're going to get important pieces of information that changed their health picture. What makes you feel worse? So what is worsening the symptoms? Because that's probably not good. And what makes you feel better? Again, a lot of these questions that we ask are actually going to give us the answers that we're looking for. So someone comes to you with chronic headaches, and you say, oh, what makes you feel better? And they say, every time I go on vacation,

those headaches go away. So this maybe give us a bit of an idea of what may be the root cause and what may be the recommendations as a result.

4:00
I'm just going to be referring to the page number of the questionnaire from now on. So on page one of the questionnaire, you've got a really nice space there to jot down some notes about their main concern. Often, I have to have some paper beside me to put the rest of the information down. So I always have a pad of paper beside me and if I need to continue on that page, I have it available. We ask them about their main concern. That usually takes me about half an hour, give or take a little bit, to actually get through that information. So it's a good chunk of time.

4:44
After we've done that, we move on to oral therapies. And I asked them, are you taking any medication, over the counter drugs, recreational drugs? Now, we already put that in the form that we gave to them before they came to the office, but it just gives them another opportunity to bring any of that up, and for us to discuss it, before we continue. Then I want to know their family history. Remember, the genes are very important. We get half of our genes from our mother and half of our genes from our father, and they have their strengths and they have their weaknesses. So we know that the genes do not determine our destiny, they don't determine our health. With epigenetics, we understand that we can turn genes on and off. But we want to know what people are prone to where their weaknesses are. I've had clients where they they're coming to see me for hypothyroidism. And their sister has hyperthyroidism, and their mother has hypothyroidism, and their mother's mother has hypothyroidism. Well, do you think it runs in the family? I think so. Is it a weak link? Probably. Are there some genes involved? Probably yes. So we have to take that into account. We also know it's pretty well known with cardiovascular disease, if you have high blood pressure and your father had a heart attack, and your grandfather had a heart attack, you probably want to change what you're doing and not do what they were doing to help improve your health. So it gives you a little bit of an idea of of the road you might head down if you live and eat the same way that your father or mother lived and ate.

6:44
You've got a space there to put their age. So the age of your father, the age of your mother, if you obviously don't know your biological mother, or father, you just don't feel that out. And I also want to know what their main health issues are. I don't need a whole health history of the father or mother; I just want to know the main things that are possibly afflicting them? Do they have cardiovascular disease, depression, thyroid issues, whatever it might be. If the mother or father is deceased, I just put an X beside their name, so I know that they passed away. I also like to know what age my client was when a parent past away, and what emotional impact that had on them. Because I want to know

anything significant that might be part of their timeline, that may play into their current disease picture.

7:42
Then I want to know about their siblings, how many siblings they have. So if they have like three brothers, I put a little three by thought beside it and their ages in the age box, and then I'll list all the conditions that they have. I've seen things where someone's coming to see me for multiple sclerosis, and their brother has multiple sclerosis and their sister has rheumatoid arthritis. I mean, is that really by chance that all three of them have autoimmune diseases? One is the same and one is similar? I don't think so. So it gives me a little bit of information as to what might be the predisposing factors and the things that might be mediating their disease, and how they might have been raised. Were they exposed to any chemicals? What are all the things that these people had in common?

8:37
Then I ask, have they ever been hospitalized? So obviously, if someone gets to a point where they have to go to a hospital for care, something really bad has happened, and their body has gone down the slope of health quite far. I want to know when and why they went to the hospital. And then I want to know about surgeries. So I usually prompt them on a few things. Do they have their appendix out, their gallbladder, their tonsils? Because usually people get those out when they're quite young, like especially tonsils and forget, right? You ask them if they had surgeries, and they say, oh, no, no surgeries. Do you have your tonsils? No. When did you get those out? When I was like five or six or something? So sometimes people forget. And of course, depending on what surgery that is, it's going to have different implications, so if it's the tonsils, the tonsils are critical aspects and parts of the immune system. They are a lymphatic tissue, so we now know that they're probably not the best things to take out if they're inflamed. They're one of the first lines of defense in the oral cavity to catch. They've got crypts to catch bacteria and different microorganisms that might want to infect us.

