



- Elly: So, we're going to dive straight in with the case study. And I was really inspired to share this particular case study with listeners today because it's not your standard individual that felt horrible, knew they needed some work, came into the clinic, you know? Basically, like SOSing for help. So, in this particular scenario I had a gentleman that came into the clinic, he's, we could say middle age in early forties and aware of the fact that he's got a family history of cardiovascular disease. So, the reason he came into the clinic was not so much because he was feeling terrible, but because he was aware of the family history, aware that he was sort of getting past that, getting into that second half of life and just wanting to sense check with a professional that he was doing the right thing by his diet for himself and also for the sake of his partner. He was really conscious of optimizing his health for the people around him which I thought was amazing.
- Steph: Yeah, I think this is great. I think that's so good that he's not waiting until he feels unwell or has a symptom that he's dealing with or has a chronic condition. And I think it should be celebrated that he's seeking that professional advice, which not a lot of us can say that we do.
- Elly: Yeah, exactly. And in this particular case, he almost felt like, Oh, you know, I don't know if I should be coming for this conversation because I think everything's actually okay. Which I thought was even better because he was so still willing to have the conversation. And for the women listening, please share this discussion with your loved ones because the reality is that not enough men are seeking support for their health. Not enough men are doing things from a prevention standpoint. They're usually waiting until it's too late to make a difference or at least until it's too late to make a difference naturally. So, this case study is a really important one for females and in particular males, too listen to.
- Steph: Yeah, definitely some inspiration there in how to approach your health. And you know, he obviously had some fantastic results which we'll take you through.
- Elly: Yeah. So, in the discussion we had initially, like he was not living a terrible lifestyle and he wasn't eating food out every night. He wasn't getting Uber Eats every night. There were some vegetables in his diet and he was exercising. So, he was doing strength training. But what I picked up on is that he's training was all like harder, faster. He

wasn't sleeping enough and he was stressed as well. So by work, he was stressed and that was impacting his quality of sleep. There was a lot of cravings. So, craving lots of sugary foods, salty foods, and that was having a flow on effect to his decisions. So, he was eating some vegetables, but there was still quite a bit in the way of processed carbohydrates. And he was also not drinking enough water.

Steph: How much?

Elly: I think he would've been lucky to be having 500ml a day.

Steph: Okay. Right.

Elly: So, you know, don't think that I've got these ridiculously high standards for water consumption, but 500mls per day is quite low especially when you're topping that with black teas and coffee.

Steph: And exercise.

Elly: Yes. And alcohol as well.

Steph: Oh gosh.

Elly: Yeah.

Steph: Like a dead plant. I'd feel like a dead plant anyway.

Elly: Wouldn't you? Like in my head, I'm just thinking of his cells like literally shrivelling and looking really limp.

Steph: Totally.

Elly: That's where my head goes. I'm sure. Yeah. You're imagining a dead plant.

Steph: I just get so tired let alone you know what's going on underneath the bonnet.

Elly: Yeah, exactly. For me it's cravings and I know that I get like this insatiable appetite when I'm dehydrated.

Steph: Get thirsty.

Elly: Yeah.

Steph: I'm sure sure we're all guilty of that at times.

Elly: Yes.

Steph: Anyway, back to John Doe.

Elly: So yeah, so hydration was one of the first things that I wanted to get started on. We had like quite a long discussion around hydration and he didn't feel as though it was an issue. He wasn't actually noticing the downsides of being dehydrated, but I had to just ask him to trust me and to go away and to focus on drinking enough water because it's almost more important than what he was going to put on his plate. Firstly, that hydration.

Steph: And I think that's a really important conversation because not all of us are very much in touch with our bodies or how we feel. And I obviously am and you are. I've known you for a long time now, but what we don't want to do is assume that our clients are paying that much attention. So, he genuinely thought that he was having enough water and he was fine. But was that just what he was used to? Like, was that just his benchmark? And I think that's what it is for a lot of people until they say they see differently.

