

Welcome back to the Client Session Series. As we noted before, this series will walk you through the entire process of learning how to hire a client and how to set the structure of the sessions. This walkthrough will give you ideas of focus, client work, and investigative questions that will lead you to deeper discoveries about your client. Today we're going to focus on pre-session work and session one. So congratulations, you've signed up a new client and both of you have a good fit in this relationship. You both have acknowledged your expectations and commitment to the work.

Okay, so it's time to get started. Today we're going to use the form from the Step Back method, and we're going to show you how this works and how we can use it to learn the most we can about the client, and also give us an idea about what type of investigative questions we need to be asking. So since you have signed the client up, usually you're going to wait a week until you schedule that client for a session. During that week, you've also collected some really important data about the client. This data is going to include a symptom questionnaire, another intake form that might give you a complete health history on them, as well as a food and mood journal.

Now you may have already asked the client to also present to you any of the lab work that they may have done over the last two years. Everyone works differently. Now that that I just described is my structure, but you might find a different structure works better for you. Now, if you're using any type of mapping or a matrix form, depending on your prior schooling, this is the time to add it in and make that part of your paperwork so that you can also start making your connections at that level as well.

So using this form, the step-back method form, we want to start with the symptoms. Now in this particular client, this is client AR, and in client AR, we have really just a few symptoms, but if you'll notice, they're very severe. So we have hair loss at a 4, severe gas and bloating at a 4, fatigue at a 4, depression and anxiety at a 4, diarrhea at a 3, and vaginal infections at a 2. There were just a couple more symptoms at a 1, and when I initially consulted with the They were very minimal, meaning that they rarely happened once or twice a month at the most.

So, we were both a little unsure if we should include them. Taking the symptoms that we do have though, I want you to understand that for this client, she has some goals in her life. And one of her goals is to become pregnant within the next six months. Now, she is very well aware that her health needs to be in a stable place before she attempts to do that. I'm really proud of her and her dedication for working on her health and trying to really figure out what's happening with her and her body. So that is our goal. to a place of balance where she's also in a position health-wise to consider becoming pregnant. Starting with these symptoms, they tell us quite a lot, don't they?

Hair loss. This is significant enough to be noted as a 4 by the client, and she also says that she's lost about three-quarters of her total head hair over the last year. So this is becoming more than just some shedding. This is actually affecting how she feels and how she looks. That may have something to do with the depression and the anxiety. Now when we think about severe gas and bloating, we have to consider exactly what the client is eating. That's where we start. So there are many things that she has reduced from her diet.

As a matter of fact, she is on a low FODMAPS diet. Now this low FODMAPS diet limits foods that have been shown to aggravate the gut and cause bloating and gas and pain. So she has done all that she can to remove these foods and she feels better when she does. So, that gives us some definite clues there that we're going to explore. And looking at the fatigue and going over some of the markers on her lab work, I see And I suspect that that's probably what's happening there. Now when we look at the diarrhea, plus we're talking about the severe gas and bloating, one of the first things that you might think would be SIBO.

Instead of putting a label on it, I'm just leaving these symptoms to be what they are and to tell me what I need to know. So no labels here today. As far as the vaginal infection, it does come and go. It

is not overly bothersome, but I have to consider that there's something imbalanced there, and probably along with her gut, some imbalance of bacterial flora. So we'll explore all of that. Now, many symptoms can overlap with many different conditions.

You know, think of all the dysfunctions in the body that can include brain fog or headaches, for example. So we do not know why these particular symptoms exist yet, but let's work our way towards a deeper understanding by the connections and what the labs may indicate along with what we already know about the client. Now during our initial consult, she gave me some information that I just want to share with you very quickly. It was a small thing that she said, but I took it to heart. And what she sent to me was, you know, I've been working with a lot of different practitioners and I'm really hoping to find someone who can streamline all my issues and help with treatment including possibly diet without feeling rushed!

So I took this into consideration and I felt like we needed to talk a little bit more about this. I wanted to understand why she may have felt rushed in the past. What was behind that? What were her thoughts? And she shared with me that she felt like she did not have a lot of time given to her by the practitioners. In other words, they basically either wrote her a prescription or they gave her 10 supplements to take and said, you know, we'll talk to you in a few months and then see how that worked out. She was not feeling that there was a connection for her with these practitioners and she didn't feel because of this loss of connection that they understood exactly what might be happening in her body. It really felt like they were just throwing things against the wall to see what would stick and what might work for her.

