

Keeping Fit with Dr. Fitt

Symptom Profiles

Imperative to your long-term vitality is hormonal balance. Hormones are the supervisors of the function of every cell in your body. Declining hormone levels have a straight line correlation with the chronic, debilitating diseases of aging such as arthritis, osteoporosis, mental decline, cancer, obesity, impotence/loss of sex drive, incontinence, high blood pressure, and a host of other problems. We spend billions of dollars on deadly drug therapies to address these problems, when simply balancing natural hormones would do the trick.

Some of us have an objective even higher than not being sick, we want to thrive. We want to experience all that life has to offer as long as we are alive. Hormonal balance is also critical to this objective. To achieve optimum health you have to prevent three things: Deterioration, Oxidation and Activation. *Deterioration* happens as hormone levels decline and your body stops the rebuilding process. This is when you lose more bone, muscle, brain cells, skin, etc. than you create. It is prevented by keeping youthful hormone levels. *Oxidation* is the destructive process exacted by toxins called "free radicals". Rusting of a nail, fading of car paint, and the browning of an apple are all examples of oxidation. You "rust" from the over-exposure to free radicals. Your outside body (skin, eyes) gets the most free radical damage from the sun and medical x-rays. The manifestations are brown spots, keratoses (ugly skin growths seen on aged skin), wrinkles, skin cancer, cataracts and macular degeneration. Prevention is achieved by minimizing sun exposure (get enough to make your vitamin D and prevent depression), wearing sunscreen, using eye wear that filters out UV light, taking antioxidants like vitamins A, C and E, eating a diet high in antioxidant rich foods and minimizing exposure to medical x-rays. *Activation* is the turning on or over-expression of several processes that are designed to get rid of dead or unwanted material in the body. Over-expression or activation of some hormones is also part of this process. Yeast, for example, are normal inhabitants of our environment and bodies that act as scavengers of dead tissue, microscopic buzzards. Normally they help with the life cycle by breaking down dead tissue so it can be recycled. Their reward is the sugar they can extract from the process. If yeast overpopulates the body, they eat up the sugar meant for brain cells. This causes you to feel hungry regardless of how many calories you already have stored as fat. Brain cells will not tolerate low blood sugar. They will make you eat more sugar, which makes you grow more yeast. Overpopulation of yeast activates the immune system, which tries to get the population under control with a variety of mechanisms, such as release of chemicals (leukotrienes) that cause inflammation. A product of inflammation is free radicals. Normally this process keeps us well silently. When germs (viruses, bacteria, fungi) get out of hand, the inflammatory process gets more noticeable. We get fever, runny noses, pus, swollen glands, diarrhea and pain. We take medications to get rid of these symptoms until the immune system, hopefully, accomplishes its job of bringing things back into balance. Sometimes we need a little help from a natural or synthetic antibiotic, anti-viral, or anti-fungal agent. Viruses and bacteria are readily detected by conventional medicine, but fungi are not and therefore left untreated. Chronic immune system activation by fungi can cause diseases such as rheumatoid arthritis, inflammatory bowel, skin rashes, sinusitis, prostatitis, multiple sclerosis and chronic vaginal pain to name a few. Over-expression or activation of hormones such as cortisol (stress), insulin (sugar/refined carbohydrates), and estrogen (progesterone deficiency, prescription estrogens, environmental estrogens) are part of the activation process also. Another component of the activation process is the self-destructive release of chemicals by damaged cells. Normally this process helps rid the body of useless tissue. However, in the face of hormonal decline you have continued breakdown (catabolism) without build-up (anabolism). This process causes things like osteoporosis and osteoarthritis in bone and cartilage respectively. Activation is prevented by keeping yeast, and other germs from overpopulation, maintaining hormonal balance, eating foods that reduce production of inflammatory chemicals (flaxseed, raw nuts, olive oil, fruits and deep colored vegetables), and staying away from foods that promote inflammation and overgrowth of yeast (sugar, refined carbohydrates, hydrogenated fat, saturated fat, and polyunsaturated fats like corn oil).

Using the attached symptom profiles will help you assess if you have a hormonal imbalance or yeast imbalance. If you do, the next step is to find a healthcare professional that can help you get back in balance.