Elly: Yeah, exactly. And there must have been something within him that thought there's room for improvement. There must've been because he came in for the consultation, came in looking for advice. So, there must've been something there in him that thought that there's, you know, at least room for 5% improvement I'm sure. But perhaps what he didn't know that it was like room for 50% improvement in terms of how we felt. Which is another important message for you if you're listening, is that, you know, this holistic approach to your health, taking care of your diet, it's not always about waiting until it's too late and until you're feeling like, you know, you just want to hide under a rock. Sometimes it's just about making sure that you're getting the absolute best out of yourself. You know, if you're currently at 75% trying to get you to 95%.

Steph: Yeah. And you may have never felt 90% or 95% so you don't know what that's like. So yeah, I definitely encourage that to get some support. To elevate your health and you might not even know what that feels like, which is quite incredible.

Elly: Yes, exactly. And for all of those people that have the fear of being on a diet, you know, like following the guidelines that your nutritionist gives you, and I hate the word diet, so potentially, you know, let's not even call it that. But for all of those people who have a fear of eating well. It should actually not be difficult because when you start to eat well, you should start to feel so much better that it feeds the compliance or the decision making process because it's almost insanity. Eating things that make you feel like crap.

Steph: It is.

Elly: Time and time again.

Steph: It's also being aware of the stories. You know, the story I'm telling myself is that my nutritionist is going to expect me to do it 100% of the time, which is bullshit. Like we say to all of our clients, like that old 80/20 cliché, and it is a cliché, but it's true. Like, you don't have to be perfect because that doesn't even exist to achieve your goals. So, it's really about being aware of the fact that you can probably, we can probably all do things better, but we're not saying that you can't enjoy yourself or you know, include some of your favorite foods, provided that you have that discussion with your practitioner.

Elly: Yeah. And also on the flip side, so that story you tell yourself potentially you're going out to dinner. The story some people might tell themselves is, I'm out for dinner. I can have whatever I want. The reality is if you're at a restaurant, you can still approach the menu with a sensible lens.

Steph: For sure.

Elly: You can still eat really well at a restaurant. Or that story of I'm on holiday so I'm going to eat whatever I want. You know, we don't have to allow the eating out or the being on holiday to get in the way of eating well, being well.

Steph: No, but you are allowed to have a little bit of fun.

Elly: Totally. Totally are.

Steph: Cool. So, you went through his goals.

Elly: Went through his goals, we worked on hydration, we looked at sleep quality. We also looked at his diet of course. So, like I said, there wasn't, you know, too much in the way of Uber Eats and there wasn't fast food, but there were still processed foods, which I knew would have been getting in the way of his cravings. So, there was still, you know, the toasties for breakfast, the easy to make pastas for dinner. Little bits of vegetables, but like the priority being placed on the vegetables, the good quality proteins, the anti inflammatory fat, it was just a little bit skewed in the wrong direction. So, you know, we talked firstly about hydration and getting more non starchy vegetables in. They were two of the biggest things he had to go away and work on. And what we also did was talk about him getting some blood tests.

Steph: Yeah. This is where I really want to dive in because I think this is a fascinating area that's often overlooked.

Elly: Yes. And in this case I knew because he wasn't aware of how poor he was feeling that actually getting the tests and seeing the numbers on a piece of paper would help to feed the compliance and the changes in his diet, his hydration, his lifestyle. You know, some people need to see numbers in order to affect change. And in this case, I thought that was very much relevant.

Steph: Yeah, I totally agree. I think it can be a really great inspiration for people to actually take action. Whereas previously with you suggesting a little bit more water might have, you know water off a duck's back sort of thing. Whereas the proof of how that chronic dehydration might be impacting you is a sign that you can't ignore.

Elly: Yes, exactly. So, we got that proof. We got his blood test results not too long after that initial consultation. And one of the things we saw in there was impaired liver markers. So, his GGT levels were quite high. And this is where we had that discussion around hydration.

Steph: Yeah.

Elly: So, evidently the 500ml of water a day is not enough. And you know, you are always going to treat the individual, not the piece of paper, but you know, 500ml of water a day is just not enough. And we could see that on paper. So, we used that to effect change in his behaviour.

Steph: Yeah. And that will almost double like even through the top end of the reference range. So, we're not just talking about a small imbalance here and so I think that was really important to identify early. So, if he had waited any longer than yes, it might've been some more serious impacts-

Elly: Exactly.

