



UNDA NUMBERED COMPOUNDS:

Patient Assessment, Evaluation and Practical Application

7-Session Webinar Series

Presented by Dr. Dickson Thom, ND, DDS
Session 6: April 22, 2020



Achieve Sustained Treatment Outcomes

Thank you for attending this educational program.
We are pleased to offer you the following promotion.

15% off all UNDA Numbered Compounds

Use promotional code:

UNDA20

*Valid until June 8, 2020



To place an order, register for an education event or any additional questions,
please call your Atrium Innovations representative at
1 (800) 263-5861 Canada or 1 (888) 737-6925 USA.
You can also visit www.Seroyal.com or www.Seroyal.ca

*Valid in Canada and USA. Offer expires 6/8/20 at 11:59 p.m. EST. Discount is valid on all UNDA Numbered Compounds. Free standard shipping will apply to the entire order. Cannot be combined with any other promotions or discounts or on previous orders, exclusions may apply. Promo code can be used four times. These products may not be right for everyone. Always read and follow the label.



Speaker Disclosure

Dr. Dickson Thom, ND, DDS



I am a paid advisor to Seroyal. I have no other conflicts of interest to disclose.

The Company assumes no liability for presenter's information, whether conveyed verbally or in these materials. All presentations represent the opinions of the presenter and do not represent the position or the opinion of the Company. Reference by the presenter to any specific product, process or service by trade name, trademark, or manufacturer does not constitute or imply endorsement or recommendation by the Company.

Seminars, teleconferences and webinars such as this are for educational purposes only and are intended for licensed health care practitioners.

Practitioners are solely responsible for the care and treatment provided to their own patients. These therapies are not substitutions for standard medical care. This presentation is intended for North American healthcare practitioners. U.S. healthcare practitioners, please note, product claims and dosing are in accordance with Health Canada regulations and have not been evaluated by the Food and Drug Administration (FDA). The information provided by speakers in this educational program, together with any written material, do not necessarily represent the view of Seroyal and are not intended as medical advice.

Homeopathy, Phytotherapy, Gemmotherapy, Oligo-elements and Schüssler Tissue Salts are modalities used in traditional medicine. Homeopathic uses are based on the Materia Medica and are not supported by clinical trials. These therapies are not substitutions for standard medical care.



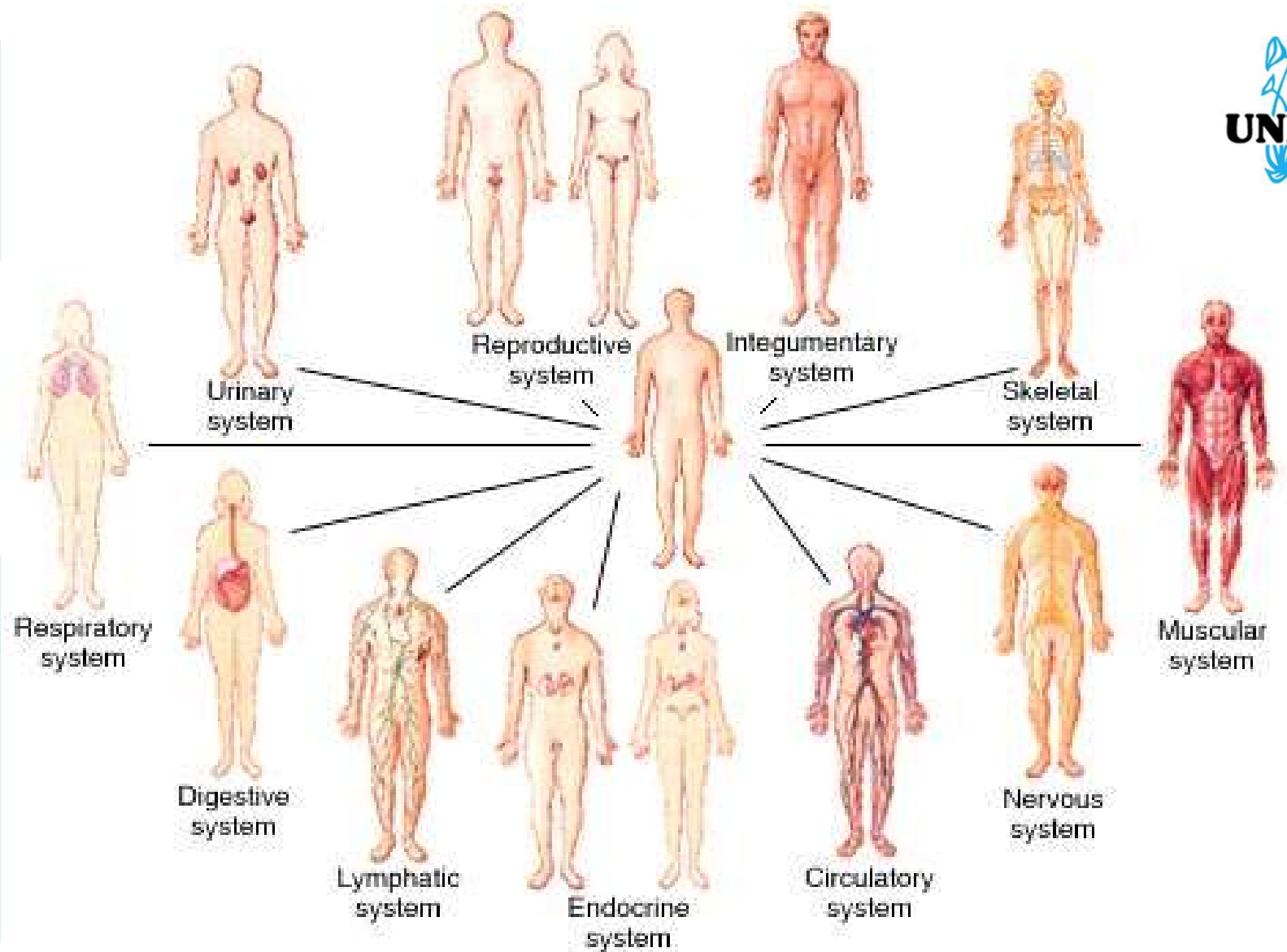
Goals



- Using case examples to communicate the use of several Biotherapeutic drainage remedies used in conjunction to create an effective therapy to address common situations
- The cases that will be presented are complex and represent long term care (years). Women's health, chronic fatigue and chronic kidney conditions will be used as case examples
- The real benefit of Naturopathic/ Biological medicine can only be realized by life-long care of patients with long-standing conditions