Yours in great health,

Roby D. Mitchell, M.D. (Dr. Fitt)

Please note: all questions on the enclosed forms pertain to both male and female patients. Therefore, in order to best address your health concerns, please make sure each form is filled out completely.

Name _____

Date _____

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as:

Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy, ice cream

Starches like white bread, rolls, pasta, and rice

Salty snacks like chips, pretzels, and crackers

Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries

Sugary drinks like soda pop

When the following questions ask about "CERTAIN FOODS" please think of ANY food similar to those listed in the food group or ANY OTHER foods you have had a problem within the past year.

Dr. Fitt Symptom Profile

Yale Food Addiction Scale

Gearhardt, Corbin, Brownell, 2009

Contact: ashley.gearhardt@yale.edu

Instructions: Please check the boxes that apply to you by clicking on each box.

| IN THE PAST 12 MONTHS | Never | 2 to 4 | 2 to 3 | 4 or more |
|---|-------|---------------|--------------|----------------|
| | | times monthly | times weekly | times or daily |
| 1. I Find that when I start eating certain foods, I end up eating much more than planned. | | | | |
| 2. I find myself continuing to consume certain foods even though I am no longer hungry. | | | | |
| 3. I eat to the point where I feel physically ill. | | | | |
| 4. Not eating certain types of food or cutting down on certain types of food is something I worry about. | | | | |
| 5. I spend a lot of time feeling sluggish or fatigued from overeating. | | | | |
| 6. I find myself constantly eating certain foods throughout the day. | | | | |
| 7. I find that when certain foods are not available, I will go out of my way to obtain them. For example, I will drive to the store to purchase certain foods even though I have other options available to me at home. | | | | |
| 8. There have been times when I consumed certain foods so often or in such large quantities that I started to eat food instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities. | | | | |
| 9. There have been times when I consumed certain foods so often or in such large quantities that I spent time dealing with negative feelings from overeating instead of working, spending time with my family or friends, or engaging in other important activities or recreational activities I enjoy. | | | | |
| 10. There have been times when I avoided professional or social situations where certain foods were available, because I was afraid I would overeat. | | | | |
| 11. There have been times when I avoided professional or social situations because I was not able to consume certain foods. | | | | |

IN THE PAST 12 MONTHS

Never 2 to 4 times monthly 2 to 3 times weekly 4 or more times or daily

| | | | | |
|---|--|--|--|--|
| 12. I have had withdrawal symptoms such as agitation, anxiety, or other physical symptoms when I cut down or stopped eating certain foods. (Please do NOT include withdrawal symptoms caused by cutting down on caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.) | | | | |
| 13. I have consumed certain foods to prevent feelings of anxiety, agitation, or other physical symptoms that were developing. (Please do not include consumption of caffeinated beverages such as soda pop, coffee, tea, energy drinks, etc.) | | | | |
| 14. I have found that I have elevated desire for or urges to consume certain foods when I cut down or stop eating them. | | | | |
| 15. My behavior with respect to food and eating causes significant distress. | | | | |
| 16. I experience significant problems in my ability to function effectively (daily routine, job/school, social activities, family activities, health difficulties) because of food and eating. | | | | |

| | |
|--|----|
| IN THE PAST 12 MONTHS | NO |
| 17. My food consumption has caused significant psychological problems such as depression, anxiety, self-loathing, or guilt. | |
| 18. My food consumption has caused significant problems or made a physical problem worse. | |
| 19. I kept consuming the same types of food or the same amount of food even though I was having emotional and/or physical problems. | |
| 20. Over time, I have found that I need to eat more and more to get the feeling I want, such as reduced negative emotions or increased pleasure. | |
| 21. I have found that eating the same amount of food does not reduce my negative emotions or increase pleasurable feeling the way it used to. | |
| 22. I want to cut down or stop eating certain kinds of food. | |
| 23. I have tried to cut down or stop eating certain kinds of food. | |
| 24. I have been successful at cutting down or not eating these kinds of food. | |

1 time 3 times 4 times 5 or more times

| | | | | |
|--|--|--|--|--|
| 25. How many times in the past year did you try to cut down or stop eating certain foods altogether? | | | | |
|--|--|--|--|--|

