

Welcome to lesson four, the Step Back Method. So as we are exploring clients, it begins to become very apparent that we have to put all of the information together that we gather on them. So when we have a new client sign up with us, automatically we send them forms. We send them health intake forms, symptom surveys. We're trying to get as much information about them as we can. One of the things that I've discovered along the way, especially early on, it was, all right, I have all this information, now what do I do with it? So years ago when I first started into practice I used the matrix from IFM and it's a form that on the surface appears easy to complete and yet I found it a little bit difficult because even though I put all of the information on there, it really didn't tell me anything.

It didn't take me further, it didn't help me implement with the data that I had a strategy for that client. And so I tried several different methods and finally landed on this one that works the best for me. Now I'm not saying don't use your mapping because mapping can figure quite heavily into completing this step back method form. But I wanna walk through it today. I want to give you the overview.

I want to show you what's in my head, what I think as I go through it, to see if this setback method or setback tracking form can be an advantage to using this in your practice. So I have started to complete this on a new client and I'm going to finish completing it here in the lesson. So let's start with what does this tracker form look like, my tracker template. So I have an area up here for general information where I put the client's name, date, sex, and typically a phone number. Below this, we have four main sections that move from left to right, and that is how we will move through this process. So we start with symptoms.

We move over to one foot individual markers. Now what does that mean, this one foot? It means that when we are looking at individual markers, we are very, very close, up close, face, just one foot away from the markers. So we are looking at them as individual markers on an individual basis. What does the marker mean? Is it high or low or slightly skewed from an optimal level? By taking into consideration these markers, we can then progress through to the five-foot patterns of markers. So if you can picture being up close, just one foot away from a set of markers, you're going to step back. And you're going to step back far enough the views, the images of the patterns start coming into place.

Now, if you are looking at a lab report, it might be two or three pages long, and you're looking through there, you're on page one and you glance at a marker or two, you go to page two, you're looking at a marker, but at that point, technically, you are not pulling patterns together. You're just trying to understand what is the marker, what does it mean, and is it high or low? Once we do that, we can take that 5 foot step back and start developing patterns based on what we see with the markers. From there, we want to go way back. We want to step back 30 feet.

So, we can get an impression that includes all of the data that we know. And any of the questions that we are asking the client and gathering new data along the way can have an impact on this impression. compression. This is why I like using the Step Back Method because it can move along with us so that we understand what might be happening. So with this new client, I want to scroll down and show you the next section. With this new client, we would include medications and supplements, any structural issues, if they are missing a gallbladder, if they have a hiatal hernia, anything like that. Any research that you might want to do for the client. And I include a list of assessment questions that I like just having right there in front of me because I can glance at them and it might strike me to ask them a question if I'm not thinking of it.

So looking at these, how is protein digestion? That's something I want to know. Is there any evidence of hypochondria, gastric inflammation, dehydration? Dehydration, you know, we're using the questions to start right at the beginning of the foundational health chart. Obviously, that's what we talk about all the time, using that. So we want to incorporate that same concept in our overview

and our understanding of what we're seeing on this tracking form. Is there any anemia? And if so, which nutrient is deficient?

Any liver, gallbladder dysfunction? So there are several things here that help us look specifically for clues within the blood work. There's also a little area at the bottom here for history and timeline where you can add anything that is specific to those two forms, you know, from their history or from their timeline, that may be associated or give you additional clues for what we see within the symptoms in the lab work. So let's start with this first symptom list here.

This new client gave me her top five considerations when it came to listing out complaints. Hair loss is a big one. And the reason that it's such a big one for her is because she's lost about three-quarters of her hair. So this isn't just a little hair falling out. This is a big deal, and she's terrified that it won't stop. She has significant gas and bloating with almost everything that she eats and the only way to avoid that is she has gone on a FODMAPS diet. She has not had SIBO testing so we don't know if that's truly what's happening right now. She lists heavy fatigue and she is tired when she wakes up and she's tired throughout the day. Her depression and anxiety is very strong.