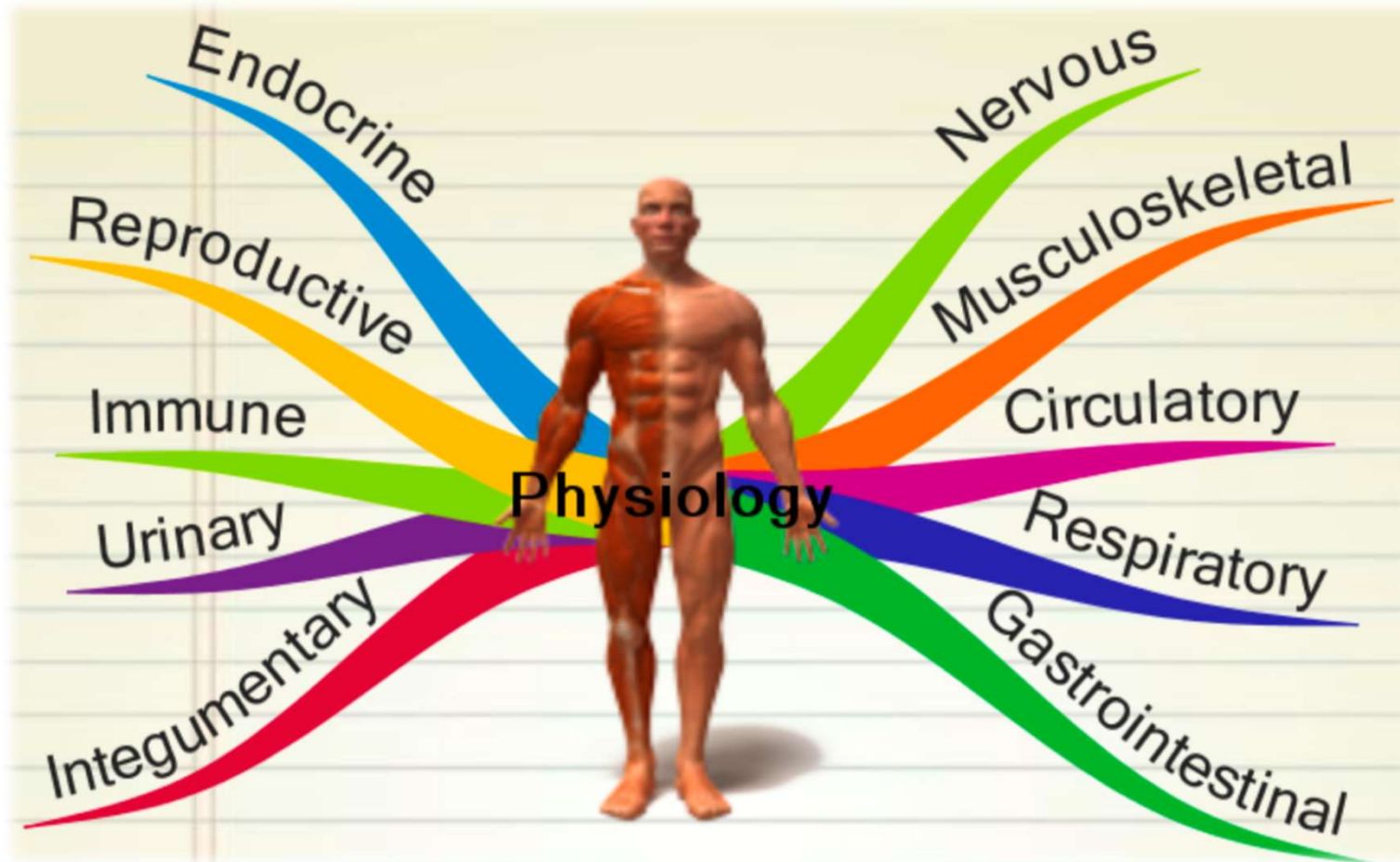
**ALL
SYSTEMS
IN
BALANCE**



**UNDA
Numbers
are used to
restore balance
to all organ
systems.
They DO NOT
“treat”
symptoms or
conditions**



We Must Be Able to Assess the Physiology of Each Organ System



Maturation Ages Of The Organ Systems



Central Nervous System

~ 22 – 28 years

GI/ Thyroid
18 months – 7 years

Respiratory
7 years - puberty

M-Skel
~ 30 yo
Skin
ongoing

Cardiovascular
~ 18 – 22 years

Endocrine
~ 11 – 14 years

Kidney/ Adrenal
Conception – 18 months





Endocrine System



Women's Health Concerns



Women's Health



Infertility



Infertility



- Defined as a couple's inability to become pregnant after 1 year of sex without using birth control
- Of all couples who have not conceived after 1 year, about half will go on to conceive naturally in the following year. For women 35 or older, another year may be too long to wait before seeking testing and treatment
- A woman's fertility declines from her mid-30s into her 40s, as her egg supply ages. At the same time, her risk of miscarriage increases. Although a man's sperm count decreases with age, male fertility is not known to be greatly affected by age

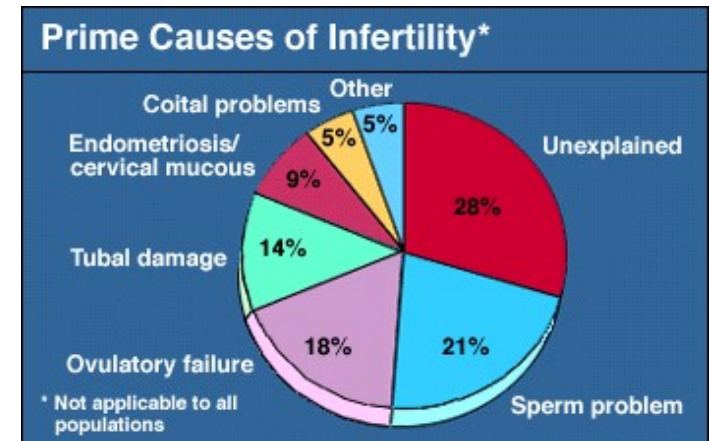


Infertility: Etiology



Many causes involve either the woman, the man, or both. The most common areas of concern relate to aspects that include issues with:

- The man's reproductive system
- The woman's fallopian tubes
- The woman's uterus and/or cervix
- Ovulation
- Either party having been exposed before birth to DES



https://www.bing.com/images/search?view=detailV2&id=218485038784FB91989148D9E14115E6EED32F3E&thid=OIP.bWwI3Dkcn48nqOfCoj5BAAAA&mediaurl=http%3A%2F%2F1.bp.blogspot.com%2F-PBoqRSNSQco%2FUXRg5tjwQl%2FAAAAAAAAss%2FeOA9z-7bmbA%2Fs1600%2Fhrinfert_02.gif&exph=225&expw=350&q=images+of+prime+cases+of+infertility&selectedindex=4&qpv t=images+of+prime+cases+of+infertility&jahxhist=0&vt=0&eim=2,6



Infertility: Risk Factors



- **Aging**. Rates of infertility in women increase with age and are about:
 - 7% in women ages 20 to 24
 - 9% in women ages 25 to 29
 - 15% in women ages 30 to 34
 - 22% in women ages 35 to 39
 - 29% in women ages 40 to 44
- **Congenital birth defects**
- Exposure to **DES (diethylstilbestrol)** before birth
- Moderate or severe **endometriosis**
- Past exposure to very high levels of **environmental toxins**, certain drugs, or high doses of radiation (including cancer chemotherapy or radiation)
- Past **infection** such as gonorrhea or chlamydia that has since damaged the reproductive system