You'll also notice that she sent to me this in the message as well, I've been struggling with ongoing gut problems for a while and a recent test revealed that my hormones are all out of whack. But my biggest concern is thinning hair, constant hair fall, noticeable since the fall of 2020, so we're looking at a two-year time period where she has suffered. And she also, during our consult, did explain that her gut issues had actually started before then. So, this is a woman who is living her life day to day, trying to discover what might be happening with her health and why she keeps having these types of symptoms that make it very difficult for her with her job. So one of the first things that I did upon receiving all of the information from her was I went through the intakes, I went through her symptom list, and I posted her symptom list here.

I also went through some of her lab work and you'll notice underneath the video that we have uploaded the redacted version of that lab work so that you can take a look at it. I do want to note though that this is not the original lab work. This is the lab work that was completed by her doctor. So there are notes in there that may not make sense or that you might not understand or agree with. My biggest concern was getting the levels and understanding where she was at within a functional range. So let's go ahead and put the markers in here so that you can see each one. And we're going to start our step back method. Now one of the things that we're also going to cover today is learning how to ask additional questions. So these questions have a lot to do with how do we understand these labs?

Because at this point in time, I've only had a consult with her. I know some of her health concerns, but I am just looking at some intake forms and some markers from a blood chemistry test. I don't really know much about her as a person or much about how she ended up where she's at. So I'm using some of this information today to develop more questions that I want to understand about her. Looking at these levels, I can see that some have shifted one way or another, and we're you be going through some of this to better understand how these levels may have gotten to the place that they're at.

What we also want to understand is if we are asking all the right questions, especially if there is any data missing. When clients fill out our forms, they're telling us right then what they're thinking of. But

if we are asking questions of them, we can many times inspire them to remember things, to add to the data, to add to the story and their history, so that we know as much about them as possible. Now, on the template that I've included here underneath the video for this case tracker form, you'll also notice that there are some questions in there. Let me go ahead and get those included right now. We want to look at what elements are outside of the normal reference range. And I use the functional ranges for optimal ranges. And you'll also notice that you have a copy of the blood tracking form that does include all of the reference ranges that I use. Now you may find that those reference ranges are different than what you use. It's very easy to just change those numbers out to the ones that you use. Now I'm looking for, is there any evidence of dehydration that could alter the interpretation? I'm going to talk about that a little bit further when we go through these individual markers. Is there any evidence of hypochlorhydria in the blood test or gastric inflammation? Those are things that we want to look for and then be able to question the client about. How is the protein digestion? Is there any sign of anemia or of a low B12, low copper, low B6.

And if we see that, can we identify that? Is there any liver or gallbladder dysfunction showing up on the test? And if so, where do we see it? Because this is where we wanna come back and question the client a little deeper. How is their weight? What are they eating? Do they feel any discomfort in the liver area when they are eating fats or in the gallbladder area when they are eating fats? How is this patient or client regulating their sugar levels? Any sign of metabolic syndrome. So we would want to look at this test from the perspective of cholesterol levels, but we would also want to investigate glucose. We would want to talk to them about their blood pressure and understand what else might be going on in the endocrine system. How is their adrenal health? Where would we Internal or external stressors. We want to discuss this fully with the client.

They've also filled out a timeline which I've included in this series as a template for you. But on the timeline, do they list trauma? This is important to understand because they could be stuck in a really bad pattern and maybe it's going to take more than just a supplement to help them get out of that. How is the fat metabolism in this patient or client? Well, that's a good question, and sometimes if we're using the GI map, which we did in this case, we'll be able to see what that test is telling us. any signs of oxidative stress, any kidney dysfunction, immune insufficiency. We would look through our blood markers to be able to see if there's anything that can guide us in that direction or talk to the client and see what their thoughts are on that as well. They are the ones that really hold the truth about what's happening with them. So we have to make them the focus of every single part of our investigation.

Mitochondrial dysfunction signs and genetics. We'll talk about those as we continue through our sessions and see how they might be related. So for now I'm going to remove these questions, but they are located on the template that I used for the Step-Back method. Okay, now coming back to our markers, we want to talk about some of these markers in a little bit deeper way so that we can have an understanding of how they might look with the symptoms and might add something to the picture when we are developing these patterns, where we step back from the individual markers and we start viewing these patterns or these markers as bigger patterns. So sodium and potassium, while they are certainly within an optimal range for a reference range, functional reference range. Based on my own experience, I know that these are slightly high.

