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Okay, so I want to welcome you to part two of Emma's Step Back form. And where we left off was going through the lab work and the symptoms and determining things that we absolutely know for sure that we can see in some of the clues that we're getting from the lab work. Now your homework at that point was to, on your own, open this form up, continue going through the lab work and the symptoms, and continue a list of things that may be still missing, that were not included. So today we're going to continue that list, and let's see how you did.

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So looking at the lab work, we've already established that there is a glucose imbalance of some type. We don't know why, we just know that it's there because we see this in the lab work. We also understand that there is low B6, dehydration, iron deficiency, and a B12 folate deficiency as well. So continuing on, we will touch on uric acid here because it is at the very low end of

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the range and that can also mean that other minerals are low or even potentially it could mean that copper is high in a toxic way. Could also mean copper is deficient, but this is not something that we know for sure. So therefore we can't include it on this list of what we absolutely know. What I would tell you though, is this is something to keep an eye on. It's something to be aware of.

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It just won't go on this particular list. Now we've looked at bun, bun is very low. And in a dehydrated state, it might even be a little bit lower than what we see here. So I would automatically think that there was a problem with protein. And so that's going to be something that because of how low it is, I'm going to put on the list. So we don't know if they are eating enough protein, and if they are, why are they not breaking it down and absorbing? Now, sodium and potassium, this is also another really good clue when it comes to stress.

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The hormone aldosterone is in control of sodium and potassium. So in other words, it's trying to regulate fluid levels in the body. When we see sodium that is this low, we might suspect that the sodium is being excreted out of the body, obviously more so than the potassium. And this would lead us to believe that there is lower aldosterone, but we also know that

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aldosterone is made in the adrenal glands. And so this could then lead us to suspect some stress is in play here. Now, is it an external perceived stress? Is it an internal stressor? We don't know. But this is pretty solid in telling us that stress is in this picture. It is something that we need to address. So I'm going to put it on the list because that's pretty solid. Okay, continuing

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on down through here, we also see albumin is high and that leads us to, you know, believe and support that dehydration picture.

0:04:02 Billerubin is on the lower side.

0:04:04 Point two is the bottom of the functional range.

0:04:06 It's at a point three,

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so I might suspect some oxidative stress happening, but I'm not gonna put it on the list because I don't know that for sure. Okay, and Just looking to see if there was anything else here. So these are the two things that I am adding to this list of what do we know. And also too, this chloride level, almost forgot about that one. So seeing chloride that low would make us think of low stomach acid.

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And when we see all of these deficiencies, then again, I'm suspecting that there is a problem with digestion. So low stomach acid goes on our list. I'm convinced that that's an issue. and the chloride backs me up on that. Okay, now let's say for instance, that we don't have any labs to look at. How would we come up with this list of what we know,

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what we are sure is true? All right, let's try it out. We have a list of symptoms. So when we think of these symptoms, what would be one of the very first things that we would think about? Well, let me direct you back to the foundation of health chart. And we would think of diet, right? So if we have not had our first session yet, we're looking through intakes and labs and trying to see where we are going to go with Emma, then this is going to be one of the questions that we ask Emma. We're going to find out about her diet.

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Does she eat protein? How much does she eat? How is her digestion? Hopefully on some of the intakes, she's answered a few of these questions, but it may not be enough. You may need to go deeper and become more insightful to discover the things that Emma is going through right now

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with her case and understand her history and really understand her story. So if you were looking at this list, even though there are many things on the list and probably more in her additional forms, what I want you to consider is diet. Where does diet fit into any of these symptoms? Well, it could affect all of these, right? What she's eating, is she eating a clean diet? Is she eating a standard American diet, what's the truth here? So understanding that is a first step. And when we go back to the foundational health chart, we also see hydration.

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And that's going to be a question that we ask. So what are some of the symptoms that a person could get if they were dehydrated? They could get headaches. They could get nausea. They could get constipation. They could have pain in muscles and joints. They'd be stiff. They could get brain fog.

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So all of these things, and this is working without any labs, all of these things are possible. So if she is dehydrated, she may have these symptoms. If she works on hydration, some of those symptoms may go away. This is all you're looking for, that's it. So if you suggest to her over here on the basic steps, okay, how about practicing better hydration?

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You're asking her to do this, you're explaining why, because it may be related to some of these symptoms. And she says, okay, I'm going to try and hydrate better, going to add some salt in or some electrolytes. And then let's see what happens. Okay, so this becomes Emma's job. This is Emma's role as a partner. job to explain to you or to communicate to you how this has changed, if in any way.

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We're not going into this request to Emma. We're not going into her increasing hydration expecting a positive outcome. We are going into this to get a clue, to find out if dehydration is responsible for any of these symptoms. This is truly the functional wellness process. This is it. I need you to consider this, to think about it. It sounds very simplistic.

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This is how we work though. So going back to the things that we know for sure, we won't necessarily be able to put dehydration on here because we don't know for sure. So it does change the aspect of filling out this list. I mean, the symptoms, that's something that we know for sure, right? We know that they exist because Emma tells us that she is having these symptoms, but we don't necessarily know why.