9:57
Then I want to know a little bit about vaccinations and flu shots and when they might have got those done. So, did they get the flu shot every year. I've had a client who got vaccines for traveling to Africa, and then right after, got very sick, they got inflammatory bowel disease. I've had people who've gotten vaccines or flu shots, and they're never the same, or their children get seizures after that. I mean, there are all sorts of things. So gives us a bit of an idea if it was that a triggering factor, and then we can look back, figure out what vaccine that was, see if it was maybe some of the adjuvants in it, or did it mess up their immune system, and see if how that might play a role. So those first two pages kind of set the stage a little bit.

10:47
And then starting on page three of the questionnaire, I start to really dive into the symptomatology assessment part of our questionnaire. So there's just a little clause there that I tell my clients; I don't read it word for word anymore. But, based upon your typical health profile, and current health status, rate each of the following symptoms according to the following point scale: do you suffer from or have a history of any of the following conditions and symptoms? So what I tell my clients is, I'm going to be going through a whole bunch of symptoms. I've got a scale of 1 to 4; 1 is milder occasional, 2 is moderate, happens more frequently, 3 is severe, happens all the time, 4 is severe, always present. Then I just reiterate back to them and just say, I have a scale of 1 to 4, if it's minor, it's a 1, if it's major, it's 4, and then everywhere in between. If you've never had it or don't have it, it's just a no, I tell them to let me know, just a no instead of zero. And then I just usually leave it blank if it's a zero, I won't actually fill in the zero. So that's the scale. And I also tell them that most of the time, I'll be able to figure out the number, but I might ask them what they think the value is. For a number 1, it's usually things that happen, this is my idea of the scale, maybe once a year, maybe a couple times a year, or that are pretty minor. 2 is maybe once a month, 3 is a couple times a month, and 4 is maybe like every week or every day, but it really would vary depending on the symptom.

12:40
And then you'll see on my questionnaire, I have three columns, column one, column two, column three, and that gives you a chance to evaluate certain symptoms over a period of time. So number one would be my first visit when I do that assessment. Number two might be a few months later when we reassess some of the symptoms and I want to know where the numbers at. For example, about halfway down the page is low energy, which a lot of people have. So during the first appointment, I'll put in that column, maybe it was a 4. And then I meet with them, four months later, and I say, Oh, how's your energy now? And they're like, oh, my gosh, it's almost like 100% again. So maybe then I'll put a 1, so you could see the progress. And it's cool, because you can actually show this to your client as a progress report. Sometimes when people go through the healing process, it happens so slow and gradual, which is a good thing, that they don't even notice that these things are changing. And then you go back and reevaluate some of the symptoms they might have had and you realize that oh, looks like you've had some really good improvement, your energies up, you don't have tingling in the arms or legs anymore, your blood sugar's controlled and you're moving in the right direction. And they say, oh, yeah, I do remember when we met the first time, I had all that. Good to know that that's improving.

14:15
So we get started on the symptomatology questionnaire, and I start at the top there. You'll notice that for the questionnaire, there are actually different sections that have been titled for you. The first one here, on page three, is cardiovascular and circulation. Then it goes into metabolic and endocrine and then it goes into connective tissue, autoimmune, etc., etc. A couple things we need to understand

here is that, one, a lot of these symptoms can fall under this category. So I mean, heart conditions, pretty much a no brainer, but something like low blood pressure may or may not really have to do directly with the cardiovascular system. So some of these things fall really nicely in that category, some of the symptoms have nothing to do with that heading at all. It's just really a guide. The other thing to understand when going through this questionnaire is that we're not just looking for a symptom and we get a number for that. A lot of these questions are triggers, they're triggers for something else that might be going on, or for a larger story. Say we start with the question, do you have a heart condition, or angina or stroke? And they say, oh, yeah, I had a stroke. You don't just put it number 4 and then move on, you say, Oh, when was that stroke? It was three years ago. How severe was that stroke? Oh, it was pretty minor. I didn't really lose any function. Have you had any strokes before? Nope. That was my first one. Have you taken any drugs? Since that stroke? Yeah, they put me on this drug and this drug and this drug? Have you taken any supplements? No, not really. So we really want to dive deep when someone does have one of these symptoms. We want to ask all the questions; how, what, where, why, when?

16:25
So I'm going to go through all these symptoms, speak a little about a bit on each one. You might want to make some notes directly on the page so you can sort of learn a little bit about the symptomatology as well or get a really good review. Starting with heart condition, we want to know if they've had it currently, or have had it in the past, what type it was, was it angina or stroke. We want to know about heart palpitations. So fluttering of the heart, racing heart, which is also known as tachycardia. I get a lot of people saying that they have heart palpitations related to anxiety. So a good example here of how, although it's under the cardiovascular section, although it's heart palpitations, so it actually has to do with the heart, it actually has nothing really to do with cardiovascular health. Anxiety is more related to something of the nervous system, of the mind and of the body.