Steph: That weren't as easily corrected like you guys were able to achieve.

Elly: And the other scary thing is that had he not been working with anybody from a more holistic sense or had he been older, is that a lot of doctors would have wanted to put him on some sort of medication.

Steph: Yeah.

Elly: At this point, especially when we get into some of the other test results.

Steph: For sure.

Elly: And I should highlight that this John, John Doe, he's not overweight, so he wasn't presenting with any physically obvious symptoms of metabolic dysfunction or chronic disease, but when we looked into his inflammatory markers and his lipid profile, there was definitely some work to be done.

Steph: Yeah. Can I just say that I have done thousands of these and I have actually never seen a lipid profile this bad. I'm sorry John. That again, he didn't even know about it.

Elly: Didn't know about it.

Steph: So, how important was him to have done this blood testing with you?

Elly: Yep, exactly. And this is why I'm just like credit to him for going and doing the blood testing. He felt relatively okay, but he was still willing to go and do the blood testing and just such an important message. So, I looked at his lipid profiles and some of the standouts here were his triglycerides. So, where do we normally want to see triglycerides? Well, we want to see them between about 0.5 and 1.

Steph: Yeah, correct.

Elly: That's the goal, right.

Steph: Yes, exactly. No greater than one for sure.

Elly: Yeah. So, 0.5 to 1 millimoles per liter, but his initial rating was at 5.3.

Steph: I know that is off the charts and we know that the trigs are a huge sign of inflammation and-

Elly: These are the risky ones.

Steph: Well, yes, from a chronic disease point of view, we absolutely need to manage our trigs.

Elly: Yeah. And what drives high triglyceride levels? It's those refined carbohydrates to some degree.

Steph: For sure. There's going to be a degree of carbohydrate intolerance and insulin resistance under the bonnet, so to speak.

Elly: Yeah. Which we did find. I'm going to wait until we get to the signs of insulin resistance though. So, further on his lipid profile, obviously we could look at total cholesterol. It's not really the first point of call, but his total cholesterol was elevated in comparison to the reference range so that it was at 6.9 mmol/L. We obviously also got a breakdown and his HDL, his LDL. But, as many of you would know from listening to previous discussions that Steph's had with Ken Sikaris on the show is that they're not really the markers we're looking for here. It's actually that total cholesterol to HDL ratio that we're looking at, which helps to give us a picture of how dangerous his LDL particles are. So, whether they're those small, densely packed ones. So, in an ideal world, we'd see a TC to HDL ratio that's below 3.5 and in an okay world we'd see it below 5 but in this person's world, the TC to HDL was at eight and I've actually never seen it this high before.

Steph: No, neither have I. So, what that looks like is of the LDL particles, the vast majority are small and dense and carrying plaque and a high risk factor for cardiovascular disease. So, action required.

Elly: A hundred percent.

Steph: Yeah.

Elly: So, we had a lot of conversation at this point around the reduction in processed carbohydrates, the inclusion in better quality fats. So, proactively adding the avocado, the olive oil, getting more fish in his diet. You know, he asked me if eggs were okay and I said, "Yes." And then we also talked about again the inclusion of processed carbohydrates and we had to have another discussion around carbohydrate timing as well to really get into the fine tuning his real food template.

Steph: Yeah.

Elly: So, that was the lipid profile and we alluded earlier to signs of insulin resistance and in this initial blood test, his fasting blood glucose was at 7.4 mmol/L.

Steph: What did he eat the night before? Like a literal carbohydrate loading plate of pasta?

Elly: My God, I wish I remember this off the top of my head. Now as we know like there is going to be a bit that impacts that fasting glucose measure. So, it's not the be all and end all. But he did get his HbA1c so, his glycated hemoglobin, which is always the preference because it does give us a better understanding of average blood sugar levels. So, his HBA1C was at 5.3 so not bad.

Steph: That's absolutely fine.

Elly: Yeah, towards the, like the top end of what I would ideally like to see. But certainly not bad.

Steph: So, but what I think is really important here with a fasting glucose of 7.4 it's only going to like, worsen that HbA1c in time. So, this testing early before something has blown up is so important because you can fix that glucose in a matter of days.

