

PROVISIONAL MEMBER (A2) EXAMPLE CASE STUDY

1. ASSESSING THE CLIENT'S NEEDS AND THE APPROPRIATENESS OF NUTRITIONAL THERAPY

a) **Synopsis of current presenting symptoms** – Portrait of your client at the point you have taken on the case. Include your methods of information gathering e.g. questionnaire

- First consulted me for help with high blood pressure, for which she has previously consulted another nutritional therapist. Managed with anti-hypertensive medications.
- History of ovarian cancer 15 years previously for which she had radical hysterectomy and oral chemotherapy.
- Now experiencing 'indigestion'.
- Very stressful point in her life after her job ended; daughters live in the Far East and son quite a distance away.
- Detailed questionnaire reveals problems with bloating and a few joint pains (Appendix 1).
- Very active woman; walks her dogs daily and tries to stay healthy, knowing the risks of high blood pressure. Body Mass Index 21.6.
- Six weeks after first consultation she learned at a routine oncology follow up that she had a recurrence of her ovarian cancer (abdominal mass confirmed by biopsy).

b) **Rationale** - Provide a rationale for the initial hypothesis using valid and reliable information. Identify possible antecedents and triggers (precipitating and perturbing factors) and possible mediators

At the first consultation it seemed that Charlotte may be suffering poor digestion due to stress, but the diet she is following is not ideal for her high blood pressure or her previous history of cancer. At times of stress she would be better on a more easily digestible diet as stress reduces digestive enzyme production. The recommended diet for cancer prevention is limited red meat intake and a high intake of vegetables and fruit.

When the recurrence of her cancer became evident the nutritional approach was further modified to take account of this.

c) **Resources, Options and Risks** - Identify range of resources and options available to the client and also potential risks to client in following recommended treatment protocol.

Charlotte had a small budget for supplements but was eating red meat at least once a day and found this expensive. When her cancer recurrence was diagnosed she decided to make her nutritional support a priority. There are risks that Charlotte's supplements may interfere with lab tests, blood clotting or medications during surgery and/or chemotherapy unless carefully advised.

2. EDUCATING THE CLIENT

a) **Explain the selection of assessment methods used to determine client treatment**

Initial consultation - main problems are high BP and indigestion linked to stress. The client has her blood pressure monitored regularly at the local GP surgery. Averages 140/80. I also have equipment and skills to monitor this if the client wishes. Subjective reporting of digestive comfort will be monitored. It wasn't indicated to embark on tests of digestive function until a more easily digestible diet had been tried.

After cancer recurrence became evident – Charlotte's consultant oncologist and surgeon will be 'staging' the disease and monitoring response to treatment. Ovarian cancer tumour marker CA125 found to be high at initial diagnosis. Charlotte's own sense of wellbeing, fatigue levels, immunity to infection and nausea levels during chemotherapy will be important measures of her health. It is important to consider the energy levels of the client undergoing radio/chemotherapy when suggesting dietary frameworks.

b) **Dietary Advice** – *provide an outline with rationale for any dietary changes recommended.*

At presentation her diet is fairly high in animal protein intake. (See Appendix 1)

Initial consultation – dietary management of high blood pressure:

Reduce dietary sodium and nitrates. Increase the intake of dietary magnesium, calcium and potassium, oily fish, pulses, nuts, vegetables and fruit. See attached client information sheet on hypertension reviewed with client (Appendix 2). Meal suggestions are discussed with the client and noted on the reverse of the supplement prescription sheet.

After cancer recurrence became evident – Charlotte followed the Bristol Cancer Diet when she was first diagnosed 15 years ago and is ready to follow that again. The attached client information sheet on cancer prevention and recovery outlines this (Appendix 3). This is a low animal produce, high phytonutrient diet with a moderate level of protein. During the surgery to remove tumours she needs additional protein to aid healing, 2g protein per kg body weight. This should come from fish and vegetables sources. Meal suggestions are discussed with the client and noted on the reverse of the supplement prescription sheet.