17:24
Elevated cholesterol. So I want to know if they have it in the past or have had it currently. Usually, we have some blood work to accompany that if they do have high cholesterol. I want to know about low blood pressure. So again, low blood pressure can often be related to adrenal health. If the adrenals are shot or tired, low blood pressure can ensue. And usually my next question is, do you get dizzy if you stand up very quickly? The technical name for this is orthostatic hypotension. One of the things that help us to keep our blood pressure active, and to help us from not passing out when we go from a lying position to a standing up position are the adrenals, and our ability for our adrenals to pump out some stress hormones that raise blood pressure. We want to know if they have high blood pressure, hypertension. And I mean just looking at that word hypertension, people who are very uptight can have high blood pressure, high blood pressure can be due to peripheral resistance from clogged arteries. High

blood pressure can actually result from being nervous or going to the doctor. It's called white coat syndrome. So I also want to know if they have low blood pressure or high blood pressure, if they know the number. If they know the number, I'll also jot it down there as well. So typically, the normal blood pressures about 120 over 80. It could go higher from that or lower from that.

19:03
I want to know a bit about some history with rheumatic fever. So rheumatic fever is a condition that can affect the heart long term if it progresses, or hits the person really badly. I want to know if they have mitral valve prolapse, which of course would be related to the heart as well. Tingling in the arms or legs, which could be related to circulation. It could also be related to the nervous system. It can also be related to certain nutrients like vitamin B12. When people are deficient in B12, they can get tingling in the arms or legs and they can actually have permanent nerve damage if a B12 deficiency ensues for a long period of time. If someone does say they have tingling in the arms or legs, I like to ask, is it when you sit cross legged or putting your hand in a certain position, or is it just when you're like normal? And sometimes people say, oh, it's like when I sleep on an arm, which is probably pretty normal, or they say, oh, no, the tingling is always there. Tingling in the arms and legs also happens sometimes diabetic neuropathy is where the nerves are actually getting damaged in the peripheral tissues. Do their arms and legs often go to sleep? Similar connections there? Is there any chest pain or tightness? Again, this could be related to cardiovascular, or sometimes it's related to anxiety. Do they have weakness or low energy? Do they literally feel weak, like their muscles can't create the work that they want to? And we always want to ask the question why? So if they're weak, is it because they don't exercise? Is it because maybe they have chronic fatigue? Maybe they have multiple chemical sensitivity, and maybe they their mitochondria are not creating the ATP that they need, the energy that they need, because there are heavy metals involved, or they're not eating the right calories or the right nutrients? So we want to dig quite deep. Or do they have low energy? So maybe not so much associated with the actual muscle work, but like a full body energy? Are they always tired? Is it happening in the morning? Or is it happening in the afternoon? So if they're waking up, and they don't have energy, are they getting enough sleep? What's the quality of their sleep like? Are they able to pump out cortisol from their adrenal glands? Cortisol has a circadian rhythm, so it's really high in the morning, and then kind of tapers off throughout the day. Some people, their adrenals are so shot, they can't even get up that cortisol in the morning, so they're just always tired. Whereas, do they have the afternoon lull, which also might be adrenals, but a slightly different form of that where around two or three o'clock, they kind of crash. Also, on my questionnaire, when you see two different symptoms in one box, I'll circle the one that's applicable, so I know which one I'm actually putting a number for.

22:25
Now, typically, with a lot of conditions and diseases, usually people feel tired first. It's not that often where people have really high energy, they feel great, and

then that condition hits. It's usually they kind of like slowly wear down, and then they get a diagnosis. So low energy is pretty significant and pretty important. Also, when there's low energy, there's lower mood; people don't want to do as much, they don't want to exercise as much, for example, and exercise is actually one of the best antidepressants on the planet. So we want to ask them about their energy levels.