It's very consistent through each day. And stiff muscles were also a part of her health picture, what she sees, and part of her complaints. So now we know the symptoms, but we really don't know anything about them. We don't know what connects them. So let's move on to the individual markers at the one-foot step-back stage. Now, I did not have a large amount of markers from her on a blood chemistry, but of the ones that I did, I listed the ones here that were significant to me and showed some skewing on the blood chemistry form. So, she was very low in alkaline phosphatase, very low in protein 6.3, and very low in globulin. She was at a 1.9.

Looking at her liver markers, she was less than 10 on her AST and ALT and I believe her ALT was down to a six. So we're talking about a very low range here. Low outside of even the lab range. Her MCV was listed as 97. Her iron level was pretty high. She is 37 years old. She does have cycles. And her iron was listed as 144.

Now unfortunately, we did not get the rest of the picture. Billow ribbon, that was elevated at 1.3. Now, keep in mind, we're looking at the individual markers. We're not trying to make connections right now. Although, if you have things going through your head, it's easy to pop over here and make a few notes. But I wanna keep sight of just looking at the markers, understanding what they mean, and how they will then apply. A very, very strong elevation in hemoglobin and hematocrit.

I believe hemoglobin was like 14.8 and hematocrit was close to 45. Now at the same time, she had a GI map stool test done. And there were a couple things that I saw on there of significance that I felt would match up. Very low Sig A. She was showing an incidence of Giardia and H. pylori. Her elastase one was low and her steatocrit was high. So let's go back through and just talk about these individual markers as they are. Now the alkaline phosphatase, we know that that is zinc dependent. It can also be magnesium The protein and the globulin gave us a little picture here.

And the reason that this happens to be an interesting little pattern is because typically when we look at hypochlorhydria or low stomach acid, we're also considering the fact that globulin would be high and protein would be low. In this particular case, both protein and globulin are low. So what could that potentially tell us? Well when we get over to the patterns of markers we're going to explore those too. Now looking at the AST and ALT, obviously being so low, this is indicating to us that there is low B6. MCV at 97 is extremely high. The functional reference range on that goes up to 89.9. So at 97 we know that there is some issue with B12 and or folate. And we know that one or both could be low, but we don't know why. And that's where we have to stop and analyze over here at the patterns to really understand this.

Iron is high at 144. And again, I don't have the rest of the iron picture, so I can't really speak to that, but I noted it on here because it did stand out to me. elevated in areas of very low nutrients, potentially even copper. Now, why would I think copper? I don't have it on her blood test, but I see depression and anxiety. And I know from speaking with the client through the consult and through session one, that there are a lot of emotional issues going on here.

So I can't discount that and hopefully a copper test will be in our future. Now Villarubin at 1.3 can mean several different things. I don't necessarily expect it to be associated with the liver, but it could be. personally thinking that it might be more about oxidative stress. If the iron level is high and acting in the capacity of an inflammation marker, then we might be seeing those two go hand in hand. I don't know yet, but again I just want to share my thoughts with you as I'm thinking them as I'm going through the markers. With the high hemoglobin and the high hematocrit, and they were extremely high, as I mentioned, I automatically go right to dehydration. Now, when we have dehydration in the body and we have less blood volume, we get in the draw what is called hemoconcentration. So we're going to see a higher level of hemoglobin and hematocrit due to the dehydration. That's an expected pattern. But the problem is that if she were hydrated, I want to see where they would be at that point. So if she were fully hydrated, dehydrated? Would they be low? Would they be telling us more about a nutrient deficiency, whether it's B6 or iron or B12? What else would we see? And we can't right now. So the only clue that we can take away from this exact picture is that dehydration exists.