Charlotte noted that it will be easier to prepare, more affordable and digestible.

c) **Initial Supplement Protocol With Rationale:**

Guidelines:

- *present a generic nutraceutical protocol in the first instance and include appropriate rationale which demonstrates your understanding of the individual nutrients and/or non-nutritive substances.*
- *explain your choice of proprietary brands to support your initial findings. Assessors do not necessarily know the content of branded formulations so you must tell them. You may photocopy or scan this information from supplement catalogues.*
- *provide information on dosage, dosage form, timing of intake, and length of prescription*
- *demonstrate safety in relation to dosage and interactions with food/nutrients/herbs/ phytochemicals/ lifestyle*
- *demonstrate intention to work within the limits of the client's medication and to protect the client in regards to side effects and/or potential interactions*

Initial consultation - supplements for hypertension - the attached client information sheet (Appendix 2) provides client information on the action of recommended nutritional supplements. This regime was recommended until next review at 6-7 weeks.

- Calcium, magnesium and potassium are good for reducing BP. Supplemental K should not be taken with some anti-hypertensives. Ca and Mg aid sleep, muscle recovery, mental resilience to external stress and bone health.
 - Biocare Mag 2: 1 Cal, one 3 x day with food, providing per day
 - 220mg elemental Magnesium (as succinate)
 - 150 mg elemental Ca (as succinate)
- Omega 3 essential fatty acids are essential for vascular health and help prevent depression
 - Biocare Mega EPA one per day with food, providing 1000mg fish oil /day
- Antioxidants vitamins A, C, E and mineral selenium and zinc are important for protecting against free radical damage which is important in cardiovascular health and also to prevent cellular damage such as occurs in malignancy. Suggested:
 - Biocare Nutriguard Plus, one per day with food, providing
 - 200mg vitamin C
 - 11667IU betacarotene (1166.7 IU retinol equivalents)
 - 2667 retinol palmitate
 - 100IU vitamin E as d-alpha tocopherols
 - 50mg alpha lipoic acid
 - 15mg elemental zinc as citrate
 - 30mg lycopene
 - 100µg elemental selenium as Na selenite
- Coenzyme Q10 is helpful for protection of heart muscle, suggested Biocare microcell CoQ10 plus, one per day with food, providing
 - 200mg linseed oil and
 - 50mg CoQ10,
 - 20mg vitamin E as d-alpha tocopherol.
- Vitamin B complex for general cellular health, e.g. Biocare B complex providing
 - 50mg each B₁, B₂, B₃, B₅, B₆,
 - 200µg Biotin
 - 400µg folic acid
 - 50µg B₁₂
 - 10mg elemental magnesium
 - 30mg each choline, inositol, PABA, L-glycine
- Herbal teas such as hawthorn can be used with conventional anti-hypertensives
- Chamomile and valerian teas are good for stress, lavender essential oil in the bath is relaxing and may help with blood pressure regulation.

Second consultation - supplements for cancer - the attached client information sheet provides client information on the action of recommended nutritional supplements (Appendix 3).

In addition to the supplements suggested for hypertension:

- Evening primrose or borage oil for GLA which is anti-inflammatory. Suggested replacing Mega EPA with Biocare Essential Fatty Acids, two per day providing per day
 - 300mg linseed oil
 - 200mg GLA, plus
 - additional 15mL flax oil, cold on food.
- Spirulina is an excellent source of protein and other nutrients helpful during chemotherapy and radiotherapy. Powerful immune stimulant and detoxifier.
 - 6 tablets provides 3g protein, can be taken after surgery when food is offered by hospital staff
- Vitamin C immunity, 1000mg twice per day as magnesium ascorbate
- Probiotic supplement (dairy free) preferably as a capsule for immune support, one per day, suggest Biocare Bioacidophilus, 8 billion viable organisms.
- Caisse blend tea (also called Essiac tea) of benefit for fighting cancer; blend of burdock root, sheep sorrel, turkey rhubarb root, slippery elm.
- Orgon 'Alkaherb' herbal tea is good for alkalising and providing minerals.
- Vitamin D3 1000IU/day – research suggests link between low Vitamin D and cancer risk.
- Ginger, preferably as a regular part of the diet or as capsules if not.
 - 1-2 inches fresh root ginger per day, grated and used to make tea, etc.
- Specific supplementary support for cancer care and during chemotherapy, biological response modifier *Coriolus versicolor* (*Trametes versicolor*, turkey tail mushroom, YunZhi) extract PSP (from Chinese strain). Dosage five 200mg capsules, twice a day, with warm water, before meals. If unavailable; PSK from the Japanese strain. For information on this specific supplement see my letter to client's oncologist (Appendix 4).