26. Please check ALL of the following foods you have problems with.

| | |
|--------------|-----|
| Doughnuts | YES |
| Pasta | |
| Strawberries | |
| Bananas | |
| Cookies | |
| Rice | |

| | YES |
|---------------|--------------------------|
| Bacon | <input type="checkbox"/> |
| Cake | <input type="checkbox"/> |
| Crackers | <input type="checkbox"/> |
| Hamburgers | <input type="checkbox"/> |
| Candy | <input type="checkbox"/> |
| Cheeseburgers | <input type="checkbox"/> |
| Ice Cream | <input type="checkbox"/> |
| White bread | <input type="checkbox"/> |
| Pretzels | <input type="checkbox"/> |
| Pizza | <input type="checkbox"/> |
| Chocolate | <input type="checkbox"/> |
| Rolls | <input type="checkbox"/> |
| French fries | <input type="checkbox"/> |
| Soda pop | <input type="checkbox"/> |
| Apples | <input type="checkbox"/> |
| Lettuce | <input type="checkbox"/> |
| Carrots | <input type="checkbox"/> |
| Chips | <input type="checkbox"/> |

27. Please list any other foods that you have problems with that were not previously listed:

Name _____

Date _____

Dr. Fitt Symptom Profile

Estrogen Deficiency

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|--|--------------------------|
| Hot Flashes | <input type="checkbox"/> |
| Mood swings (mostly irritability and depression) | <input type="checkbox"/> |
| Incontinence; recurrent urinary tract infections | <input type="checkbox"/> |
| Vision changes | <input type="checkbox"/> |
| Low HDL | <input type="checkbox"/> |
| Wrinkling of Skin | <input type="checkbox"/> |
| Night sweats | <input type="checkbox"/> |
| Mental fuzziness | <input type="checkbox"/> |
| Vaginal wall thinning | <input type="checkbox"/> |

| Symptom | Yes |
|-----------------------------------|--------------------------|
| Trouble expressing thought | <input type="checkbox"/> |
| Decreased menstrual bleeding | <input type="checkbox"/> |
| Losing track of thoughts | <input type="checkbox"/> |
| Vaginal dryness | <input type="checkbox"/> |
| Vaginal and/or bladder infections | <input type="checkbox"/> |
| Decreased sexual response | <input type="checkbox"/> |
| Memory loss | <input type="checkbox"/> |
| Decreased fullness in breast | <input type="checkbox"/> |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Estrogen Dominance

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|---|-----|
| Attention Deficit Disorder | |
| Breast cancer | |
| Calcium deposits | |
| Craving of sweets | |
| Dry eyes | |
| Fat gain, especially around the hips, thighs and back of arms | |
| Fluid retention | |
| Headaches | |
| Inability to lose weight | |
| Increased sensitivity to sight, sound or emotion | |
| Insomnia | |
| Migraines | |
| Panic attacks | |
| Prostate cancer/enlarged prostate | |
| Weight gain | |
| Insulin resistance or Type II diabetes | |
| Allergies, including asthma, hives, rashes, sinus congestion | |
| Breast tenderness | |
| Cervical dysplasia (class 3 pap smear) | |
| Decreased sex drive | |
| Early onset of menstruation | |
| Fatigue | |
| Gall bladder disease | |

| Symptom | Yes |
|--|-----|
| Infertility | |
| Large breast | |
| Mood swings | |
| Excessive vaginal bleeding | |
| Sluggish metabolism | |
| Yeast infections | |
| Anxiety, often with depression | |
| Cold hands and feet | |
| Depression with anxiety or agitation | |
| Endometrial (uterine) cancer | |
| Fibrocystic breasts | |
| Good skin | |
| Hypoglycemia | |
| Increased HDL | |
| Irritability | |
| Loss of scalp hair | |
| Palpitations | |
| Water retention, bloating | |
| PMS | |
| Symptoms of hypothyroidism with normal thyroid test | |
| Autoimmune disorders such as lupus erythematosus and Hashimoto's thyroiditis and possibly Sjorgren's syndrome (dry mouth/eyes) | |

| | |
|--|--|
| Heavy menses | |
| Increased blood clotting (increasing risk of strokes) | |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Growth Hormone Deficiency