Now the Sig A being low tells us there is an immune issue. The Elastase 1 being low also tells us that there is a lack of pancreatic enzymes. The Steatocrit being high tells us that bile is probably not coming out very much since there's fat in the stool. So when we look at these things, we can start to see a pattern of some very basic on that foundational health basics chart. Go right back there if you need to. taking place and their importance means that they are like the beginning of the cascade. They are the biggest challenge that we have right now. So let's start with the Giardia and the H. pylori. So Giardia, it loves vial, it eats vial, and it hangs out in the gallbladder. Now this client has her gallbladder and has a pretty substantial amount of Giardia showing. It's pretty high up in the body, so if we see it at a high level on the GI map, then we can assume that there is a lot many symptoms. But that's not my concern right now. Right now I want to understand what the next steps are with the client. So while I can make a list of Giardia symptoms, what I know about Giardia is it can slow bile.

H. pylori We know that H. pylori when it's overgrown, on that, that it will lower stomach acid. So when stomach acid goes low, we also expect to see thyroid hormone go low and bioproduction go low. Because these things all fit together and they have different needs and connections. Alright, so let's make a couple connections here. We're going to come over here to the five foot patterns of markers. And down in this area we're going to look at H. pylori, low elastase 1, elevated cyanocrit. This is a fairly common pattern that I see with or C-H pylori, we know that it can produce urease to reduce stomach acid and to keep it reduced. So when food or chyme dumps out of the stomach into the duodenum, it should be very acidic. And it needs to be acidic so that it can signal the pancreas to send out enzymes and to send a message to the gallbladder to send out bile.

With H. pylori we get low stomach acid. The chyme is very alkaline, considered to what it needs to be. And when it dumps into the duodenum, the signal to the pancreas and to the gallbladder are going to be very light, if any. So we would not expect to see high elastase 1 because we are not seeing an abundance of pancreatic enzymes come out because there is no signal because there is very low stomach acid. And the same with the steatocrine. Low stomach acid, no signal to the gallbladder, we see a lot of fat in the stool because there is no bile coming out. Or, pancreatic enzymes to break it down. So, we know this little pattern here tells us that there is low stomach acid. Now if we look at some of the markers from a nutritional standpoint, B12, folate, low B6, low zinc, low protein, we might consider that that also fits in with the picture of low stomach acid.

Now looking at the protein and the globulin, I mentioned that both are low and typically we would see globulin higher in a low stomach acid environment, but with a low globulin a heavier gastric inflammation. And what would cause that now? H. pylori. Would certainly cause that. So then it becomes less of a surprise to see the globulin in a depressed state instead of the normal pattern of it being elevated to show us a low stomach acid picture. We also note that globulin is part of the picture for the immune system. And on the stool test, we can't ignore the fact that there is H. pylori, so we're just going to add H. pylori here and then we look at the hemoglobin and hematocrit and we say there is dehydration.

Okay, so this is the pattern, the patterns in the markers that I'm seeing. It's from a blood chemistry test and a GI map stool test. Sometimes we'll have the benefit of more testing that we could add more markers in. But you can see that even with the limited amount of markers that I had, we're still able to basically get a picture of what's happening in the strongest positions to make things happen in the body. Now I recently wrote an article and it's posted in the network about water being the fourth macronutrient. Now, while that's a cool little fact, the one thing I want to say about this is there is a true circle of synergistic energy when we are talking about consuming food and consuming water.

And I wrote a little bit about it in this article, but I want to touch on it here because we can take in nutrients from food, but if we don't have enough water, it makes it almost impossible for them to get into the cell. We can have plenty of water, but if we don't have enough nutrients being absorbed, it makes it difficult for water to stay at the cell and then there is nothing to go in and out of the cell. So, having a lack of both of these is truly an issue. This is what I'm going to say in my opinion is one of the worst pictures to see low stomach acid. But having said that, you know as well as I do, that that's an extremely common picture. So when I say dehydration, that means that the water supply to the body, I mean they might be drinking a ton of water, but it is not low stomach acid, which also leads to low pancreatic enzymes and low bile. We need these things to completely finish digesting our food.