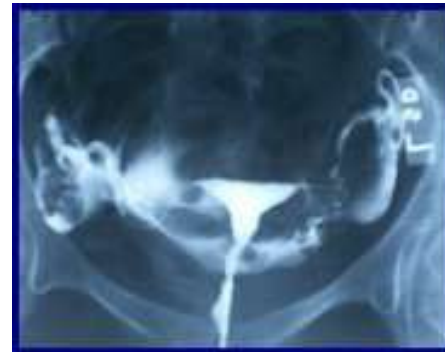
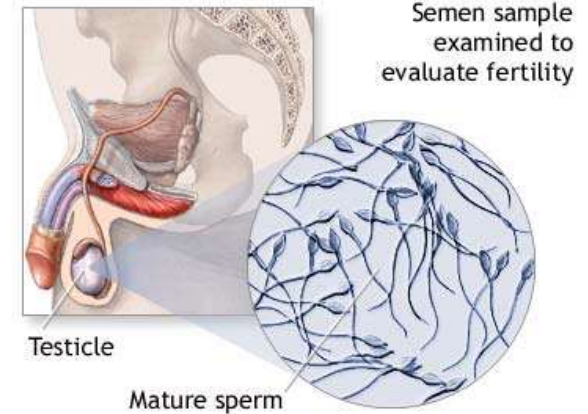
Infertility: Exam



1. Check semen quality
2. Both partners' hormone levels in the blood
3. If your initial test results show no cause of infertility, check fallopian tube function

Depending on findings, may offer

1. Fertility drugs
2. Intrauterine insemination
3. Both



Infertility: Prevention



- Avoid using tobacco (cigarettes) and marijuana



- Avoid exposure to chemicals



- Avoid excessive alcohol use, which may damage eggs or sperm



- Limit sex partners and use condoms to reduce the risk of getting a sexually transmitted disease (STD)



- Maintain a body weight close to the ideal



Pregnancy Preparation



- Estimate when you are ovulating by practicing fertility awareness, including monitoring your cervical mucus changes, basal body temperature, and luteinizing hormone (LH) levels with a home ovulation predictor test
- If you know when you will be ovulating, do not have sex during the 5 days before your 6-day "fertile window," which is ovulation day and the 5 days leading up to it. Then have sex once each day of your fertile window, including ovulation day
- If you don't know when you will next be ovulating, have sex two or three times each week
- If you exercise strenuously most days of the week, reduce your level of activity. Strenuous exercise can cause women to ovulate less often



Pregnancy Preparation



- A-Mulsion
- B complex/ active, liquid
- Essential Fatty Acids
- TFE Female Formula
- HFE Ovarian Drops
- TPTP Pituitary Extract
- Super Orti Vite
- E400 Emulsified
- HTHY Thyroid Drops
- TAD+ Adrenal Forte
- HAD Adrenal Drops

- Organotherapies
 - Hypophysinum
 - Folliculinum
 - Ovarinum
 - Luteinum
- Gammadyn Co, Mg, Zn
- Gemmotherapies
 - Rosmarinus Officinalis
 - Rubus Idaeus
 - Sequoia Gigantea
 - Quercus Pedunculata
- Unda 10, 16, 21, 48, 1000



Clinical Case # 16



41 Year Old Female: Pregnancy Preparation

Initial visit



- Trying for 3 yrs to get pregnant, husband's sperm count tested fine
- All fertility tests come back fine, no physical issue can be found
- Mother took DES when she was pregnant with her
- Married at 36, couples counseling past 4-5 months, which has helped relationship
- Marriage is not easy; husband works a lot and does only what he wants
- Recently had 30 cc fluid aspirated from burst cyst
- Scant menses since IUD 3 years ago, cycles can be 20-28 days
- Menarche at 12yo
- Began OCP at 14yo
- At age 16 fibroadenoma of L breast burst
- LEEP at age 19
- Abortion at age 28
- Current cycle is 26 days, ovulates at day 15, luteal phase is short



41 Year Old Female: Pregnancy Preparation

Initial visit



- Acupuncture and Chinese herbs helping with stress
- Does not find a lot of joy with her job, really hates chaos
- Had a few IUI tx, not timed well and did not take
- Hysterosalpingogram did not reveal any issues
- Prolotherapy to cervix a few times
- Took UNDA 1, 20, 243; skin broke out, was very emotional, some constipation
- Sleep is great, energy is great, ok to wake up
- Appetite is good, has lots of food sensitivities, avoids wheat
- During school, had diarrhea, lost 25# in 4 weeks, had colonoscopy and found a precancerous polyp
- Currently has mild colitis with tendency toward constipation with stress



41 Year Old Female: Pregnancy Preparation

Initial visit



- Sleep is great, energy is great, ok to wake up
- Appetite is good, has lots of food sensitivities, avoids wheat
- During school, had diarrhea, lost 25# in 4 weeks, had colonoscopy and found a precancerous polyp
- Currently has mild colitis with tendency toward constipation with stress
- Current cycle is 26 days, ovulates at day 15, luteal phase is short

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI – digestive
- Femagen PMS tabs – hormone stabilizer to help stabilize menstrual cycle irregularities

- **UNDA** 5 drops 3x/ day
- Rosmarinus Officinalis – hepatic, metabolic, digestive, nervous, cardiovascular, general health
- MnCu
- Nat Sulph 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

Initial visit



- Sleep is great, energy is great, ok to wake up.
- Appetite is good, has lots of food sensitivities, avoids wheat.
- During school, had diarrhea, lost 25# in 4 weeks, had colonoscopy and found a precancerous polyp.
- Currently has mild colitis with tendency toward constipation with stress.
- Current cycle is 26 days, ovulates at day 15, luteal phase is short

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS Tablets

- **UNDA 5** (respiratory), **18** (cardiovascular, digestive), **50** (digestive) 5 drops 3x/ day
- Rosmarinus Officinalis
- MnCu
- Nat Sulph 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

2nd visit



- Allergies have been out of control, sneezing a huge amount, increased fatigue
- Feel stronger overall
- Constipated for 2 days then loose stool, some gas
- Sleep is great, dreams every night
- Hates work, does not look forward to Mondays
- Relationship with husband is going great
- Menses scant, only 1.5 days long, 28 day cycle
- H/A and constipation with menses
- Tight neck and shoulders, R SI low back pain
- Has felt really hungry, craves chocolate intensely for last 3 weeks
- Skin- had break outs, dyshidrotic eczema bottom of feet
- Taking Chinese herbs for blood building and adrenal health



41 Year Old Female: Pregnancy Preparation

2nd visit



- Allergies have been out of control, sneezing a huge amount, increased fatigue
- Constipated for 2 days then loose stool, some gas
- Sleep is great, dreams every night
- Relationship with husband is going great
- Menses scant, only 1.5 days long, 28 day cycle
- H/A and constipation with menses

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+ - immune function, nutrient metabolism, skin support

- **UNDA** 5 drops 3x/ day
- Sequoia gigantean (endocrine, musculoskeletal, hepatic) + Quercus pedunculata (endocrine, immune, general well being)
- CuAuAg
- Ferrum Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

2nd visit



- Allergies have been out of control, sneezing a huge amount, increased fatigue
- Constipated for 2 days then loose stool, some gas
- Sleep is great, dreams every night
- Relationship with husband is going great
- Menses scant, only 1.5 days long, 28-day cycle
- H/A and constipation with menses

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA 4** (gastrointestinal, CNS), **18** (cardiovascular, digestive), **74** (digestive, cardiovascular, endocrine) 5 drops 3x/ day
- Sequoia gigantea + Quercus pedunculata
- CuAuAg
- Ferrum Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