Elly: Days.

Steph: Whereas a HbA1c is, we're talking months. Yeah.

Elly: Yeah, exactly. So, having this conversation was so empowering for him, I think, to have this information because he knew exactly where he was at and what he needed to do and-

Steph: And why he was having all the cravings. Like a 7.4 is blood sugar roller coaster city.

Elly: Absolutely. And peaks and troughs in energy levels and the poor quality sleep and also there were as other signs of inflammation. So, there were some injuries that he was dealing with as well.

Steph: That's a really important point to circle back to the triglycerides and his blood lipid profile. We often see chronic unresolved injuries with an inflammatory profile. Yeah.

Elly: Yeah. So, it was, how many months was it? He went away and worked on his diet for at least four months. So, it was four months of those changes that he was putting into place. And then we had repeat testing done.

Steph: Awesome.

Elly: And this is where I was like I'm, it's like Christmas day for me when I get repeat blood tests back. Same as when I get microbiome reports back when they're repeat because it's just, I can't wait to see what's changed and what's happened as a result of all the effort that that person has gone away and put in. And in this case, like his effort was

well and truly rewarded with some of the changes. So, come back to one of those first markers that we talked about, which was GGT and originally it was sort of double where we wanted it to be. We didn't get it down to the, like the ideal and safe range, but we got it down by another 50% so it still came down quite significantly. And there were no pharmaceuticals there. There were actually no supplements put into place specifically here. The focus was really on hydration, plenty in the way of green cruciferous and sulfur containing vegetables and also a reduction in alcohol and caffeine intake.

Steph: Yes, so support.

Elly: Yeah.

Steph: Yeah. Love it.

Elly: Those four things alone, no pill, really helped to significantly improve that GGT. And then I was obviously super keen to have a look at the lipid profile and that triglyceride level, which you may remember was at 5.3 mmol/L. That had come down. So, it had come down 2.4, which you know, it's still not inside that ideal range of 0.5 to 1 mmol/L. But, in respect to where it was at, to have that triglyceride level, that's really significant.

Steph: Oh yeah. And in a pretty short period of time, like you know, you guys tested within four months. That's also probably not a more common scenario where in his case I definitely would have because of where things are at, but a lot of us are probably testing every 6 to 12 months.

So, with more time you can imagine where those results will land. That's even more exciting to see him get back inside that 0.5 to 1.

Elly: Exactly. And then we come further down the lipid profile to have a look at total cholesterol and total cholesterol to HDL ratio. Now I should just highlight that total cholesterol of 6.9 originally. To some medical practitioners that would spark the discussion of medication.

Steph: Oh, of statin drugs? 100%. Yeah.

Elly: And so we got that total cholesterol figure down to 5.8. Like I said before, it wasn't the primary goal, but to see it come down, I think also appeases concern of the doctor working with this John, but it was the total cholesterol to HDL ratio that was the focus here and that did come down as well. So, that came down from an original 8 to 6.7. So, there's still some work to do here. And the thing we have to keep in mind is that these markers don't appear, you know, through three months of bad eating. These markers appear through, you know, three years and decades of less than ideal lifestyle and diet, so don't necessarily expect these measures to come down in the space of four months. But at least to see them coming in the right direction is really great for feeding the behaviour change.

Steph: Yeah. For sure. I think four months is a pretty short amount of time and heading in the right direction is what's most important. And then obviously to keep going with the changes that you recommended.

Elly: Yeah. And then when it comes to blood sugar control, looking back at that glucose, that Hba1c, the changes were significant. So, the fasting blood glucose came down from that pretty scary 7.4 to a much more tolerable 5.3mmol/L.

Steph: Pretty close-

Elly: Yeah, close enough to that goal of 5, 5.1. And then HBA1C had come down from 5.3 to 4.6. So, very much within the realms of really healthy blood sugar control.

Steph: Yeah. And obviously then no signs of carbohydrate intolerance or diabetes risk. So, that's incredible.