This is a black and white issue. So in this person, not only does she have low stomach acid, and we know the reason, but she's dehydrated. She is not breaking her food down, she is not absorbing nutrients, and we see that right here. And not only is she not absorbing nutrients, but her cells are dying of thirst. There's nothing there. There's no electrolytes hanging out there to keep and pull the water to the cell. So we have to believe and know for sure that this is where we start with the client. Now let's just pretend, just for the sake of the example, that this client had three autoimmune conditions and Lyme disease and heavy metals.

If she is dehydrated and if she cannot absorb nutrients, how could we possibly successfully work with any of those really high up challenges. How? I mean, she doesn't have any problem with her bowel movements. I'm not even certain that she has any issues with her detoxification system. I have to assume she does because of the low nutrients and dehydration. But I don't see it here.

There's nothing on the test that is just screaming that she can't detoxify anything. But regardless of what I can see or what I know or what I assume, the one thing I do know for sure is that this is the area that I want to support. So looking at this 30 foot setback, the impression I get on the whole biochemistry is a lack of nutrients, a lack of hydration, and we have to address the H. pylori and also the Giardia.

She has also expressed a lot of gas and bloating. I told you early on she's on FODMAPS, which helps her. She got away from it a little bit, her symptoms increased, so now she's back on it very strict. So what is the number one reason that SIBO keeps reoccurring? I mean, clients will get rid of it, they'll use every antimicrobial under the sun, sometimes even antibiotics. But why does it come back? Number one reason, low So why would I want to work on her SIBO? Until I can get her

stomach acid figured out.

I can't get her stomach acid figured out until she gets rid of the H. pylori. So therefore we still come right back to this little area. This is where we start. This is what we do. This is what we know. the first steps in this would be potentially using some form of nutrients that are going to be easily absorbed. They provide a ton of nutrients. We could also look at potentially adding in some liver caps. With the lack of hydration, we would consider sole water or separate electrolytes, you know from a particular formula like Seeking Health or Dr. Berg. I like Dr.

Berg because his product uses a lot of potassium. So this is where we start. This is the very, very small place we start. We'll use a couple supplements to help support knocking back some of the H. pylori. I'm going to hold off on the Giardia for now. The nutrients will include the nettle leaf tea infusion and the liver caps. For the lack of hydration, we'll include sole water and some electrolytes. And then we have to ask the most important question of all. What has changed? So we go into our second session completing this work. She is monitoring these changes as she's making them and she's starting off slow. And she's doing them staggered. On her fifth day, she will add in, and fifth day, I should say, in between sessions, she will add in the nettle leaf tea infusion and she'll start with one eight ounce cup a day for a couple days, and over those couple days, she'll increase it until she's drinking four of those a day and then she'll add in the liver caps.

Now you might think well this is going to take forever to get all of this in. I don't care how long it takes. We have to go slow. We have to be able to see what's happening with the client and if she starts everything at once and at full steam ahead and something goes wrong, we have no idea what it was. We also have to allow for her body to start taking these things in. And we can, as she's coming back to us, monitoring these things, we can start to see if they are being helpful or not.

And if they're not helpful, if she takes the nettle tea infusion and doesn't feel good, then we say, all right, start at two ounces a day, back it way down. There's nothing about the nettle tea that should bother her, but if she is taking in this tea and her body is being flooded by nutrients, then those nutrients are going to help make things work. And the body might not be comfortable with that. So not feeling good isn't always a bad thing, it could be a reaction to a good process. video. I would like you to practice just laying out whether it's old or new clients symptoms, a list of some of the individual markers that really stood out to you, looking at the markers and coming over here and putting some patterns down. On this pattern chart we could say potentially immune system, that's something that we might low bile, and then of course we've got dehydration and low stomach acid and the H. pylori.

So we see how all of this fits together. These things are all connected and there's not 50 different things that are connected. We could connect all those things. But why? Why would we do that when we are trying to discover the most important place to start with our client? I mean, isn't that the big question for everybody? Where do I start? If she is not absorbing nutrients from food, she cannot heal her body. If she does not have good fluid levels in her body, she cannot heal her body, and she cannot use her nutrients.

I can't think of a more important place to start if you want to support a body to heal. you want to support a body to heal.