Now, potassium is OK. Sodium is just a touch higher than I normally see it. So my first suspicion could be that there's some dehydration. Now, this is certainly not enough to tell me that. So what else do I want to look at? I want to look at hemoglobin and hematocrit. Now, from a functional reference range standpoint, this hemoglobin level is quite increased, and the hematocrit is towards the higher end as well. So taking this into consideration, looking at her sodium level, I might suspect that there was a little dehydration happening. Now we do have very high iron and her past ferritin levels, although there was not one on this test, have been around 40. So we know that's on the lower end. It's not completely wiped out, but it's still quite a change in what we normally see, and we

don't normally see iron that high either. Now the saturation rate is also pretty high. We normally see this between 25 and 35 and hers is at 62%. So coming back to our original discussion, I may suspect that there's some dehydration going on. So under my 5-foot pattern, that's all I want to put in here, some dehydration consideration.

Now, we take a look at the alkaline phosphatase, the ALP, and we see that that's reduced below 70. So that could be an indication that there is low zinc, potentially even low magnesium. The next marker that strikes me as low is the globulin. Now, globulin and albumin added together is going to equal our protein. And we can see that the globulin itself is mathematically bringing down the protein level. Albumin is in a fairly decent spot. So my consideration there with the lower globulin is some type of gastric inflammation. So my other concern is the fact that I'm not certain yet if she has low stomach acid, but this is definitely what I would consider an immune problem right here. So let's go with gastric inflammation. It's a concern that I am just putting down. I can put anything down. I can change it later. But this is what we want to use to start pulling these things together and understanding more about who the client is.

Now, one of the biggest concerns that I have is when I see liver markers in the very low, below 10 range, and in this case the AST is 9 and the ALT is 7. Now, this gives me a strong concern that B6 is an issue, that it's very low, not to mention the fact that protein is low. And to add to that pattern, we see an MCV of 96. Now the MCV, the mean corpuscular volume, is generally in an optimal reference range between 84 and 88. When we see this at 96, we initially would think that it's going to be a deficiency of a nutrient, such as B12 or folate. And that's the assumption that I will use. But what can we say, what kind of five foot pattern can we say exists when we see low protein level, a lowish bun, very low AST and ALT, and a high MCV. We might also include the fact that ferritin is very low.

My concern is nutrient deficiency. So when I consider nutrient deficiency, that's going to shine a spotlight on how well digestion and absorption is working. So let's scroll on down. I did put a note here that all the white blood cells and her WBCs were all within an optimal range. There was really nothing to see there at that picture, but you can take a look for yourself. Now the client did have a GI map, so Giardia and H. pylori are present on the GI map, and you can see that the redacted form of this GI map is attached. We also could see that steatocrit was innate. Now the top of the range is 15, but I don't normally expect to see a steatocrit level, especially when I know that the client has not been eating a ton of fat. Her elastase level was lowish at 345. I'm cheering when I see an elastase around 550 or above. Her secretory IgA, this is that very, very thin one cell layer of protection that lives on every mucosal layer in our body.

It was very low at a 513. Now, the question I always have about the secretory IgA or the SigA is we see it low or we might even see it high, but the question becomes was it headed down or is it headed up? Now, it will fluctuate. It will cease all with cortisol. But at 513, is it still heading down? Because I've seen many Sege's at 150, 160, 10 I think was the lowest I've ever seen. Or was the Sege already low, but now is heading back up into a better reference range, because we would typically expect to see this just in an optimal way where it's not overexpressing, around 13 to 1400. So now let's go back hair loss, fatigue, gas and bloating, depression and anxiety. Do you remember when we mentioned the questions that we would want to not only ask the client, but we ask ourselves as we're going through these individual markers?

And one of those was mitochondrial dysfunction. What's happening at the cell. Now, we don't have to be a biochemist to truly see some of these connections that happen when we're looking at cellular dysfunction. We know that with a steatocrit of 8 and an elastase 1 of 345, it's very possible and and probable, I would go so far to say, that we have very low stomach acid. So low stomach acid, when we think about chyme in the stomach, dumping out into the duodenum, but not acidic enough to send a signal for bile and pancreatic enzymes, might leave us in this position. Now if that's the case,

then food is not being properly digested. I questioned whether or not there was low stomach acid in her lab picture, because I had the labs before I had the GI map.

And sure enough, *H. pylori* is not high, and there are no virulence factors, but it's present along with *Giardia*. This could well explain some things that are going on in her gut. Now we know the connections that can be made all over the place, but let's just step back and say, all right, what do these patterns tell us? What can we gather about the client and where can we start? So we know that low stomach acid is really a part of the picture and we're going to talk to the client about that and see how that resonates with them. Now, this is the work that I would normally do as pre-session work with a brand new client.

