

# Mr Ned Cross

**DOB** 12 Mar 1955

## Appointments

Date	Time	Type	Practitioner
5 Apr 2024	4:00PM – 4:45PM	Acute Naturopathic TELEHEALTH (15 mins)	Nicole Chester

## Treatment Notes

**Herbal/Supplement repeat**

**Practitioner:** Nicole Chester  
**Created:** 2 Jul 2024, 2:15PM  
**Last updated:** 2 Jul 2024, 3:11PM

<b>Herbal/Supplement</b>	Herbal 520mls Bearberry 100 Ginkgo biloba 70 Rosemary 70 Globe artichoke 100 Nigella 110 Cinnamon 70 7.5mls bd \$125  repeat inflavoinoid intensive care - 1 bd  add zinc picolinate 1 scoop od  add resist X advanced next round, start working on blood glucose/MetS possibility of driving BPH
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**Research Notes**

**Practitioner:** Nicole Chester  
**Created:** 6 Jun 2024, 2:10PM  
**Last updated:** 9 Jun 2024, 8:29AM

**Notes**

<b>Notes/Q for further Ix/assessment</b>	bloods 24.05.24, some improvements and some regression since March blood work  Sod 143 Potas 4.2 Bi-carb 28
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anion Gap 9

**phosphate 1.18**

**ca+ corr 2.43**

**Glucose 6.8 (random)**

Urea 7.9 dropped

**Creatinine 116 H increased from 94**

**GFR 55 dropped 16 points**

**Urate .372 (same)**

**GGT 33 up a little**

**ALT 31**

**AST 19 up a little**

cholesterol 4.6

B12 393 improved

Activ B12 >128

Iron 13

Trans Sat 18L

TIBC 71

ferritin 99 improved

Urine

leucocytes 166H

Erythrocytes 405H

no protein

**bloods fasted, hydrated and rested? feel creatinine may be elevated, bringing GFR down due to intense labour day before blood taken. recheck on next bloods**

## Research Notes

**Practitioner:** Nicole Chester

**Created:** 31 May 2024, 7:59AM

**Last updated:** 31 May 2024, 1:38PM

## Notes

### Notes/Q for further Ix/assessment

new blood work (18.05) reveals **improvements** across the board

Hb 143

**Sod 141**

**Potas 4.3**

**Bi-carb 27**

**anion Gap 7**

osmolality 301 H\*

**Glucose 5.1**

Urea 8.3

**Creatinine 94****GFR 71**

Urea/Creatine 89 (40-100)

**Urate 0.37**

Albumin 37

Globulin 28

Bilirubin 8

Alk Phos 70

**GGT 30**

ALT 35

**AST 14**

Mg 0.77\*

below - March bloods

**Creatine, Urea and Urate all excessively high for years now, GFR down to 60\*\*****AST 20****ALT 33****GGT 35****PSA 10****Eosinophils 0.77H\*****Monocytes 0.66\*****BG 7.7 ( has come down)****Triglycerides H****cholesterol now down with meds****stadium 138****Potassium 4.0****bi-carb 25**

great progress so far, kidneys markers moving in the right direction, overall health improving

feel magnesium levels could be better, and maybe work on folate levels through increasing dark green leafy veg

getting more comprehensive bloods done today..

**Herbal/Supplement repeat****Practitioner:** Nicole Chester**Created:** 9 May 2024, 4:18PM**Last updated:** 10 May 2024, 11:45AM**Herbal/Supplement**

Herbal 500mls

Goldens Seal 90

Astragalus 100

Bearberry 100

Burr Marigold 75  
 Maritime Pine 15  
 St Marys thistle 120  
 7.5mls bd  
 \$131

2 x Prostaco 2 bd  
 Inflavonoid Intensive care - 1 bd

**Acute Consultation**

**Practitioner:** Nicole Chester  
**Appointment:** 5 Apr 2024, 4:00PM  
**Created:** 7 Apr 2024, 7:25AM  
**Last updated:** 12 Apr 2024, 7:35PM

**NDFV**

<b>Age</b>	69
<b>Status</b>	No partner
<b>Emergency contact</b>	daughter Narelle 0439 888 618
<b>Children</b>	yes
<b>Occupation Past - present</b>	contracts on cattle farms, dipping cattle
<b>Pregnant - Breast-feeding</b>	NA

**PRESENT COMPLAINT**

approx 92kg, 5'8 tall

Dr said prostate is the biggest they have ever seen.

been on AB longer term for urinary tract infections, and hence kidneys infection.

