

# Managing Complex Client Cases

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# Introduction and acknowledgments

- Thank you to the NTA for inviting me to speak
- Thank you to our tribe as a whole for all the helpful exchanges we've had and all the collective learning
- Thank you to everyone who is here today
- Thank you to my complex clients for trusting me enough to let me learn
- And, quite frankly, thank you to my own difficult health journey for being my first and best teacher!

# It's bio-individual!

- Bioindividuality is key (everyone is different!)
- Nothing causes everything
- Nothing solves everything

Many conditions have a wide range of signs and symptoms that are vague and non-specific. So when you study a condition like mercury poisoning or Lyme disease or mold illness or parasitic infections, remember that you may see the signs and symptoms in people with as well as without the condition.

(Case Studies: A woman with suspected MCAS, and a woman with suspected mercury poisoning)

# Demystifying «complexity»

- Don't make things too complicated.
- Don't oversimplify things.
- Your most complex cases won't always be the ones with the big, scary diagnoses.
- Complexity is in the eye of the beholder.

# Confidence, Humility and Ongoing Learning

- Remember that you already know a lot. You definitely already know enough to help your clients and have a practice.
- Nobody knows everything. Not even you. Your client knows this. You don't have to hide it.
- Don't be over-attached to being right.
- Remember that colleagues who seem to know a lot have gotten there by studying, thinking, asking questions and making mistakes.

# Begin at the very beginning: The Foundations

- Start with nutrition, hydration and stress/lifestyle.
- Support foundations, starting with digestion.
- Be a minimalist with supplements. Low nutrients in a client who's eating well doesn't usually mean the client needs lots of nutritional supplements. It usually does mean that your client needs more sleep, less stress, bio-individual dot-connecting and lots of digestive healing.
- \*\*Resist the temptation of throwing supplements at your client unless you know what is the root cause of the depletion and are actively addressing it.

(Case Study: A woman who took tons of supplements and did loads of testing but remained extremely ill)

# Connect the Dots

- Look for the connections within your client's bio-individual and unique health history.
- Reach out to a colleague or a group of colleagues for additional insights if you're struggling to make the connections and to solve problems.
- History taking is key!
- Ask lots of targeted questions. *Remember: wonderful practitioners often wonder why things happen and how things relate to each other.*

# Protect yourself from liability

- Always make sure that for any known or suspected disease or medical condition, your client is working with a licensed physician and is aware that nutritional therapy isn't a replacement for medical care.
- Do not recommend that your client go against medical advice.
- Encourage your client to communicate fully with all health practitioners, allopathic and holistic alike.
- Always follow professional best practices and make sure you have a signed disclaimer before making any recommendations.

# Case Study #1

- Mark is a 5.5 year-old boy who was referred by his functional medicine practitioner for help with alopecia, asthma, diarrhea, emotional outbursts and slow growth. He is active during his morning pre-K program but spends most of his afternoons resting. He complains of knee pain. He loves sugars and starches but his mother feels his behavior worsens in correlation with increased consumption.
- His mother is an acupuncturist, and the family consumes a mostly-healthy WAPF-ish diet. Taking fish oil, D3/K2, a high-quality probiotic and a combination of herbal remedies for asthma. Mark's maternal grandmother has Hashimoto's.
- Food Journal: 1-2 oatmeal-banana muffins per day. Smoked salmon daily, which, along with chicken, seems to be his only source of animal protein. A lot of processed GF "healthy" processed foods. Mom reports that Mark has been gluten-free at home for two months but is sneaking gluten at school by swapping food with friends. Minimal soy. Peanut butter daily. Other legumes daily.
- Mark's functional medicine doctor ordered a lot of blood testing, and his sedimentation rate and eosinophils are high, suggesting inflammation and possible autoimmunity. His tissue transglutaminase and anti-thyroid antibodies were negative. Stool testing was also suggestive of inflammation.

# Case Study Questions

- Where will you start?
- What are your working hypotheses & working questions?
- What are your goals as a practitioner for this client?
- What do you need to learn to help this client move forward?

# Case Study #2

- Lorena is 35 years old. Her main concern is infertility. She and her husband tried IUIs, acupuncture, functional medicine. Conventional lab test results are normal.
- Lorena also has allergies, anxiety, phobias, ADHD, joint pain, insomnia and fatigue. Her was exposed to Agent Orange during the Vietnam War.
- Lorena takes a prenatal vitamin (with folic acid), antihistamines, Adderall for ADHD, herbal and prescription sleep support, anti-anxiety meds, Ibuprofen for joint pain and B vitamins for energy.
- She had numerous cavities as a child and had a number of amalgam fillings which were removed and replaced (without special precautions) about five years ago.
- Food habits: bread, pizza and ice cream are counterbalanced with kale salads and raw veggie smoothies. A lot of spicy Asian cuisine.
- Beverages: 2 qt of water daily, 3 cups of green tea daily and about 16 oz of coffee weekly. Weekly wine and beer, occasional soda/energy drinks/hard liquor.

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Thank you much for participating!