3rd visit



- Allergies have been bad, feels tired and sluggish
- Eczema under arms, increased body odor
- GI is all over the place
- Appetite is changeable
- Had IUI this month, feels cervix is scarred from LEEP so this procedure is necessary
- Very sad about not getting pregnant, feels she needs to do something, considering 2 more IUI's and then mb IVF...?
- Relationship with husband is good, counseling is really helpful.
- UNDA 74 helps stay present, not be so reactive to things
- Not doing COP
- Trying to find new office space to help work situation



41 Year Old Female: Pregnancy Preparation

3rd visit



- Allergies have been bad, feels tired and sluggish
- GI is all over the place
- Appetite is changeable
- Had IUI this month, feels cervix is scarred from LEEP so this procedure is necessary
- Very sad about not getting pregnant, feels she needs to *do* something, considering 2 more IUI's and then mb IVF...?
- UNDA 74 helps stay present, not be so reactive to things

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA** 5 drops 3x/ day
- Sequoia gigantea + Quercus pedunculata
- 4 organotherapies
- ZnCu
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

3rd visit



- Allergies have been bad, feels tired and sluggish
- GI is all over the place
- Appetite is changeable
- Had IUI this month, feels cervix is scarred from LEEP so this procedure is necessary
- Very sad about not getting pregnant, feels she needs to *do* something, considering 2 more IUI's and then mb IVF...?
- UNDA 74 helps stay present, not be so reactive to things

Protocol Plan:

- BTG's , wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA 16** (endocrine, respiratory), **74** (digestive, cardiovascular, endocrine), **245** (endocrine) 5 drops 3x/ day
- Sequoia gigantea + Quercus pedunculata
- 4 organotherapies
- ZnCu
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

4th visit



- Allergies much less, improved in energy and less sluggish
- Eczema under arms decreased, almost gone
- GI much better with occasional tendency to constipation – miss a day 1 time/week
- Appetite is changeable, no cravings
- Sleep is good
- Sad still not pregnant
- Relationship with husband is good, counseling is really helpful
- Doing COP regularly



41 Year Old Female: Pregnancy Preparation

4th visit



- Allergies much less, improved in energy and less sluggish
- Eczema under arms decreased, almost gone
- GI much better with occ. tendency to constipation – miss a day 1 time/ week
- Appetite is changeable, no cravings
- Sleep is good
- Sad still not pregnant
- Relationship with husband is good, counseling is really helpful.
- doing COP regularly

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA** 5 drops 3x/ day
- Rubus Idaeus – endocrine, hepatic systems
- 4 organotherapies
- Li (US only)
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

4th visit



- Allergies much less, improved in energy and less sluggish
- Eczema under arms decreased, almost gone
- GI much better with occ. tendency to constipation – miss a day 1 time/ week
- Appetite is changeable, no cravings
- Sleep is good
- Sad still not pregnant
- Relationship with husband is good, counseling is really helpful.
- Doing COP regularly

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA 8** (cardiovascular), **18** (cardiovascular, digestive), **48** (endocrine, respiratory, cardiovascular, urinary) 5 drops 3x/ day
- Rubus Idaeus
- 4 organotherapies
- Li (US only)
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

5th visit



- No allergies, energy good
- No eczema
- GI fine – rarely miss a day
- Appetite is good, no cravings
- Sleep is good
- Mood is vey good
- 2 days late in her menses



41 Year Old Female: Pregnancy Preparation

5th visit



- No allergies, energy good
- No eczema
- GI fine – rarely miss a day
- Appetite is good, no cravings
- Sleep is good
- Mood is very good
- 2 days late in her menses

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA** 5 drops 3x/ day
- Rubus Idaeus
- 4 organotherapies
- Li (US only)
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation

5th visit



- No allergies, energy good
- No eczema
- GI fine – rarely miss a day
- Appetite is good, no cravings
- Sleep is good
- Mood is very good
- 2 days late in her menses

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- Herbal GI
- Femagen PMS tabs
- TAD+

- **UNDA 8** (cardiovascular), **18** (cardiovascular, digestive), **48** (endocrine, respiratory, cardiovascular, urinary) 5 drops 3x/day
- Rubus Idaeus
- 4 organotherapies
- Li (US only)
- Kali Phos 6x
- Flower Essence



41 Year Old Female: Pregnancy Preparation



Phone call 3 weeks later

- Great news!
- Positive pregnancy test

Protocol Plan:

- BTG's
- continue sesame, sunflower
- GLA 130 – omega 6 fatty acids for the maintenance of good health
- DHA – brain health, cognitive function
- Pregna Vite – maternal and fetal development support

- **UNDA** 5 drops 3x/ day
- Rubus Idaeus
- Met-gen – cardiovascular, circulatory, metabolic, hepatic
- Flower Essence



41 Year Old Female: Pregnancy Preparation



Phone call 3 weeks later

- Great news!
- Positive pregnancy test

Protocol Plan:

- BTG's
- Continue sesame, sunflower
- GLA 130
- DHA
- Pregna Vite

- **UNDA 9** (CNS), **10** (endocrine), **245** (endocrine)
5 drops 3x/ day
- Rubus Idaeus
- Met -gen
- Flower Essence



41 Year Old Female: Pregnancy Preparation

September 2019



**Has a
9 year old
daughter**



Clinical Case # 17



36 Year Old Female: Menstrual Health and Pregnancy Preparation



Initial visit

- Regular menses until 29yo (death of a close friend)
- Last menses: day of funeral, none since
- One month later, married one week before beginning ND school
- Then, “held tight” for several years
- Dx as sluggish hypothalamus (not end organ problem)
- Low FSH, LH, TSH
- Tried lots of therapies -BCP, Clomid, FSH inj, miscarriage at 10 weeks
- Low normal thyroid--hands cold, constipation, craves sweets
- Took T3 for a while, no change
- Stress: Tendency to “hold on” - stomach, shoulders, breathing
- Exercise regularly: walking, yoga to “mellow out”
- When stressed: tight, focused, on the go, no time for distractions, no surprises



36 Year Old Female: Menstrual Health and Pregnancy Preparation

Initial visit



- Sleep: poor, difficulty falling and staying asleep
- No deep sleep until 7-9am
- Urinary frequency when just falling asleep (1-3x/night)
- Dreams: recent scary dreams, being murdered, wake up disturbed & scared
- Woke up needing water, increasing water felt good
- Felt less “dry” inside
- Energy: manages, with afternoon dip
- Need caffeine in AM to get going & still feels effect at night
- Appetite: no strong hunger, needed to relearn to eat after being vegan
- Crave sweets
- Sluggish digestion, pressure feeling after eating (esp. from full meal)
- Then, tired for a couple of hours, energy focused on digestion
- Affects sleep also
- Slight constipation
- Occasional colic pain from fried, heavy foods



36 Year Old Female: Menstrual Health and Pregnancy Preparation

Initial visit



- Mood: worry, low spirits, dark, irritable
- Not want to “take things” anymore, no more “pushing” things to happen
- Mother reached 55 years old before menopause
- Onset: as a teen, tendency to anorexia
- Past few years, an “undoing” of this teen experience
- Deal with emotions with endocrine symptoms...grief, anorexia, hormones
- CCM diagnosis: blood deficiency
- Always cold internally, cannot get warm, shivering inside
- Sensitive to sugar, coffee, alcohol, if have it after dinner, cannot sleep
- Addiction to sugar/alcohol, dad: alcoholic