Iron sources - during the post operative period Charlotte was borderline anaemic and an iron supplement was offered by her GP. The evidence is that iron supplements may support the growth and proliferation of tumour cells. A dietary schedule adding food source iron was prepared and reviewed with the client's helpers during the post-operative period.

Specific advice regarding supplement use in the peri-operative period and during chemotherapy.

- Discontinue one week prior to surgery: fatty acid and garlic supplements (food sources are safe), vitamins E and K and all herbal supplements.
- Arnica 30C homeopathic pilules can be used safely throughout and reduces bruising.
- Restart supplements 24 hours post-operatively and increase vitamin C to 2g/day to aid healing and immunity.
- Extensive searching of published research found no interactions between any supplements and the chemotherapy regime.

d) **Lifestyle Advice** – Provide an outline with rationale for any lifestyle changes recommended

Initially for managing hypertension: regular exercise to maintain vascular health and maintain healthy body weight, relaxation, avoiding exposure to tobacco smoke, alcohol and caffeine.

For cancer recovery – stress reduction, positive mental attitude and relaxation.

A CD for affirmations to aid cancer recovery was supplied free of charge by Vitalia Health

- e) **SUMMARY** – *Reflect on each consultation and articulate on any preparation you intend before the follow-up appointment e.g. the focus of future appointments, further investigations/tests and referral as applicable. Review effectiveness of the client-practitioner relationship in terms of improved client health outcomes.*

Charlotte was pleased to change her nutritional approach initially to help with blood pressure management. She handled her diagnosis of cancer recurrence very well and was keen to support her conventional treatment with nutrition and the supplements suggested. She has undergone major surgery for tumour removal and is just completing chemotherapy with carboplatin and paclitaxel which makes her very tired and nauseous. Making food is an effort but friends are very helpful and supportive.

3. **EVALUATING AND REVIEWING EFFECTIVENESS OF NUTRITIONAL THERAPY**

At each follow-up appointment critically evaluate effectiveness of treatment, including pertinent discussion with the client and request further tests if necessary, make appropriate changes to the protocol with explanation and reflect on the case to date including possible plans for the future management of the case e.g.

- *Reducing supplements*
 - *Further tests*
 - *Life style changes*
 - *Referring to another health practitioner*
 - *Writing to GP or consultant with update*
- Ginger tea is proving very helpful for nausea and the evidence of a benefit in ovarian cancer makes it even more useful in her diet.
 - I prepared an extensive review of the evidence on the *Coriolus versicolor* extract for her, including toxicology checks before introducing the idea and she was pleased to have this relayed to her oncologist. However, he was not interested in her nutritional care and dismissive of its value. He made no comment about the use of *Coriolus versicolor*, in spite of being given an extensive dossier of peer-reviewed double blind clinical trial evidence I prepared. Charlotte decided to take the supplement; her daughters live in Hong Kong and obtained purified PSP for her from a British doctor qualified in Chinese medicine who was experienced in using it, to whom we referred for dosage information. Following more evidence of the usefulness of the Japanese extract of the mushroom (PSK), this variant is now obtained.

- Her tumour specific marker levels (CA125) have halved since first measured four months ago.
- Her serum ferritin and haemoglobin levels returned to the normal range 10 days after surgery.
- Her white blood cell and platelet counts indicate good recovery after each chemotherapy cycle. The *Coriolus versicolor* seems well tolerated with no discernable side effects. Note; great care is needed in choosing and sourcing supplements such as this via the internet. Contaminated and even fake Chinese herbal supplements are sometimes supplied by disreputable suppliers. I took steps to assure the safety of these supplements by checking the credentials of the manufacturers. (Both are ISO9001 registered).
- Since starting the carboplatin and paclitaxel, leg pain due to peripheral neuropathy has increased. Steroids offered by her medical team had unwanted Cushingoid effects. We discussed other option and she is now starting on L-glutamine, 1g three times a day for four days, at the end of the chemotherapy cycle, to help reduce the neurological damage, based on evidence from several small trials in the USA.

Appendices

1. Client questionnaire submitted at first consultation
2. Client information sheet on nutritional care in hypertension (I have several versions of these sheets pitched at different levels of complexity of information)
3. Client information sheet on cancer recovery
4. Letter to client's oncologist with detail of mushroom supplement suggested.

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