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## Example **DISCUSSION** of **Physical examination** - for client Jane Starbright

- **Anthropometric** data contributing to or indicating a nutrition related illness

Anthropometric Data reveal a BMI of 28 , waist circumference of 90cm and a W/H ratio of 0.86. All of these values are defined by the National institute of Health as having an increased risk of disease – mainly from Cardiovascular disease, insulin resistance and type 2 diabetes.

**This should be monitored** bearing in mind the other predisposing factors like Medication use (promoting insulin resistance), chronic respiratory disease (promoting high ROS production and hence low antioxidant status leading to increased risk of vascular oxidative damage hence increasing risk of Cardiovasculay disease) and genetic predispositions (high blood pressure, diabetes and heart disease). Some of these risks and observed metabolic imbalances will be influenced/attenuated by adequate nutritional and lifestyle interventions (discussed later), in particular carbohydrate/protein/fat balance and  $\Omega 3$  to  $\Omega 6$  balance along with specific nutrition cofactors that are low in the present diet and yet extremely in demand. However, most importantly the clients lean body mass has probably declined over time due probably to both lower HCL and enzyme production (know to decrease with advancing age) and excessive loss of protein secondary to the prevailing disease state. At this point the client has a lean body mass deficit of approx 3kg indicating some possible muscle loss or other vital protein mass in the body. This needs to be monitored along with increased protein intake and careful attention to digestion and absorption of dietary protein. Proteins are essential for optimal immune function, cognitive function and neurotransmitter balance including minimisation any mental disturbances (a little anxiety as indicated by the client), hormonal balance and maintenance of muscle mass. This protein deficit state is further confirmed from the Pathology results that show a PMI (protein metabolic index) of 2.41, which indicates excessive proteintissue breakdown and imparied synthesis. This is expected and predicted due to the high burden the inflammatory state of brochiectatsis and Medication place on cellular resources and the stress (both emotional and physiological ) that drives metabolism towards catabolism and away from anabolism. **This needs to be addressed in treatment protocols following.**

- **Key physical signs with nutritionally related indications**

The signs from the physical that had nutritional correlations are summarised here:-

**Mercury in 9 amalgams** – indicating possible increased **systemic mercury exposure**

Some xerosis – indicating possible Vitamin A and bioflavonoid insufficiency

Some neovascularisation – may occur with Vit B2 insufficiency

Swelling or puffiness of lower lids: - can indicate allergy

Halitosis: possible B3 insufficiency and low stomach HCL and possible gut dysbiosis

Active trigger points in SCM muscles: "Myofascial Pain and Dysfunction: The Trigger Point Manual" and Clinical Application of Neuromuscular Techniques: The Upper Body by Leon Chaitow." notes that vitamin inadequacies must be resolved before many patients get lasting relief from trigger points. The nutrients noted are **vitamins B12 and folic acid** (deficiencies affect specific type muscle fibres in the upper body), **VIT D plus calcium, B complex, vitamin C, selenium and VitE, iron** (check for restless leg syndrome and needed to convert T4 -T3) and **potassium**. In addition, recent research points to **magnesium** as an important mineral for muscle function. Also look for **hypothyroid condition**. Allergic **Reaction to food** and **increased intestinal permeability**.

Dryness and Flakiness: very dry - **lack of EFA's and vit A**

Tissue Recoil: average - **low antioxidants or protein**

Decreased Skin Tugor: slight on hands - **Protein loss/ aging**

Easy bruising: slight - **vit C and Vit K and bioflavonoid insufficiency**

Peeling or split nails:- yes and very soft - **impaired protein synthesis**

Hyperkeratosis heels / soles: slight on heels - lack of vitamin E – for heel or **Vit A** for ball of foot

Calf tenderness: slight to moderate - **lack of vitamin E**

Thickened / deformed nails: slight - **impaired circulation, lack of vitamin E / EFA imbalance**

Varicose veins: on legs have noticeable small purple veins - **impaired protein synthesis, lack of Vit C, bioflavonoids and sulphur metabolism**

Capillary dilation / Venous dermatitis: yes on legs - poor vascular wall – **possible lack of bioflavonoids and protein synthesis**

Breath Quality/sounds: crackling and gurgling – Bronchiectasis - **wheezing/railings indicates allergy - need to recheck for these sounds**

BP Lying – Systolic: 150- Low BP/ postural hypotension indicates possible low sodium while High BP can indicate **insufficiency in Mg or/and Ca** while increased diastolic BP can indicate EFA insufficiency

Palpitations: occasional for 2 mins - **can be linked with low VitB1, Vit B12, Low Ca, Mg and Potassium, low L-carnitine and thyroid malfunction particularly hyperthyroid**

Capillary Filling: Toe/ < 3 secs - slow capillary filling indicative of **sympathetic dominance and Mg and EFA insufficiency**

Slight Stomach and Small Intestine tenderness – look for dysbiosis

Additional Findings: In last few month feeling more hay fever. (seasonal? Or higher allergen load or increased sensitivity) Brown spots on hands in last 2 years (liver dextoxification problem?) 6 warty type spots on trunk in last 5 years (virus ?).

**Hence key nutrients that are showing signs of possible insufficiency from the Physical Examination include:-**

Vit B1, Vit B12 and folic acid, Vit C, Vit K, **Vit E, Vit A** and Vit D and the minerals iron, magnesium, potassium, calcium, selenium, sulphur and antioxidants and **bioflavenoids** and **EFA's**. Along with **Protein** loss and impaired protein synthesis and EFA imbalance. **BOLD** items have been indicated more than once.

Other points to note are the presence of some **dysbiosis**, indications of allergy, possible high systemic mercury exposure, imbalanced thyroid function (need to check via lab tests and check iodine) food allergy and intestinal permeability. Check liver detoxification capabilities and suspect compromised immune function. Signs of increased hypersensitivity to allergic rhinitis and hence the nutrients of particular importance for optimal immune support include Vitamins A, B, C, D and E and include the minerals Calcium, magnesium, zinc, iron and copper. Protein depletion (as seen in this client) along with Vit B6, zinc and iron deficiency are the commonest causes of nutrient related immuno deficiency.

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It is a sample of the work carried out on a real client during a full Nutrition Medicine Health Assessment and treatment. It is designed to highlight the attention to detail and individualised care given to each client during an assessment. It is not intended to help in any form of self diagnoses or self treatment.

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