36 Year Old Female: Menstrual Health and Pregnancy Preparation



- BTGs
- Month 1: **UNDAs** Hp hormones, Epiphysinum 4CH, Cerebrinum 200K, Hypothalaminum 200K
- Month 2: **UNDAs** Hp hormones, Organotherapies as above, Silica 200K (new moon), Cimicifuga 200K (full moon)
- Month 3: **UNDAs** UNDA 30 prn for sleep, Hp hormones, Organotherapis as above, Silica 200K (new moon), Cimicifuga 200K (full moon)
- Month 4: **UNDAs** UNDA 30 prn for sleep, MnCo, ZnCu, Hp hormones, Organotherapies as above, KMg, Silica 200K (new moon), Cimicifuga 200K (full moon)



36 Year Old Female: Menstrual Health and Pregnancy Preparation



- BTGs
- Month 1: **UNDA 8** (cardiovascular), **48** (endocrine, respiratory, cardiovascular, urinary), **228** (nervous digestive endocrine) Hp hormones, Epiphysinum 4CH, Cerebrinum 200K, Hypothalaminum 200K
- Month 2: **UNDA 3** (gastrointestinal, CNS, entero-hepatic), **24** (nervous, digestive), **243** (digestive, endocrine) Hp hormones, Organotherapies as above, Silica 200K (new moon), Cimicifuga 200K(full moon)
- Month 3: **UNDA 5** (respiratory), **14** (digestive urinary, respiratory, endocrine), **226** (digestive) UNDA 30 prn for sleep, Hp hormones, Organotherapies as above, Silica 200K(new moon), Cimicifuga 200K(full moon)
- Month 4: **UNDA 10, 21, 1001** UNDA 30 prn for sleep, MnCo, ZnCu, Hp hormones, Organotherapies as above, KMg, Silica 200K(new moon), Cimicifuga 200K(full moon)



36 Year Old Female: Menstrual Health and Pregnancy Preparation 5th visit



- Day before full moon had cramps, breast tenderness
- But no menses; did UA pregnancy test (=)
- Cramps for 4-5 days
- Sleep - good 1st part of month (since NM); 2nd ½ more difficult
- Energy decreased in the last week
- GI good - decreased CHO, increased protein; less bloating
- Appetite increased
- With warm weather cold not an issue
- Mood - very good, related to sleep



36 Year Old Female: Menstrual Health and Pregnancy Preparation



5th visit

- Day before full moon had cramps, breast tenderness
- But no menses; did UA pregnancy test (=)
- Cramps for 4-5 days
- Sleep - good 1st part of month (since NM); 2nd ½ more difficult
- Energy decreased in the last week
- GI good - decreased CHO, increased protein; less bloating
- Appetite increased
- With warm weather, cold not an issue
- Mood - very good, related to sleep

Treatment Plan:

- BTG's
- Wear red underwear
- Seed Cycling
- KMG Plus – muscle function, tissue formation, bones and teeth health, nutrient metabolism, helps prevent B6 deficiency

- **UNDA** 5 drops 3x/ day
- Unda 30 for sleep
- MnCo, ZnCu
- Hp hormones
- Silica 200K (NM), cimicifuga (FM)



36 Year Old Female: Menstrual Health and Pregnancy Preparation

5th visit



- Day before full moon had cramps, breast tenderness
- But no menses; did UA pregnancy test (=)
- Cramps for 4-5 days
- Sleep - good 1st part of month (since NM); 2nd ½ more difficult
- Energy decreased in the last week
- GI good - decreased CHO, increased protein; less bloating
- Appetite increased
- With warm weather, cold not an issue
- Mood - very good, related to sleep

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- KMG Plus

- **UNDA 10, 21, 245** – endocrine 5 drops 3x/ day
- Unda 30 for sleep
- MnCo, ZnCu
- Hp hormones
- Silica 200K (NM), cimicifuga (FM)



36 Year Old Female: Menstrual Health and Pregnancy Preparation

6th visit



- Had 5 days of bleeding w/ menses 3 weeks ago
- No clots; PMS
- Had stressful month w/ moving
- Grandmother died yesterday - similar situation that happened years ago with death of friend and her last menses
- Sleep - much better (esp. 1st ½ of cycle)
- GI/appetite - ok; BM regular; sugar cravings
- Feels better on less CHO
- Aware of breathing
- M/E - short fuse this month (PMS?, death?)



36 Year Old Female: Menstrual Health and Pregnancy Preparation

6th visit



- Had 5 days of bleeding w/ menses 3 weeks ago
- No clots; PMS
- Had stressful month w/ moving
- Grandmother died yesterday - similar situation that happened years ago with death of friend and her last menses
- Sleep - much better (esp. 1st ½ of cycle)
- GI/appetite - ok; BM regular; sugar cravings
- Feels better on less CHO
- Aware of breathing
- M/E - short fuse this month (PMS?, death?)

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- KMG Plus
- MnCo, ZnCu
- Hp hormones
- Silica 200K (NM), cimifuga (FM)

- **UNDA** 5 drops 3x/ day
- Unda 30 for sleep if needed
- Sequoia gigantea
- Quercus pedunculata



36 Year Old Female: Menstrual Health and Pregnancy Preparation

6th visit



- Had 5 days of bleeding w/ menses 3 weeks ago
- No clots; PMS
- Had stressful month w/ moving
- Grandmother died yesterday - similar situation that happened in 1995 with death of friend and her last menses
- Sleep - much better (esp. 1st ½ of cycle)
- GI/appetite - ok; BM regular; sugar cravings
- Feels better on less CHO
- Aware of breathing
- M/E - short fuse this month (PMS?, death?)

Protocol Plan:

- BTG's, wear red underwear
- Seed Cycling
- KMg Plus
- MnCo, ZnCu

- **UNDA 14** (digestive, urinary, respiratory, endocrine),
21 (endocrine), **48** (endocrine, respiratory, cardiovascular,
urinary) 5 drops 3x/ day
- Unda 30 for sleep if needed
- Sequoia gigantea
- Quercus pedunculata
- Hp hormones
- Silica 200K (NM), cimicifuga (FM)



36 Year Old Female: Menstrual Health and Pregnancy Preparation

7th visit



- Had 50 day cycle - on 5th day of bleeding now
- Started spotting on day 33 - light x 2days
- Had PMS - cramping, insomnia, emotional
- Woke up with HIVES - L eye swollen shut; ITCHY - never had on face
- Sleep off all month; appetite-ok
- Energy - fine physically not mentally
- M/E - sad, depressed, difficult with move

Protocol Plan:

- No change



36 Year Old Female: Menstrual Health and Pregnancy Preparation

8th visit



- Menses 8 days late woke up with URI
- Then rust colored spotting for the next 3 days
- Some nipple tenderness
- Sleep and mood is better - not waking as much
- Got poison oak and took Benadryl - very susceptible
- Appetite and digestion is good - craving nuts
- Emotionally aware since moving vs. depression
- Overall a good month
- Walking and yoga



36 Year Old Female: Menstrual Health and Pregnancy Preparation

8th visit



- Menses 8 days late woke up with URI
- Then rust colored spotting for the next 3 days
- Some nipple tenderness
- Sleep and mood is better - not waking as much
- Got poison oak and took Benadryl - very susceptible
- Appetite and digestion is good - craving nuts
- Emotionally aware since moving vs. depression
- Overall a good month
- Walking and yoga

Protocol Plan:

- Continue BTG's, Homeopathic hormones
- Continue: Cerebrinum 4CH, Hypothalinum 4CH, Epiphysinum 4CH
- Continue Gammadyn MnCo (AM) and ZnCu (PM)
- Continue Sequoia (75 gtts) and Quercus (25 gtts)
- Unda
- Silica 200C Day 1
- Pulsatilla 200C Day 15



36 Year Old Female: Menstrual Health and Pregnancy Preparation 8th visit



- Menses 8 days late woke up with URI
- Then rust colored spotting for the next 3 days
- Some nipple tenderness
- Sleep and mood is better - not waking as much
- Got poison oak and took Benadryl - very susceptible
- Appetite and digestion is good - craving nuts
- Emotionally aware since moving vs. depression
- Overall a good month
- Walking and yoga

Protocol Plan:

- Continue BTG's, Homeopathic hormones
- Continue: Cerebrinum 4CH, Hypothalinum 4CH, Epiphysinum 4CH
- Continue Gammadyn MnCo (AM) and ZnCu (PM)
- Continue Sequoia (75 gtts) and Quercus (25 gtts)
- Unda **1** (gastrointestinal, hepatic, renal), **18** (cardiovascular, digestive), **243** (digestive, endocrine)
- Silica 200C Day 1
- Pulsatilla 200C Day 15



36 Year Old Female: Menstrual Health and Pregnancy Preparation

9th visit



- Had menses on day 28 - lasted 5 days
- 2 weeks later had U/S - felt like ovulation - lining is consistent
- Then day 37 - full regular menses; U/S showed ovarian cysts
- Really normal, no clots, some cramping
- Feels like one ovary is working and one is not
- Mild PMS around day 34
- Dry skin, low libido, vaginal dryness
- Sleep better - able to fall asleep - lunar eclipse may have affected
- Appetite decreased around menses otherwise normal
- Feels bloated when not eating, increased protein, less carbs feels better
- Mood much worse - worry about \$, the move, no motivation, tearful, miserable
- Walking, breathing, yoga all helpful



36 Year Old Female: Menstrual Health and Pregnancy Preparation 9th visit



Protocol Plan:

- Continue BTG's, Homeopathic hormones
- Discontinue Cerebrinum 4Ch, Hypothalinum 4 CH
- Continue Sequoia and Quercus; Phytogreens (antioxidants)
- Super EFA Liquid: 1 TBSP/day Day 1-14 – (cardiovascular, cognitive, brain health)
- GLA 130 Caps: 2 caps BID Day 15-menses
- Gammadyn Li: 1 amp in AM
- Gammadyn Zn: 1 amp in PM
- Silica 200 C Day 1
- Sepia 200C Day 15
- Unda



36 Year Old Female: Menstrual Health and Pregnancy Preparation

9th visit



Protocol Plan:

- Continue BTG's, Homeopathic hormones
- Discontinue Cerebrinum 4Ch, Hypothalinum 4 CH
- Continue Sequoia and Quercus; Phytogreens
- Super EFA Liquid: 1 TBSP/day Day 1-14
- GLA 130 Caps: 2 caps BID Day 15-menses
- Gammadyn Li: 1 amp in AM
- Gammadyn Zn: 1 amp in PM
- Silica 200 C Day 1
- Sepia 200C Day 15
- Unda **9** (CNS), **48** (endocrine, respiratory, cardiovascular, urinary), **228** (nervous, digestive, endocrine)



36 Year Old Female: Menstrual Health and Pregnancy Preparation

10th visit



- Day 43 today - no menses
- During her 30's has not really cycled except for recently
- Last cycle was 36-37 days
- On day 30 eyes red like previous menses but no d/c
- Mood better - Li really helpful
- Not feeling so stuck
- Sleep better - having vivid dreams; appetite fine
- GI - regular BM's
- PMS - teary, breast tenderness
- Slowly getting back into routine
- Desires pregnancy but thinks needs to be regular



36 Year Old Female: Menstrual Health and Pregnancy Preparation

10th visit



Protocol Plan:

- BTG's
- Continue Gamm Li, Homeopathic hormones
- Gammadyn ZnCu
- Unda 5 drops TID
- Ribes nigrum (immune, endocrine, metabolic, musculoskeletal, general health): NM -FM
- Sequoia / Quercus FM-NM
- Sepia 200C: FM
- Silica 200C: NM
- TPIN: tissue formation, nutrient metabolism, helps prevent Vitamin B6 deficiency



36 Year Old Female: Menstrual Health and Pregnancy Preparation

10th visit



Protocol Plan:

- BTG's
- Continue Gamm Li, Homeopathic hormones
- Gammadyn ZnCu
- Unda **8** (cardiovascular), **21** (endocrine), **245** (endocrine) 5 drops TID
- Ribes nigrum: NM -FM
- Sequoia / Quercus FM-NM
- Sepia 200C: FM
- Silica 200C: NM
- TPIN:



36 Year Old Female: Menstrual Health and Pregnancy Preparation

Phone call 3 weeks later



- Patient is pregnant
- Started pre-natal

Protocol Plan:

- Discontinue Sequoia/Quercus
- Add Rubus idaeus (Gemmo): FM-NM
- Discontinue Homeopathic hormones, Sepia and Silica
- Continue BTG's including sesame and sunflower seeds and GLA 130



36 Year Old Female: Menstrual Health and Pregnancy Preparation

Phone call 3 weeks later



- Patient is pregnant
- Started pre-natal

Protocol Plan:

- Discontinue Sequoia/Quercus
- Add Rubus idaeus (Gemmo): FM-NM
- Discontinue Homeopathic hormones, Sepia and Silica
- Continue BTG's including sesame and sunflower seeds and GLA 130



36 Year Old Female: Menstrual Health and Pregnancy Preparation
September 2019



At 60 years old
She now has 3 children
23, 21, 19



Immune System (Fatigue)



CHRONIC FATIGUE SYNDROME SYMPTOMS



fatigue



severe headaches



loss of memory or concentration



sleeping problems



muscle pain



sore throat



What is CFS?



CFS:

- Is a disabling condition, characterized by persistent physical and mental fatigue
- It is accompanied by rheumatologic, cognitive, and infectious-appearing symptoms
- Can begin as early as age 5
- Affects both genders, all racial, ethnic and socioeconomic populations

People with CFS function at a much lower level than prior to being diagnosed



Who Gets CFS?



- 60-70% of pts with CFS are women
- It is most common in persons between age 40 and 59
- Previously believed to be an illness of white, middle class, well-educated professional women
- Population based studies now show that it is more common among those of lower SES and slightly more common in racial/ethnic minorities
- Predominately a disease in adults



Facts about CFS



- Common condition
- Prevalence = 4/1000 population
- As disabling as MS, SLE, RA and other chronic diseases
- Complex range of symptoms
- Cause and process of the condition not understood
- Skilful management can improve functioning



Possible Causes



- **Infectious Agents**
 - Initially thought to be due to EBV as patients presented with symptoms similar to infectious mononucleosis and were found to have high titers of IgG antibodies.
 - Other viruses studied include human retroviruses, HHV 6 and 7, rubella, CMV, measles.
 - An article in the journal Science published an article showing the link between an infectious retrovirus XMRV and CFS
- **Immunologic**
 - There may be some evidence of low-grade chronic immune activation with reduced natural killer cell function and subtle abnormalities of immune regulation.
 - There is inconsistent data and pts with CFS do not have major immune disorders.



