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| **Case Analysis** | | |  |
| **Naturopathy** | | | | | |
| Patient Initials: | Age: | M/F/Preferred Pronoun: | | | Date: |
| JD | 16 | F | | | Click or tap to enter a date. |

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| **Supervisor Name:** | David Castelijn | **Student Name:** | Click or tap here to enter text. | **Student #:** | Click or tap here to enter text. |
| Naturopathic Understanding:  *(What do you know? What do you understand? What is the cause for THIS patient?)* | | | | | |
| High testosterone increases oil production in the skin = acne.  By not ovulating, no progesterone is released. You need progesterone to create GABA, the anti-anxiety hormone.  Increasing magnesium will help with hormones, GABA production, and stress reduction.  Diet that is high in carbohydrates and low in protein can cause insulin to spike = oily skin.  No food = no energy. | | | | | |
| Note:  *(Predisposing/Excitatory/Sustaining Factors)* | | | | | |
| P - family food habits  E - fasting, high carb diet, insulin  S - fasting and high cortisol, | | | | | |

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| **Treatment Considerations** |
| Constitution/Vitality |
| Click or tap here to enter text. |
| Factors Affecting Compliance  *(e.g. budget, religious, cultural, absorption, complexity, chronicity, diet, travel, taste, form)* |
| Taste?  Should be compliant |
| Working Diagnosis & Differentials  *(Including: worst case scenario)* |
| PCOS  Androgen excess due to insulin excess  HPA dysregulation  Anxiety |
| Concerns/Red Flags/Further Tests/Referrals Required |
| PCOS potentially. Testing further down the track if treatment is unresponsive. |
| Other |
| Click or tap here to enter text. |

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| **Treatment Aims: Short and Long Term** *(Novice may start with 2 short term 2 long term aims)* | | | | | |
| Treatment Aim  *What - are you trying to achieve* | Body System  *Location*  *Where - tissues/system* | Mechanism of Action  *How - are you going to achieve your aim? What mechanisms are you seeking to alter or potentiate? What energetics do you want to alter?* | Outcome  *Why - anticipated outcome for patient?* | Actions | Modality |
| Balance hormones | Endocrine | Prevent conversion of testosterone to DHT  Balance macronutrients in meals to reduce insulin spiking and subsequent testosterone production  Promote estrogen detoxification to the 2-OH pathway | Reduced acne  Periods become regular | Antiandrogenic  Protein  Estrogen detoxification | Herbs and diet |
| Reduce acne | Endocrine | Balance macronutrients in meals to reduce insulin spiking and subsequent oil production | Reduced acne | Protein | Diet |
| Reduce anxiety | NS | Promote GABAa receptor binding and provide nutrients for GABA synthesis  Regulate HPA axis to reduce CRH release | Reduced anxiety, improved sleep onset | Anxiolytic  Adaptogen  Magnesium | Herbs and diet |
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| **Action / Reason** | | **Prescription**  *(Herbal, Nutritional, Energetics); include dose, range and dosage* | | **Tx Timeframe / Prognosis / Outcomes** |
| Anti-androgenic  Anxiolytic  Estrogen detox  Adaptogen | | Saw Palmetto 1:2 15-30 20/wk  Passionflower 1:2 10-20 20/wk  Scutellaria lateriflora 1:2 15-30 20/wk    Rosemary 1:2 15-30 20/wk  Gotu kola 2:1 15-40 20/wk | | Within 3 months - cycle regulates, acne clears  Immediately - anxiety dissipates  Within a couple of weeks - anxiety  Within 3 months - cycle regulates  Within a couple of weeks - anxiety |
| **I have confirmed there are no herb / nutrient / drug interactions with my prescription.**  *My source for this information was:* | | | | |
| Click or tap here to enter text. | | | | |
| **Signature:** |  | | **Date:** | Click or tap to enter a date. |
| **Dietary & Lifestyle**  *A signed copy of any written instructions must be placed in client file; all handouts must be approved by the supervisor and a copy attached to this form)* | | | | |
| Click or tap here to enter text. | | | | |

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| **Further Notes** | | | |
| Click or tap here to enter text. | | | |
| **Issues to review next visit / Questions / Follow up requirements or referrals / Length of time until next app.** | | | |
| Click or tap here to enter text. | | | |
| *Complete full details of prescription on Dispensing Record Form with instructions as they appear on dispensed items.* | | | |
| Student Signature: |  | Date: | Click or tap to enter a date. |
| Supervisor Authorisation: |  | Date: | Click or tap here to enter text. |