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|---|-----|
| Permanent fatigue | |
| Depression | |
| Sense of powerlessness | |
| Complacency | |
| Sagging cheeks | |
| Loose skin folds under the chin | |
| Poor muscle tone | |
| Thinned skin or sagging skin | |
| Thin lips | |
| Age over 40 | |
| Easy exhaustion when physically busy | |
| Low resistance when staying up after midnight | |
| Poor sociability | |
| Emotional instability | |
| Wrinkled face | |

| Symptom | Yes |
|---------------------------------|-----|
| Drooping triceps | |
| Wrinkled hands | |
| Obesity | |
| Receding gum line | |
| Can't gain muscle with exercise | |
| Poor resistance to stress | |
| Low self esteem | |
| Anxiety | |
| Grumpy | |
| Pouches under the eyes | |
| Floppy belly | |
| Fatty cushions above the knees | |
| Thin hair | |
| Trouble losing weight | |
| Feel old | |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Hypothyroidism

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|--|-----|
| Dry hair or hair loss | |
| Milky discharge from breasts | |
| Brittle nails | |
| Tingling or numbness in fingers or feet | |
| Puffy eyes and face | |
| Experiencing stiffness | |
| Skin becoming more coarse | |
| Shortness of breath during mild exertion | |
| Low blood pressure | |
| Carpal tunnel syndrome | |
| Exaggerated PMS/menopause symptoms | |
| Increased cholesterol / tryglycerides/LDL | |
| Loss of outside 1/3 eyebrows | |
| Infertility | |
| Autoimmune disease (Rheumatoid Arthritis, Lupus, Crohn's etc.) | |
| Lumps in breast | |
| Redness in face with exercise | |
| Tendonitis/Tennis elbow | |
| No energy for evening activities | |
| Diabetes | |
| Stroke | |
| Vitiligo (loss of skin pigment) | |
| Manic Depression | |
| Attention deficit disorder | |
| Oral temperature consistently below 98.5 | |

| Symptom | Yes |
|--|-----|
| Decrease in memory | |
| Headaches and migraines | |
| Yellow skin in palms | |
| Raynaud's syndrome (pain and blueing of fingers with exposure to cold) | |
| Cold hands/feet | |
| Depression/Anxiety | |
| Slow thinking | |
| Reliance on coffee or other stimulants | |
| Gum problems | |
| Low endurance | |
| Throat clearing | |
| Alopecia (patches of hair loss) | |
| Blocked arteries | |
| High blood pressure | |
| Dyslexia | |
| Melasma (discoloration in face) | |
| Neck injury i.e. whiplash | |
| Chronic infections | |
| Heavy menstrual periods | |
| Sweating less | |
| Muscle cramps | |
| Hearing becoming worse | |
| Cold intolerance | |
| Feeling more fatigued | |
| Baggy eyelids | |

| Symptom | Yes |
|---|-----|
| Family history of hypothyroidism or hyperthyroidism | |
| Post Partum depression | |
| Constipation | |
| Joint aches and pains | |
| Hoarse voice | |
| Dry skin | |
| Slow hearbeat | |
| Weight gain of more than 5 lbs | |
| Dry eyes/dry mouth | |
| Slow speech and movement | |
| Cracking in skin of heels | |
| Premature graying of hair | |
| Polymyalgia | |
| Low HDL | |
| Ligament tears | |
| Anemia | |

| Symptom | Yes |
|--|-----|
| Sleep apnea | |
| Problems swallowing | |
| Uterine fibroids | |
| Scalloped tongue | |
| Yeast infections | |
| Swelling of hands and feet | |
| Miscarriages | |
| Low sex drive | |
| Thick tongue | |
| Tongue biting | |
| Inability to lose weight with diet and exercise | |
| Excess ear wax | |
| Skin problems (hives, psoriasis, eczema) | |

Place Comments here as needed

Name _____ Date _____

Dr. Fitt Symptom Profile

Low Adrenals

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes | Symptom | Yes |
|---|-----|---|-----|
| Infertility | | Moodiness | |
| Frequent infections | | Low blood pressure | |
| Hypoglycemia (low blood sugar episodes) | | Post partum depression | |
| Dizziness | | Poor Perspiration | |
| A lot of stress in your life before your symptoms began | | Joint pain | |
| Food craving or sensitivities | | Fibromyalgia | |
| PMS | | Shakiness relieved by eating | |
| Irritability | | Recurrent infections that take a long time to resolve | |
| Allergies or asthma that started as an adult | | Dizziness upon first standing | |
| Chronic fatigue | | Depression | |
| Cravings for sweets | | Poor concentration | |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Progesterone Deficiency