Possible Causes



- **Central Nervous System**
 - The central nervous system may have an important role in CFS
 - Significant or unusual physical or emotional stress activates the hypothalamic-pituitary-adrenal axis leading to increased release of cortisol
 - CFS patients may have lower levels of cortisol but these levels are not abnormal
- **Autonomic Nervous System**
 - In 1995, a study from Johns Hopkins reported that 96% of CFS patients, compared with 29% of controls, manifested abnormalities in regulation of blood pressure and pulse (neurally mediated hypotension)
 - Other studies have not consistently produced this as a cause
 - Neurally mediated hypotension may be more of a comorbid condition than a cause of CFS



Possible Causes



- **Psychiatric**
 - Studies have that two thirds of patients with CFS have signs of major depression
 - Another study found altered frontal cortical metabolism in both patients with CFS and patients with depression
 - Again, studies are inconsistent on whether CFS is caused by a concurrent psychiatric illness; it is mostly likely a comorbid condition
- **Allergic**
 - Pts with CFS have a higher occurrence of allergies
 - An allergen like an infectious agent can initiate a variety of symptoms along with severe fatigue
 - Studies are inconclusive about this being a cause



Factors in Developing CFS



Factor	No hx %	Possible Hx %	Definite Hx %
Viral infection	4.1	31.8	64.2
Work stress	22.5	33.1	44.4
Emotional stress	23.6	35.7	40.7
Continuing Infection	26.9	41.5	31.5
Relationship stress	41	28.8	30.2
Food Allergy	23.1	52.2	24.6
Major life event	37.6	36.1	26.3
Other allergy	35.7	47.6	16.7
Hormonal disorder	40.2	45.9	13.9



Symptoms



Fatigue

- New or had a specific onset
- Persistent or recurrent
- Unexplained by other conditions
- Caused reduction in activity characterised by post exertional fatigue which is delayed by at least 24 hrs with slow recovery over several days



CDC Criteria



Clinically evaluated, unexplained, persistent, or relapsing fatigue that is:

- Of new or definite onset
- Not a result of ongoing exertion
- Not alleviated by rest
- Results in a substantial reduction in previous levels of occupational, social, or personal activity

Four or more of the following symptoms that persist or recur during 6 or more consecutive months of illness and that do not predate the fatigue:

- Self-reported impairment of short-term memory or concentration
- Sore throat
- Tender lymph nodes
- Muscle pain
- Multi-joint pain without swelling or redness
- Headaches of a new type, pattern, or severity
- Unrefreshing and/or interrupted sleep
- Postexertion malaise (a feeling of general discomfort or uneasiness) lasting more than 24 hours



Additional Presenting Symptoms



- Pain (almost universal in chronic fatigue)
- Allergies
- Chemical sensitivities
- Secondary infections, including Candida and viral infections
- Cognitive impairment, including short-term memory loss, difficulty concentrating and doing word searches and math problems
- Digestive disturbances, such as chronic constipation or diarrhea
- Night sweats or spontaneous daytime sweats, unaccompanied by fever



Additional Presenting Symptoms



- Headaches, migraines
- Weakness (paresis), muscle fatigue, and pain (fibromyalgia)
- Premenstrual syndrome (PMS)
- Sleep disorders, including excessive sleep (hypersomnia), light sleep, or an inability to sleep for more than an hour (hyposomnia), disturbing nightmares
- A period of 1-3 hours after awakening during which patients are too exhausted to get out of bed (dysania)
- Cystitis (inflammation of the urinary bladder), particularly interstitial cystitis in which urine cultures are negative
- Vision and eye problems, including sensitivity to light (photophobia), dry eyes, tunnel vision, night blindness, and difficulty focusing



Clinical Course



- It is a cyclical course alternating between periods of illness and relative well being
- CFS can occur following infectious diseases such as infectious mononucleosis
- CDC studies have found that 40% to 60% of pts report partial or total recovery; recovery most common within first 5 years of illness
- CFS precipitously following acute infections generally improve in 2 years



Better Prognosis



- 50% adults feel recovered after five years- but only 6% adults completely recover
- Under 20 years of age
- Have a definite history of mild viral or infectious illness
- Symptoms less than 4 years
- No severe muscle pains or neurological symptoms



Worst Prognosis



- If previous psychological disorder
- If following a severe infection, meningitis, encephalitis, Hepatitis B vaccinations
- If lack of social support, on going family or financial problems
- If treated by over-emphasising rest, too rapid a return to work
- If does not treat psychological or sleep disturbances
- Poor diet and nutrition