Elly: Yeah. Yeah. Precisely. So, just such a positive story about how, you know, you might feel seemingly okay and it may still be, you know, aware enough to know that a family history of heart disease may suggest that as you get older you should start to look at what's going on under the hood as well. I think it's just fantastic that John did this and even better that he saw such great results as a result of what effort he put into his diet and modifying his lifestyle. So, there's obviously still a little bit of work to do, but for him, like it won't even be work anymore because he'll know that the benefits are just there and obvious. And he probably also has a really great relationship with this doctor right now as well because his doctor is seeing these markers come in the right direction and won't be as keen to recommend medication like the statins.

Steph: Yeah, I would've loved to have been in the room when the doctor saw the repeat results without the intervention that they were perhaps wanting to prescribe. So, I think that would have been really cool to see. But yeah, like you said, really important to have a way of monitoring things. Like, I can just think of another example just briefly where a client of mine, we had got his, again, triglycerides down to 1 from about 2.5 so no where like this level. But then for some reason they had stopped their prescription, let's say, what I had prescribed and then we saw the numbers come back up. And that was again a really interesting way to have a look, alright what did we stop? What behavior had been dropped or forgotten about and this is the impact of that.

In this particular case, there was a supplement involved. And we know that some people have trouble with compliance when it comes to supplements or they think that they need to take one bottle of magnesium or one bottle of fish oil or whatever it might be.

Elly: And then they're done.

Steph: Yeah, yeah. And then they're done. Whereas for this client, it was more about reiterating the importance that this was really important for them to be taking to manage the inflammation, which is something they'd been working on for decades. So, that was really interesting. And I think again, the repeat testing can tell you a lot.

Elly: Yeah. About what's going on. And also, you know, John was in his early forties so at a stage where he could do something about it. For some people they get this analysis done and they start doing their work in their early sixties or their late sixties and at that point it's not always as easy to affect the same change with just diet and lifestyle. I wish it always was, but sometimes it isn't. And that's when there has to be supplements or medication for a short period of time. So, that should be, like that message should be a really positive one for you listening. Is that, if you are aware of these things early enough and you start to take control of your health early enough then it doesn't become a big deal.

Steph: Yeah, totally. And my client in particular is 70 and has a history of statin drug usage and PPI. So, proton pump inhibitors and I often wonder how different his health would be now if he knew what he knows now 20 years ago.

Elly: Yeah.

Steph: And that generation unfortunately are the ones that I see struggling with their health the most. Not only were they in the low fat era, they were in the era where there was the over prescription of certain pharmaceuticals when we weren't aware of the side effects like we are now. And so a 40 year old is quite different. It's still probably around in the low fat era, but on the back end of that over-prescription. So, in a much, like you're saying, a much better position to correct things and quite quickly like we see in this example.

Elly: Yeah. Yeah. And then unfortunately, you know, your client that you are speaking about, he's a male as well, which means, you know, he's more likely to leave it until the signs are really obvious that something needs to be done. Like, there's no surprise that men live-

Steph: Their life span is shorter.

Elly: Live shorter. Yes. Why women live longer and men don't live as long is because they don't do things about it.

Steph: Yeah.

Elly: They don't take action until the warning signs are there. And yes, some people may say that females are hypochondriacs, but I would say it's more just being in tune with their body.

Steph: Yeah. And obviously we're generalizing here.

Elly: Very much.

Steph: But there is that ostrich syndrome where it's the head in the sand, which we're trying to encourage you guys not to be obviously and we're here to help should you need. Yeah.

Elly: So, in this scenario, as you and I both do, you know, when we send people off to get their bloods tested, we provided them with a letter or I provided John with a letter that he could take to his doctor. So, he wasn't just walking in and saying, "Can I please have blood testing?" He had a really clear list of blood tests that he went away and got done. And there was certainly more tests done. We've talked about a small subset of tests, but there were more tests that were done and there were other tests that we haven't even talked about that were of relevance that we actioned. So, things like low vitamin D levels and actually his hormones were affected by that as a result as well. Yeah, but his testosterone levels were lowering as well.

Steph: Yeah.

Elly: But if you were taking notes at all, the tests that we asked for that we talked on in this discussion were his liver and kidney function markers. We also asked for lipid profile and we also had a look at his fasting blood glucose and HbA1c.