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|--|-----|
| Abdominal bloating or swelling | |
| Anxiety | |
| Avoidance of social activities | |
| Bleeding gums | |
| Clumsiness | |
| Constipation | |
| Craving sweet foods | |
| Decreased productivity at school or work | |
| Distractibility | |
| Dull abdominal pain | |
| Fatigue | |
| Finger swelling | |
| Generalized aches and pains | |
| Hives or rashes | |
| Increased sensitivity to light | |
| Indecision | |
| Joint pains | |
| Mood swings | |
| Nausea | |
| Poor coordination | |
| Post partum depression | |
| Runny nose | |
| Sore throat | |
| Tearfulness | |
| Tremors | |
| Acne | |
| Appetite changes, decreased / increased | |
| Backache | |
| Breast swelling/tenderness | |
| Confusion | |

| Symptom | Yes |
|--------------------------------|-----|
| Increased sensitivity to noise | |
| Insomnia | |
| Leg Cramps | |
| Mouth Sores | |
| Palpitations | |
| Poor judgment | |
| Restlessness | |
| Seizures | |
| Spots in front of eyes | |
| Tension | |
| Visual changes | |
| Angry outbursts | |
| Asthmatic attacks | |
| Bladder irritation | |
| Bruising | |
| Conjunctivitis | |
| Craving salty foods | |
| Decreased hearing | |
| Depression | |
| Drowsiness | |
| Facial swelling | |
| Fear of losing control | |
| Forgetfulness | |
| Herpes (cold sores) | |
| Increased alcohol consumption | |
| Inefficiency | |
| Irritability | |
| Leg swelling | |
| Muscle aches or tenderness | |
| Panic attacks | |

| Symptom | Yes |
|--|-----|
| Cramps | |
| Crying spells | |
| Decreased sex drive | |
| Dizziness | |
| Eye pain | |
| Fear of going out alone (agoraphobia) | |
| Headaches | |
| Food sensitivity | |

| Symptom | Yes |
|----------------------------|-----|
| Poor memory | |
| Ringing in ears | |
| Sinusitis | |
| Suspiciousness | |
| Tingling in hands and feet | |
| Vomiting | |
| Hot flashes | |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Testosterone Deficiency

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|--|-----|
| Overall decreased sexual desire | |
| Decreased sensitivity to sexual stimulation in the nipples | |
| Osteoporosis | |
| Decrease in stiffness of erections | |
| Complacency | |
| Crying spells | |
| Poor stamina | |
| Night sweats | |
| Diminished vital energy and sense of well-being | |
| Overall decreased arousability and capacity for orgasm | |
| Depression | |
| Difficulty maintaing erections | |
| Loss of Initiative | |

| Symptom | Yes |
|--|-----|
| Poor muscle tone | |
| High cholesterol | |
| Poor memory | |
| Decrease sensitivity to sexual stimulation in the clitoris | |
| Thinning and loss of pubic hair | |
| Decreased morning erections | |
| Mental fatigue | |
| Decreased interest in hobbies | |
| Inability to grow muscle | |
| Increased breast tissue in males | |
| Decreased sexual thoughts | |

Place Comments in the box below if needed

Name _____

Date _____

Dr. Fitt Symptom Profile

Yeast Overgrowth

Instructions: Please check the boxes that apply to you by clicking on each box.

| Symptom | Yes |
|--|--------------------------|
| Have you taken tetracyclines or other antibiotics for acne for 1 month or longer? | <input type="checkbox"/> |
| Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for 2 months or longer, or in shorter courses, 4 or more times in a 1-year period? | <input type="checkbox"/> |
| Have you taken a broad-spectrum antibiotic drug-even in a single dose? | <input type="checkbox"/> |
| Have you at any time in your life been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? | <input type="checkbox"/> |
| Are you bothered by memory or concentration problems-do you sometimes feel spaced out? | <input type="checkbox"/> |
| Do ou feel "sick all over" yet, despite visits to many different physicians, the causes haven't been found? | <input type="checkbox"/> |
| Have you been pregnant? | <input type="checkbox"/> |
| Have you taken birth control pills? | <input type="checkbox"/> |
| Have you taken steroids orally, by injection or inhalation? | <input type="checkbox"/> |
| Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke symptoms? | <input type="checkbox"/> |
| Does tobacco smoke really bother you? | <input type="checkbox"/> |