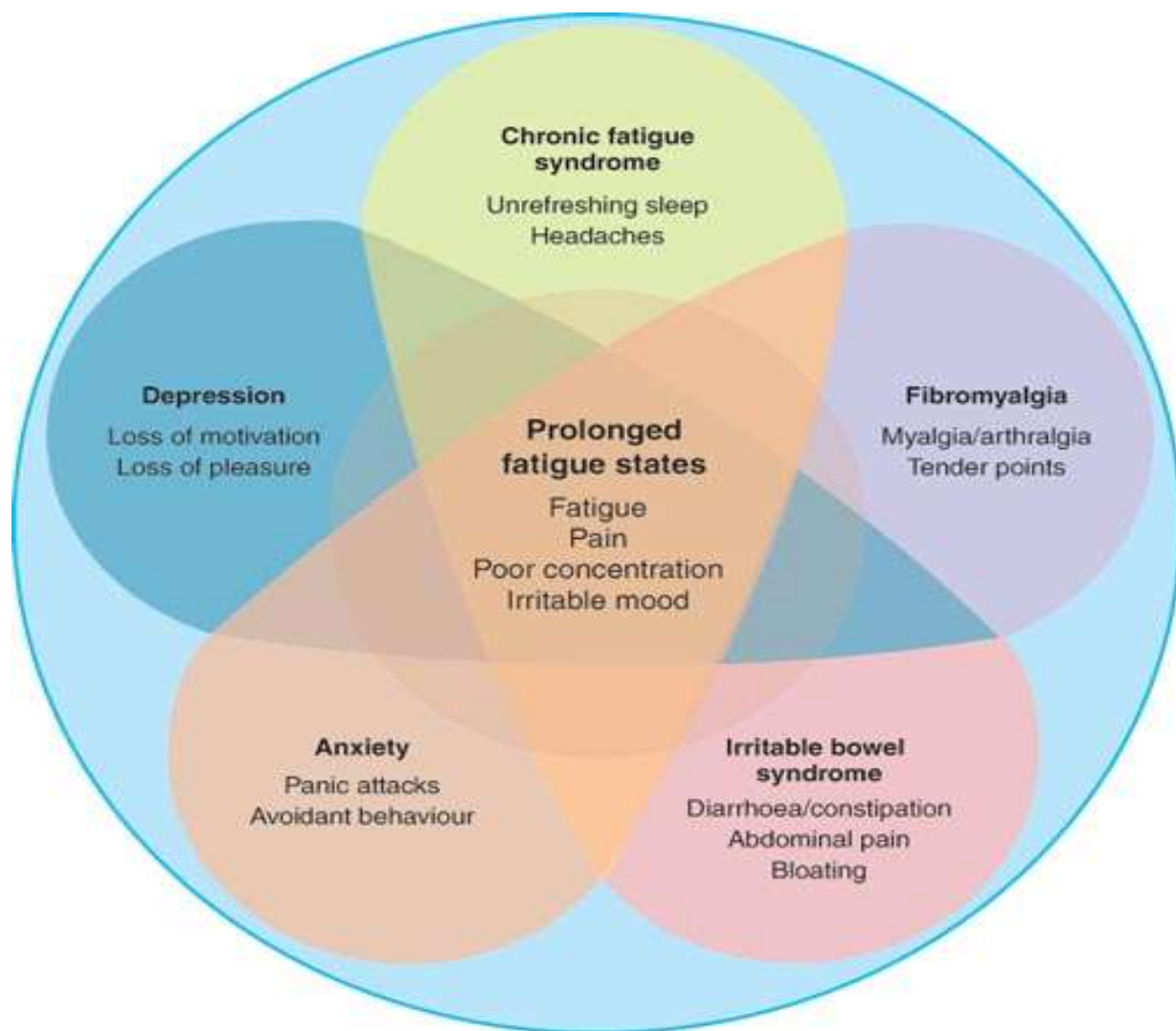


Exclusion Criteria



- Active, unresolved or suspected condition that is likely to cause fatigue (compromised red blood cell health, insufficient thyroid function, compromised immune health or other conditions related to cytokine imbalance, irregular cell growth, seizures, cardiopulmonary conditions, or known chronic infectious processes, etc.)
- Psychotic, melancholic, or bipolar mood health (but not uncomplicated major health)
- Compromised cognitive and memory health
- Anorexia or bulimia nervosa
- Alcohol or other substance misuse
- Severe obesity





Diagnosis



- History
- Examination
- Urinalysis
- Blood tests
 - Liver & thyroid function tests
 - Glucose
- Radiology

- When taking history look for
 - Initial pattern of illness
 - Precipitating causes
 - Factors that perpetuate the fatigue
 - Physical activity
 - Cognitive activity
 - Noise
 - Conflict/stress
 - Anxiety

Beware red flag features:

- Localizing or focal neurological signs
- Signs and symptoms of inflammatory arthritis or connective tissue disease
- Signs and symptoms of cardiovascular disease
- Significant weight loss
- Sleep apnea
- Clinically significant lymphadenopathy



Physical Exam



- Physical exam may be normal
- Some findings may include:
 - Low blood pressure, particularly on standing (orthostatic hypotension)
 - Low oral temperatures (less than 97°F)
 - Slightly elevated oral temperatures (but less than 100°F) which are part of persistent flu-like symptoms
 - Increased heart rate (tachycardia)
 - A positive Romberg test (unsteadiness when standing with eyes closed)



Investigations



- Urinalysis – protein, blood, glucose
 - CBC, ESR, C reactive protein
 - Serum Creatinine, LFT's,
 - Random blood sugar
 - Screening test for gluten enteropathy
 - Creatinine kinase
 - Serum ferritin children and young people only
- Use clinical judgement on additional tests to exclude other diagnoses
- Consider
 - B12, folate in adults, anemia or abnormal MCV
 - Serological testing for viruses/bacteria



Differential Diagnosis



- **Infectious:** Chronic Epstein-Barr virus, Influenza, HIV infection, Other viral infections (HHV-6, retroviruses, enteroviruses), Tuberculosis, Lyme disease
 - *Exclusionary tests: history, physical, screening laboratory tests, and serology if clinically indicated*
- **Neuroendocrine:** Hypothyroidism, Hyperthyroidism, Addison's disease, Adrenal insufficiency, Cushing's disease, Diabetes
 - *Exclusionary tests: history, physical examination, screening laboratory tests; consider hormone and stimulation and/or suppression tests (e.g., TSH, T₃ suppression test, ACTH (cortrosyn stimulation), dexamethasone suppression, urinary free cortisol, glucose) if clinically indicated*
- **Psychiatric:** Bipolar affective disorder, Schizophrenia, Delusional disorders, Dementia, Anorexia nervosa, Bulimia nervosa
 - *Exclusionary tests: history, physical examination, mental status examination, screening laboratory tests if clinically indicated*
- **Neuropsychologic:** Obstructive sleep syndromes (sleep apnea, narcolepsy), Multiple sclerosis, Parkinsonism
 - *Exclusionary tests: history, physical examination, mental status tests, screening laboratory tests and imaging studies if indicated*



Differential Diagnosis



- **Hematologic:** Anemia, Lymphoma, Occult malignancy
 - *Exclusionary tests: history, physical examination, screening laboratory tests, peripheral blood smears*
- **Rheumatologic:** Fibromyalgia, Sjogren's syndrome, Polymyalgia rheumatica, Giant cell arteritis, Polymyositis, Dermatomyositis
 - *Exclusionary tests: history, physical examination, screening laboratory tests if clinically indicated*
- **Other:** Nasal obstruction from allergies, sinusitis, anatomic obstruction Chronic illness (CHF, renal, hepatic, pulmonary disease, autoimmune) Pharmacologic side effects (e.g., beta blockers, antihistamines), Alcohol or substance abuse, Heavy metal exposure and toxicity (e.g., lead), Body weight fluctuation (severe obesity or marked weight loss)
 - *Exclusionary tests: history, physical examination, screening laboratory tests, allergy testing and toxicology screens if indicated*



Diagnosis



- Reconsider diagnosis if patient has none of
 - Post exertional fatigue
 - Cognitive difficulties
 - Sleep disturbance
 - Chronic pain



Upcoming 2-Part Webinar Series



Probiotic intervention to modify and improve physiological crosstalk homeostasis: *New and Novel evidence*

Presented by **Dr. Nigel Plummer, Ph.D.**

Part 1: May 27, 2020

Part 2: June 3, 2020

Wednesdays, 8:00 – 9:30 PM EST

To register for this webinar series, please go to seroyalevents.webex.com, click on the header “Probiotic intervention to modify and improve physiological crosstalk homeostasis”, select both sessions, then click on the Register button



Upcoming Atrium Innovations Webinar



Metabolic Balance:

A clinical focus addressing the burden of environmental MDC's



Presented by **Dr. Mikhael Adams, B.Sc., N.D.**
Wednesday, September 23, 2020
8:00 – 9:30 PM EST

To register for any of our upcoming webinars, please go to:

seroyalevents.webex.com



Join us for the Final Session of the UNDA Numbers Webinar Series



Session 7: Wednesday, May 6, 2020

8:00 – 10:00 PM EST/ 5:00 – 7:00 PM PST

If not registered for the upcoming session, please go to seroyalevents.webex.com,
click on the "Unda Numbered Compounds" header, select the remaining session and click on Register



Presented by
Dr. Dickson Thom DDS ND



Achieve Sustained Treatment Outcomes



Thank you for attending this educational program.
We are pleased to offer you the following promotion.

15% off all UNDA Numbered Compounds

Use promotional code:

UNDA20

*Valid until June 8, 2020



To place an order, register for an education event or any additional questions,
please call your Atrium Innovations representative at
1 (800) 263-5861 Canada or 1 (888) 737-6925 USA.
You can also visit www.Seroyal.com or www.Seroyal.ca





Thank you for your participation.

Session 7 (final session) :
Wednesday, May 6, 2019
8:00-10:00PM EST - 5:00-7:00PM PST