Now, let's move on to session one. And we're just going to continue recording and go through exactly what the client and I discussed, what I learned about her, and how what she told me supported these five-foot patterns of markers that I'm seeing, and how we were able to relate this to an impression on her whole body. So it's time for our session and I am joined by my client AR. She is very well versed in all of her lab markers because her doctor took the time to go through them and explain some of what they meant and some of the concerns. I did the same so that she would understand what the individual markers mean and I sent her resources to explore these individual markers more. Why?

Because I'm trying to educate her so that she understands that when she gets blood tests in the future that she'll be able to identify things that are on there and understand exactly what they mean. This is the whole reason why we educate our clients. We are teaching them to learn to heal. We're not doing the healing ourselves. So in order to do that, they must understand some of the very basic markers. Sodium and potassium, for example. Many clients think that that's all based on what they're eating. And yet, in most cases, these two markers being tightly regulated by aldosterone within the adrenal glands tell us more about water regulation and electrolyte regulation and much less about whether they were eating too much salt or not enough salt.

So when we see very low sodium levels, don't necessarily think that that is because they're eating a very low salt diet. Things like protein and liver markers. These markers are very easy for clients to understand, especially when you provide resources outside of yourself, for example, from a lab, that explain exactly what these markers are, what they do, and why we want to look at them. You're also providing optimal reference ranges, functional reference ranges, to the client, and for them to have an understanding of why we make the assumptions that we do, like specifically for MCV, why we would think that it would be related to low nutrients.

So in meeting with the client, we had a very nice discussion and this is where we started. And we went over her symptoms, just to confirm that these are her symptoms and that these are as extreme as she noted on the form. And that is one thing that I encourage all of you to do is to go back over the symptoms with your client and find out how bad is it really. Because if a client is in a hurry when they're filling these forms out or they're just trying to fit it in. They may not be reflecting exactly how they feel about it, but when you sit down at session one, this is your opportunity to have all of their attention and to really understand what these symptoms mean to them, what it means to their life and how these symptoms are affecting their life.

What does it prevent them from doing? So these are all things that we want to investigate and thoroughly understand. So that's what I did with the client and she confirmed all of this is correct. We also went through some of these individual markers so I could explain a little bit more about them. And I did that so that I could also show her the reasoning behind some of the five-foot patterns of markers that I started to see. We talked a little bit about her GI map, and I explained to her a little bit about *H. pylori* and where it lives and some of its characteristics. We talked a little bit about *Giardia* and we certainly went in-depth about steatocrit, elastase, and SIG A levels. When we finished

discussing this, the client had a much better idea of what these test results meant for her. She could also understand how I came to some of these conclusions.

Dehydration. Again, we're looking at the hemoglobin and hematocrit, but we're also considering the sodium level and the fact that when I asked her about salting her food, she didn't seem to use much sodium and she's not eating a lot of vegetables that are going to provide a lot of sodium and or nutrients to her. Her biggest goal is to not eat any food that makes her feel bad. So staying away from a lot of the vegetables is all she can do for right now. Now we talked about the fact that one marker doesn't tell us any definite anything about what's going on in her system. But when we take into account the fact that she has severe gas and bloating, she has vaginal infections, and all of these symptoms really tie in together, especially with the diarrhea, for being some infection or some inflammation within the gut.

Now this is what we know for sure because they are her symptoms. This is her story. The globulin level relates to that and the lowish bun relates to that as well, along with the low protein. So the client does not overeat on protein, but she does eat protein at least one meal per day, and we're just not seeing that reflected here, especially in some of these low nutrient levels that we can assign to these liver markers and to the MCV. That goes along with the nutrient deficiency and that made perfect sense to her to be able to connect why I might think that she was neither digesting nor absorbing well.

And of course, we're looking at low stomach acid. Number one, she has H. pylori and number two, her elastase 1 is below 500. Also two, that's not good enough for me. We don't want to just say, well, a test told me that you have low stomach acid. We want to talk to the client about this. How well do you feel when you eat food? How do certain foods make your stomach feel? So one of the things that I ask my clients to complete is a food and mood journal. This allows them to reflect on how food does make them feel. Now most people, myself included, are less than mindful. And when we have busy lives, we have a tendency to just push through and not really pay attention to how we feel. We don't have time for that. So taking the time to become mindful about how food makes us feel after we eat tells the person a lot of information have not noticed before.

And I have many, many clients that are so surprised and come back to me on session two to say, wow, I cannot believe that I'm noticing how food makes me feel, whether it's a lack of energy or brain fog or just stomach rumbling. It could be something that would appear very small, but all of a sudden, the reality of having that symptom is affecting them and they're noticing. Now, this client in particular felt like low stomach acid was a problem. She did notice, because of our discussion and because of the additional questions that I asked her, she did notice that she would get full before she could finish a meal.