Get pain when Urinate

get muscle cramps

Chemical exposure- dipping cattle

**DIET**

meat + vege, might have corned beef sandwich

will eat red meat, chicken, fish, prawns

drink 3-4 litres water a day sometimes

<b>Pathology</b>	<p><b>KIDNEYS failing</b></p> <p><b>Creatine, Urea and Urate all excessively high for years now, GFR down to 60**</b></p> <p><b>AST 20</b></p> <p><b>ALT 33</b></p> <p><b>GGT 35</b></p> <p><b>PSA 10</b></p> <p><b>Eosinophils 0.77H*</b></p> <p><b>Monocytes 0.66*</b></p> <p><b>BG 7.7 ( has come down)</b></p> <p><b>Triglycerides H</b></p> <p><b>cholesterol now down with meds</b></p> <p><b>stadium 138</b></p> <p><b>Potassium 4.0</b></p> <p><b>bi-carb 25</b></p> <p><b>Urine</b></p> <p><b>leukocytes 30H</b></p> <p><b>Erythrocytes 1600H</b></p>
<b>Medication</b>	<p>Alluprinol (uric acid)</p> <p>Xarelto (Rivaroxaban)</p> <p>Modurectic (Amiloride)</p> <p>Tambocor (arrhythmia)</p> <p>APO- Metoprolol (BP and angina)</p> <p>Alprim (AB- UTI)</p>
<b>Supplements</b>	None
<b>Signs - Markers</b>	
<b>Allergies</b>	
<b>FINDINGS - ASSESSMENT</b>	<p>Hard to establish whole picture as Ned is very traditional, and isn't efficient with technology, so hard to relay and communicate info/ blood work etc</p> <p>can establish Ned has extreme BPH, blocking free flow of urine --&gt; stagnant bacteria --&gt; urinary/bladder inflammation, putting stress on the kidneys, with chronic UTI's</p> <p>Would also assume kidney function and microcirculation in on the decline --&gt; cardiovascular risks.</p> <p>Diet is basic and feel not preparing clean nutritious meals most days, as may live alone.</p> <p>Hx of high chemical exposure no doubt playing havoc and in need of detoxification.</p>

Multiple medications also causing nutrient deficiencies. magnesium levels LOW, along side many you could assume.

**Pathology Requested**

get copies of any blood work and SMS through

**Rx - PROTOCOL**

Prostaco - 2 bd  
 Mag Taur Xcell - 3/4 scoop  
 Clinical lipids - 1 bd  
 S.Bifido 1 bd (2 weeks)

Herbal 430ml  
 Goldens Seal 70  
 Astragalus 90  
 Bearberry 90  
 Gota Kola 80  
 Maritime Pine 10  
 St Marys thistle 90  
 7.5mls bd  
 \$114  
 loading dose of 7.5mls tds for 3 days

**DIET - LIFESTYLE PLAN**

**Kidney friendly diet\*\***

eliminate all refined carbohydrates 'white stuff' white potatoes, white rice, pasta, sugars

reduce meat portions and increase colourful vege on plate

microcirculation foods daily

water intake

**Record - Complete**

- Blood Glucose
- PH
- Symptothermal Charting
- Diet & Symptoms
- Basal Body Temperature
- Blood Pressure
- HAQ
- Mood Appraisal

**Review - Next Visit**

3-4 weeks

**Patient Forms**

There are no patient forms for Mr Ned Cross.