| Symptom | Yes |
|--|--------------------------|
| Pain and/or swelling in joints | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> |
| Abdominal pain | <input type="checkbox"/> |
| Constipation and/or diarrhea | <input type="checkbox"/> |
| Bloating, belching or intestinal gas | <input type="checkbox"/> |
| Prostatitis | <input type="checkbox"/> |
| Impotence | <input type="checkbox"/> |
| Loss of sexual desire or feeling | <input type="checkbox"/> |
| Endometriosis or infertility | <input type="checkbox"/> |
| Cramps and/or other menstrual irregularities | <input type="checkbox"/> |
| Premenstrual tension | <input type="checkbox"/> |

| Symptom | Yes |
|--|-----|
| Are your symptoms worse on damp, muggy days or in moldy places? | |
| Have you had athlete's foot, ring work, "jock itch" or other chronic fungus infections of the skin or nails? | |
| Do you crave sugar? | |
| Fatigue or lethargy | |
| Feeling of being "drained" | |
| Depression or manic depression | |
| Numbness, burning or tingling | |
| Muscle aches | |
| Muscle weakness or paralysis | |
| Troublesome vaginal burning, itching or discharge | |
| Irritability | |
| Frequent mood swings | |
| Dizziness/loss of balance | |
| Sinus problems...tenderness of cheekbones or forehead | |
| Nasal congestion or postnasal drip | |
| Laryngitis, loss of voice | |
| Spots in front of eyes or erratic vision | |
| Incoordination | |
| Pressure above ears..feeling of head swelling | |
| Ear pain or deafness | |
| Chronic hives (urticaria) | |
| Mucus in stools | |
| Rectal itching | |
| Foot, hair or body odor not relieved by washing | |
| Recurrent infections or fluid in ears | |
| Wheezing or shortness of breath | |

| Symptom | Yes |
|--|-----|
| Attacks of anxiety or crying | |
| Cold hands or feet, low body temperature | |
| Hypothyroidism | |
| Shaking or irritable when hungry | |
| Cystitis or interstitial cystitis | |
| Eczema | |
| Psoriasis | |
| Indigestion or heartburn | |
| Mucus in stools | |
| Dry mouth or throat | |
| Bad breath | |
| Pain or tightness in chest | |
| Urinary frequency or urgency | |
| Recurrent infections or fluid in ears | |
| Drowsiness, including inappropriate drowsiness | |
| Insomnia | |
| Tendency to bruise easily | |
| Itching eyes | |
| Sensitivity to milk, wheat, corn or other common foods | |
| Drowsiness, including inappropriate drowsiness | |
| Mouth rashes, including "white" tongue | |
| Sore throat | |
| Cough or recurrent bronchitis | |
| Burning or tearing eyes | |
| Burning on urination | |

Place Additional Comments here if needed

Read This!!!

The Detox Healing Crisis

Many people tell me they get sicker a few days into the candida-cleansing regimen. They get more acne, or experience more headaches, and they immediately stop the regimen because of this. Don't make this mistake. This feeling is just a normal healing crisis that everyone experiences before they get better. Shelley has this to say about the healing crisis:

The Healing Crisis, or Die-Off, occurs when the body is detoxifying: releasing stored toxins too rapidly for the paths of elimination to manage, and toxins are therefore floating around the bloodstream, poisoning you all over again.



For instance, autointoxication, or self-poisoning, occurs when the bowels are full of crud, because the body is designed to absorb water and minerals from the colon. Any bacteria, yeast or undigested foods will also get absorbed into the bloodstream to be filtered out all over again by the kidneys, lymph and liver or attacked by the immune system. Both the lymph and the liver rely on the bowels as a place to dump things, so the cycle continues until the bowels are cleansed with

bowel management intervention such as colonics.

The process of cleansing and detoxing is a process of elimination, but the body can eliminate only so fast. Give it more than it can handle and you'll feel poisoned because you are! Thus, intervention that supports the paths of elimination will lessen the effect of the healing crisis, remove toxins, and get you that much closer to vital health.