23:05
What are their circulation levels like? Do they get cold hands and feet? When I think about cold hands and feet, there are a number of things places I go. Firstly, the thyroid. So with hypothyroidism, low thyroid, people tend to have poor circulation, because the thyroid is the thermostat for the whole body, so the extremities have lower blood flow, they don't get the blood that they need. Also, when someone has cold hands and feet and poor circulation, if they're getting poor circulation to their periphery, they're probably also getting poor circulation to their brain, which is very important for preventing brain fog for concentration, for memory, and things like that, which we also have questions for later on, so we can start to connect some dots once we've completed this whole questionnaire.

23:57
Do they get edema or water retention? Remember, the kidneys are very important for balancing, our water balance our pH and our fluid balance as well in the body. Or maybe they're just eating too much salt, right? So we have to take all these things into account. Do they have leg and ankle swelling? Maybe with a female, they get water retention around their cycles, being related to possible aldosterone fluctuations or possibly eating the wrong foods. And finally, for that section, do they get ringing in the ears, also known as tinnitus, which sometimes might be due to closing up of certain blood vessels. There are other reasons to why people get tinnitus and sometimes it's just unknown why people get tinnitus.

24:52
The next section there is looking at metabolic and endocrine health. So firstly, we want to know straight up, do you have diabetes. If so, what type is it? So remembering that Type I and Type II are two completely different diseases, even though they have the same name. Type I is an autoimmune disease where we attack our own pancreas, destroy the beta cells, and can't produce insulin. Whereas Type II is not autoimmune in nature, its metabolic in nature. So it's usually due to people abusing their blood sugar levels so much, that their cells are getting bombarded so much by glucose and insulin that they close up the doors and they say, 'stop bothering me' and they become insulin resistant, and then people need higher amounts of insulin to get that sugar. Two very different conditions with the same name. So I'd circle which one it is if they have diabetes.

25:48
Hypoglycemia, so low blood sugar, or blood sugar fluctuations. Some people know that they feel this, some people have actually been diagnosed with the condition. And sometimes on my questionnaire, if they show all the symptoms for a certain condition, or a certain item, I'll fill it in myself. So if they say, Oh, I, I have these spikes and peaks and valleys of energy throughout the day, I eat lots of carbs, I get cravings for sugars, I get cravings for salt, I get high energy, and then I'm tired... things like this, I might just put a number in hypoglycemia, just so I know that probably is an issue.

26:34
Third down is metabolic syndrome, which is pre-diabetes, it's leading up to diabetes. Do they get any dizzy periods or blackouts? Remember, when we have low blood sugar, we can get a little bit dizzy. Some people can even block out if it's severe enough. Our brain weighs about 2% of our body weight, but is taking up about 20% of all circulating glucose, so it has high demands. When we have blood sugar fluctuations or not enough, we might get a little bit dizzy, and not be able to concentrate and some people can even block out in the most severe cases. Sudden weakness and shakiness. That's another thing that can happen when you are really low blood sugar, you can actually start shaking a little bit. Hunger after eating a meal. So some of the things I go to with that is, are you able to get the sugar, and the calories, whatever those might be coming from your food into the cell? And sometimes people might experience this where they're so hungry, and then they eat a meal, they feel full, but they maybe crave some sugar because they know that they really haven't got the calories into the cells yet. Also tells me a little bit about how they might be processing what they're eating. So someone says, yeah, if I have like some chicken and broccoli, I'm always hungry after eating that meal. But if I have like a bowl of oatmeal, I feel good. Well, they might have trouble, number one, digesting the chicken and the broccoli. And number two, they might have an issue with blood sugar control, because they're bringing in something that's very high in protein and very high in fat and as a much slower burning fuel. And they really need the energy fast, so they still feel hungry and they want the sugars to kind of spike their blood sugar. So gives us different parts, different pieces of information about their diet.

28:51
So turning on to page four of the questionnaire, still under metabolic and endocrine, do they experience hunger almost constantly? So again, a sign that, one, they might not be getting the calories into the cell efficiently and effectively. Also, if someone's experiencing hunger almost constantly, we want to look at the diet to see are they eating enough proteins and fats, which are a lot more satiating than carbohydrates.