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So we're now not working off of a list of things we know. We're working off of a step-by-step process, diet, hydration, digestion, elimination, movement, and stress regulation. And by working through each one of those, you have a way to discover exactly what's happening here. And you and Emma are going to discover it together. So even though you might not have a list of things

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that we know for sure, or things that are true, you have a step-by-step method to work with Emma through everything. Have you thought about that before? You know, if we don't have diet and hydration in place, then it's going to affect everything else. If we don't have proper digestion in place, it's going to affect everything, digestion, and assimilation, and elimination, these are the first big four. Now, we need movement and stress regulation, but without these first four nailed down and in place. It is going to be difficult to get to anything else. So, having said that,

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if you are working without labs, then you are working on a list of symptoms that we know for sure. And as you make changes for your client, as they work through these changes. They are communicating back to you any changes that they're experiencing while going through this process. So if you have your first session with your client and you talk about diet, you know the client is still eating dairy and gluten, then you actually, and the client doesn't either, you do not know if dairy and gluten are responsible for creating one of these symptoms. Therefore, the client must stop using dairy and gluten for a month so you both can know. And this is a situation where you are explaining this to your client.

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You're saying, look, we know that dairy and gluten can be very disruptive to the gut. It can be irritating. Dairy and gluten sensitivities can cause different symptoms in different people. I don't know which, if any, of these symptoms could be caused by your dairy and gluten intake, Emma.

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So we need to find out,

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would you like to experiment with this and find out? And stop eating dairy and gluten for a month. And during that time, we're gonna see if any of the symptoms resolved. Generally, a client will want to know, the client who has signed up with you to be more empowered over their health, they want to know. They're all about doing the experiment.

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So this is not you telling a client, hey, you have to stop dairy and gluten. This is you working with the client to share in this partnership the clues that you both can get from them participating in this part

of the process. So the next part is, and you have to do this one step at a time, you can't do this all at one time or we don't know anything and the client doesn't learn anything.

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So within the first two weeks, your client should notice something and if they don't, then they may not have a sensitivity to the dairy and gluten that they're eating, and it could be very minimal. This is also where we want to, after the first two weeks, work on hydration. If you get the impression that your client might need support there. We make that determination by the questions

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that we're asking and how they respond to us. So in this case, you might feel that Emma needs some support there, and you explain to her why we would want to try it. Because you know that headaches are definitely a part of that picture. So Emma might try supplementing with electrolytes and maybe some salt or sodium. And after a couple days, she realizes that she doesn't get her headaches anymore. This is up to the client to learn this. You're not telling them, hey, if you hydrate, your headaches will go away. Because we don't know that. That's not a truth for us at this point.

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It's what the client understands if she does not hydrate, her body will tell her that she needs to be hydrated. And unfortunately, it will show up in the form of a headache. Now, going back to using the labs, we have our list here of things that we do know that have been expressed through the labs in such a way that we are sure of what we're seeing. So how do we gently start moving forward with the client

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and be supportive of what the body is already trying to do for healing? Okay, well, whether you have labs or you don't have labs, the way that I just described to you moving forward with removing irritants to the gut first or if they're eating a very clean diet you might want to start on hydration. And with Emma we are going to start on supporting hydration. And then we're going to understand after about a week, how has that helped her? All right, so I'm gonna put on here supporting hydration

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and get feedback from Emma after one week. And we're gonna let Emma know that that's what we want. So she has a clear expectation of each step in this process. So we're gonna say, Emma, like you to utilize a pinch of salt in all your drinks, maybe one scoop of electrolytes per day, and let's see how you feel after one week. Have you noticed any changes? She has to explain to us if this has changed anything for her so we understand the clues. Now, if Emma was okay, she was not dehydrated, then Emma probably won't notice any difference.

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And that's okay too, that is still a clue. That means that Emma took a step to do something that would have brought her into a healing environment, and maybe she's already there when it comes to hydration. All right, so another step in this, because a lot of coaches want to just jump in and plug all the holes with all the nutrient deficiencies. That's not what we're trying to do.

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We're trying to figure out why they're low. And with this protein absorption issue, stress and low stomach acid, that might be the first

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So we come back to the foundation of health slide. We worked on diet and hydration and now we're looking at digestion. So the first question that you know is really going to be supportive to us to help support the client is do they have sufficient stomach acid? Well with stomach acid and based on how many people actually do have H. pylori present, we have to know, is it just a case of low stomach acid or is H. pylori really there? And while we'll be talking about this as we go through Emma's case, one of the things that Emma could try just to begin with and meal. How many capsules can she take per meal? Understanding how many capsules Emma can take

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per meal will help you understand if she has low stomach acid or not. And if Emma comes back after three days and she says, okay, I got up to five capsules and I didn't go any higher, but I still did not have any heartburn or any warmth in my stomach. All right, well, there's your clue. Your clue is that Emma does have a certain degree of low stomach acid or hypochlorhydria She will need support in that area, but does she have H. pylori or not? And that's the big question. And as we continue on with Emma's case, we're going to get a little bit deeper into that, one thing at a time.

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Don't want to be overwhelming or confusing. And you can also compare your own thoughts as you finish this out on your own. Now, what do you think about what you learned today? It's important to question this

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because this is where the questions

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are freshest in your mind. So if you have questions about this or if you did not completely understand one of the concepts that we discussed. This is what I want you to bring to the live classroom when you do attend. Okay, now we're going to get ready and have a session with Emma so that we can when you do attend. Okay, now we're going to get ready and have a session with Emma so that we can talk about these two things and you're going to hear how I talk to Emma as a client based on

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