Now for a long time, she had thought that she had some type of imbalance with her glucose and that maybe she had hypoglycemia because she had read that people with hypoglycemia eat five, six, seven little meals a day. And that's what she did. What she didn't understand, though, and didn't put it together until our discussion, was that she was getting full too soon to finish the meal, and then she'd go a couple hours and she was hungry. So this all began to make sense to her. So, these four five-foot patterns of markers, dehydration, gastric inflammation, nutrient deficiency, low stomach acid, you see the connections with all of these.

And we also see the connections from a cellular level. Now, what does the cell need to function? It needs to be hydrated. It needs nutrients to move in and out. And it needs a flexible membrane for all of that to happen. absorption and a lack of elastase 1, that could tell us something about the cell membrane and how it may not be as flexible as it needs to be. Dehydration can certainly tell us that the cell itself may not be functioning correctly and allowing nutrients in and out. Sometimes this is a chicken or an egg situation.

Did the dehydration prevent nutrients from coming in, or did a lack of nutrients in the diet from low digestion and absorption affect the hydration of the cell? And what do both of those have to do with the cell membrane? We do not need to know that exact answer. What we need to know is what on a basic level could be going on with this client and here are the first four things that we've been able to identify. Now is this everything? No. No. But this is where we start and this is all we need to know. Now I want to come back to the discussion about not using lab tests. So we do find ourselves in a position sometimes where we do not have any lab markers and we have to make some choices about what we think could be going on with the client.

Now these areas that I've outlined are very basic areas. Low stomach acid leads to nutrient deficiency. If we have any type of fatigue, we have to consider a nutrient deficiency, meaning a dysfunction at the cell, not getting enough nutrients to create energy for the body. And we also have to consider very strongly their hydration status. If we look at these these two things nutrients and hydration and we already understand you know based on the discussion that we had that they don't feel like their digestion is really where it needs to be then these are the three places that we can start even without any lab markers at all. So continuing my conversation with the client, I made some suggestions regarding the H. pylori, the possibility of SIBO, and I brought that up actually because she had mentioned it during our consult.

And we discussed the fact that it is a label for symptoms and we really want to understand more about what's happening in her gut. We have to take these steps first so that we can understand what our next steps are. So for our session one, we discussed working on reducing the H. pylori even further and supporting stomach acid to properly digest food and absorb nutrients. We're certainly working on hydration. My suggestions for all of these things started with some supplements for H. pylori. And everyone has a certain way that they address that.

I use Brocco Max and Mastic Gum. And she was only going to take a few caps a day for about a month. Hydration was to start immediately using sole water and electrolyte powder. For the gut, after a couple weeks of working on hydration and using the BroccaMax, she's going to bring in the Megasporebiotic from Microbiome Labs, and this is only to support the initial stages of gut balance. Now we'll determine what the next steps for the gut are at the next session, and based on everything that the client tells me has happened from session 1 to session 2. This is why I like clients to do check-ins along the way and as it turns out that's exactly what this client did. She was able to check in about every 10 days so there were three check-ins that I had information on before our session 2. As far as nutrient levels, with a nutrient deficiency and dehydration, and knowing that the nutrient deficiency patterns were pretty strong here, I recommended an infusion of nettle leaf.

she was going to use that to get some nutrients in, but also I have no idea about her hormones. And I know that from an androgen standpoint, because I had asked her, you know, do you have oily skin? Do you have oily hair? Do you have acne? And she could touch a little bit on each one of those, so I felt like even with the hair loss, there was something going on hormonally. But I knew that nettle leaf would certainly support the nutrients and might even lower DHEA just a little bit. I mean, it's not anything strong, but I felt like it would do several things at one time and being something easy to take and food-based. So her program was set up to include Solely Water, Megaspore, BroccoMax, Mastic Gum and HCL on the third week because we wanted to get some stomach acid going, and also the nettle tea infusion.

So that ended our session one. The client was completely comfortable with adding these So, the next step in getting to session 2, that's going to incorporate utilizing the notes from the client, and that will help me determine what we're going to discuss at the next session. So I want to understand at the next session how each one of these things may have improved. What changed with her symptoms? How was she feeling? What did she notice? And all of this is key to getting to the next

session. Because what is the next session? The next session is truly always, I don't care what session number it is, the next session is always about the client and what they can tell you has changed for them, good or bad.

So let's move on to session 2 and find out what happened. How did the client make out? Did she do okay on her supplements? Did she do okay on the nettle leaf tea? What changes did she experience? And was she able to add in any new foods? All right, we'll pick back up at session two.

Transcribed with Cockatoo