29:26
Now, another thing to look out for constant hunger is, are you always hungry and you can't gain weight, and you're always eating? So that might be a sign of parasites, because when people get parasites, they can eat a ton of food, but just

never gain weight and actually lose weight because those parasites are feasting on their calories. Do they get irritable if they're late for a meal or they miss a meal? So again, a sign of poor blood sugar regulation. Cravings, I want to know if someone has cravings. And sometimes I prompt them, and I ask, is it sweets, alcohol, coffee, salty? Each one of these are going to tell me something slightly different. So, if someone's craving sweets all the time, it tells me, one, they probably eat a lot of sweets to begin with. Two, they might have trouble balancing their blood sugar. Whereas salty is more of like a post adrenal event. When we stimulate the adrenals, we can end up releasing higher levels of sodium in the urine, salt, and then we crave it a little bit after. So salty and sweet both tie into blood sugar control, and also adrenal health. Then I want to know if they crave alcohol. Are they using alcohol to change their mood, to change their consciousness? Are they addicted to coffee? Do they crave it? Do they need that artificial energy to help get things done? I want to know if they wake up at night feeling hungry. So when we go and have our last meal of the day, we should have enough calories in that meal and stored in the body to sustain us throughout the night and into the morning, so then we wake up in the morning, and we feel hungry for breakfast. When we wake up at night feeling hungry, it tells us that, one, the liver was probably not able to break down glycogen effectively to slowly give us a release of calories. Another thing is if we wake up at night hungry, our body is probably waking us up because it's in emergency mode. So that's the adrenals waking us up, because if there's not enough calories to sustain us throughout the night, that's an emergency situation in the body. The adrenals are responsible for getting into action when there's an emergency, and they increase adrenaline that wakes us up, and then we go and we eat something. So we're looking at adrenals, we're looking at liver, we're looking at various items here as a result of waking up at night, feeling hungry. We also want to consider what the person's eating the day before, which we can see in the diet diary.

32:23
Is this individual overweight and have trouble losing weight? It's one thing to be overweight and not try to lose weight, but it's another thing to be overweight and you're exercising, and you're eating a really great diet, and you're controlling your stress levels, you're getting enough sleep. Not able to lose that weight, then we want to look elsewhere and investigate maybe a little bit further. We know now that it's not just a matter of calories in calories out. There are a lot of other factors that play into it. So asking if they're overweight and having trouble losing, it can give us a little bit more insight. Weight loss; have they ever had rapid weight loss, is usually the question I ask or unexplained weight loss. And this can happen from all sorts of diseases. It can happen from a parasite. And then I go on to ask if they have frequently weight fluctuations? Are they yo-yoing? It's called yo-yo dieting where you do a crash diet, and then you gain your weight again, you do another diet, and then you gain your weight again, and you just kind of go on this rollercoaster. When you gain the weight back, it becomes a lot more difficult to lose it the next time. Yo-yo dieting leaves you way worse off at the end than if you didn't do it at all. Do they feel better when they

don't eat food? And again, some of these questions are just triggers. So sometimes people say yeah, my digestion kind of clears up when I don't eat. Or yeah, I don't really get a headache when I don't eat any food. Or yeah, I just don't like to think about it. All of these are going to give us different pieces of information. Do you ever have a poor appetite or are picky eater? It just tells us a little bit more information about why they might have a poor appetite or why they might be a picky eater. Have they ever been anorexic or bulimic? So I want to know a little bit about more about mental health here. If someone tells me that they were anorexic or bulimic, or are, I want to know if it was in the past, if it was resolved? Did they work with someone, like a therapist or a cognitive behavioral therapist to work through what was causing them to have that disordered eating, because remember, bulimia and anorexia have nothing to do really with food, it has more to do with the mental aspects, the psychological aspects around food, and food is just the item that they use to play around. If someone is currently anorexic or bulimic, I won't really work with them unless they're also working with a therapist, because I'm not trained in that type of activity. I can work with a therapist to deal with maybe some of the underlying biochemical factors involved in anorexia bulimia. For example, many people who are anorexic or bulimic have very low zinc levels, which is very important for brain health. It's very important for taste perception as well. I want to know about binge eating disorders if they've ever had them.

35:48
Hypothyroidism, so low thyroid or a slow functioning thyroid, or hyperthyroidism, which is a sped-up thyroid. Hypothyroidism is called Hashimoto's thyroiditis, if it's the autoimmune manifestation, and hyperthyroidism is called Grave's disease. People can actually flip flop between the two. If they start with hyperthyroid, they can actually go to hypothyroid; I've seen that a number of times. With some of these things, I also ask, like for hypothyroidism, if they say no, I say, well, have you ever been checked? Because I know that's a simple blood test that we can get checked and cover that base. And finally, in that section, chronic fatigue syndrome, and of course, that's a diagnosable disease.