A healing crisis can also happen as the body replaces old, toxic tissues with new tissues. The old tissues are broken down and added to the body's waste materials. A healing crisis can happen when you add probiotics, as the microbe colonies react to the newcomers which clean house. You can even experience a healing crisis by giving your body healthy juices that allow access to alkaloids that give passage to stored acids.

What this all adds up to is: headaches, sleepiness, extreme fatigue, constipation or diarrhea, cold and flu symptoms, ear infections, and acne. As long as these symptoms are happening during a detox protocol, they are a natural part of the healing process and should be supported and even celebrated, and yet mitigated so that you stay within your comfort zone.

If you take something such as an herbal tea or intestinal cleanser and experience no healing crisis, then the dose is too small or the product is bunk. Increase dosage until you

feel the healing crisis coming on, that way you'll know it's effective. It's pretty funny, but I'm all the time saying, "Great!" when people complain of a product giving them a headache. The headache is telling you it's working, and that's a good thing.

To minimize the Herxheimer Reaction:

- Drink lots of good water, the cleansing drink, fresh veggie juices, and keep up your essential minerals/salts with broth or EmergenC or the like. As soon as you feel a headache coming on, immediately reach for a glass of water. Make it a habit.
- Drink ginger tea with honey and lemon if mucous is being released.
- Keep the paths of elimination (bowels, lungs, skin, kidneys) clean as possible, as frequently as possible. Definitely consider a colonic or two.
- Take air/sun baths, preferably from 2:00 pm on if summer, or before 11:00 am. Avoid sunbathing during the hottest part of the day, especially if you're Pitta.
- Reduce doses and slow down the detoxification process until you're in your comfort zone ? feeling somewhat ill but functional.
- Take a detox bath
- Sweat by using exercise, saunas, baths, and herbs
- Keep to a very pure diet, consider fasting or eating a mono-diet of Kichadi
- Get minimal exercise daily to keep circulation going. Stretching helps a lot.
- Consider getting a massage, or perform self-massage with sesame oil scented with essential oils such as lavender; peppermint; or a blend of lemon, bergamot, basil, etc.
- A healing crisis means true healing because old injuries and stored toxins are being released. Once released, true repair and regeneration of healthy tissues can begin.

The healing crisis will usually bring about past conditions and personal issues so they can be dealt with and released for all time. Please be aware that the issues may be mental/emotional, not just physical. The healing crisis can include periods of anger, irritability, depression, and intense bouts of sobbing. You don't have to know which trauma you are releasing to release it, so just go with the flow and let it out.

When you're experiencing emotional release, the therapies that seem to help best are bodywork and energetic healing methods such as massage, chiropractic, Rolfing, flower essences, Reiki, acupuncture.

Please bring these forms with you to your appointment.

PLEASE READ AND SIGN BELOW:

CAUTION

If you start taking thyroid replacement, you'll want to watch for and report to your practitioner if you start to have any of the below symptoms after starting the replacement. My experience is that the standard lab test called "TSH" has to get below 1.00 before normal thyroid levels are achieved. This may falsely be interpreted as having too much thyroid hormone if all the doctor does is look at the lab report without questioning or examining you. That's practicing bad medicine. If thyroid hormone is in excess, there are specific responses we see. This is why a complete physical exam and evaluation of your symptoms must be done. If you don't have the symptoms, by definition, you can't have too much thyroid hormone. If you do develop any of the symptoms below after starting thyroid replacement, stop taking your replacement and inform your practitioner.

Sudden weight loss, even when your appetite and diet remain normal or even increase

Rapid heartbeat (tachycardia) - commonly more than 100 beats a minute - irregular heartbeat (arrhythmia) or pounding of your heart (palpitations)

Increased appetite

Nervousness, anxiety and irritability

Tremor - usually a fine trembling in your hands and fingers

Sweating

Changes in menstrual patterns

Increased sensitivity to heat

Changes in bowel patterns, especially more frequent bowel movements or diarrhea

An enlarged thyroid gland (goiter), which may appear as a swelling at the base of your neck

Fatigue, muscle weakness

Difficulty sleeping

Change in menstrual flow - usually reduced or absent