Steph: Yeah, so that's a really important topic when we do speak about blood testing because we're obviously not doctors and we do need a doctor to help support our client's goals and request that these tests can be conducted, but it's not always a smooth sailing. So, just to point out that it's really important, I would love you to be really clear on who's on your team. So, hopefully it is a doctor that's looking at things a little bit more holistically that is willing to approve these tests by Medicare. That conversation does come down to what you're presenting with. So, it's not about handing a piece of paper across the table. It's having a conversation with your doctor about what your goals are, any symptoms if this does apply to you and sharing your health journey. Because in Australia we have an incredible medical system, but doctors still need to get approval from Medicare to approve for these tests to be run. So, just understand that there is a layer of complexity to that sometimes because it's not always that you can get everything that you would like, unfortunately.

Elly: Yes, exactly. And Steph and I tend to ask...

Steph: Shoot for the stars.

Elly: Exactly. Shoot for the stars with the tests that we want to get done. But you know, funnily enough I find that particularly men, they come back and they're usually like, "Oh, no problem. My doctor was really glad that I was in the clinic asking for tests" because men usually aren't in there asking for tests to be done. And again, generalizing here a little bit, but if you're a male that hasn't been to the doctor for four or five years and hasn't had your blood done in those four or five years, then your doctor's probably going to be a little bit more obliging when it comes to ordering those tests.

Steph: Absolutely. It's the annual list. Yeah. Like you can't, unfortunately, go in and get vitamin D twice a year, which I think is a broken part of the system because how different is that vitamin D in winter and summer? And that's a whole other conversation. But essentially that's the rules. So, yeah, of course if you haven't had tests done for four or five years, you can probably walk away with the whole suite. But then on the other hand, if you

have, there might be a small to medium out of pocket expense and that will be ultimately your call to make on whether you just start with what's approved through Medicare or you do pay for the extras.

Elly: Yeah, exactly. And sometimes those extras are things we pay for on the journey. So, once you've had that first round of testing done, you know, there may be some various specific tests that certainly I might want to see within a couple of months of that first round of testing just to see we're heading in the right direction because if all the effort that's being put in isn't necessarily affecting the change, then it's better to know sooner rather than later so you can start to do something about it.

Steph: Definitely. And the tests that you do get back can show you what's going on. So, if there's obvious inflammation, then yeah, you might need to test a couple of other markers that are related to that. And then that's where you can allocate your testing budget. It's not about just spending money blindly if like, let's say if your blood glucose was great... No, like let's say no, it's probably a terrible example, but you know, you might not need all of it or every single test and there's no need to spend \$500 unnecessarily when you can start with what you're given through Medicare and then have a conversation with your practitioner around what you might then spend next, if anything.

Elly: Yep, yep. Exactly. Just on that in terms of creating that wishlist of tests, because you are always going to be more likely to get the support from your doctor if it's not just the standard list of bloods, but blood specifically chosen for you and your situation, is that I always prefer to have a conversation with somebody before deciding on that letter of recommended of bloods that's going to go to the doctor, so that we can refine it. You know, have a conversation with somebody, understand what their goals are, what their lifestyle is like, and what testing may be required in order to help that person to the best of my ability. And the reason I say that is because sometimes people want to walk in and they just want to get their bloods done and they want to come in for their first consultation and do it all there from the get go. And it's doable but it's not necessarily the smartest way of using your doctor's time and Medicare support.

Steph: Yeah. And so I think the conversation is important and that's one of the reasons why I love to offer our complimentary 15 minute consultation because we can at least help you direct you in the right way so that you're not going away and doing things by yourself. Like, let's say from today what I don't want you to do is just go and ask for a quote unquote blood test and then come to us and realize we're missing some key markers and we've got to repeat that process and take up twice the amount of time. And I just think it can be done a little bit more effectively from a time management point of view as well as yeah, making sure that you're not unnecessarily spending money.

Elly: Yeah, exactly. So yeah, we do have that complimentary 15 minute consult option, which is just obviously a quick conversation to perhaps look at specifically at just blood testing. But then there's also that longer 50 minute initial consultation, which is where you'd be able to get some great advice from a foundational standpoint in terms of diet and

lifestyle and then also get a really nicely refined letter of recommended bloods to take to your doctor.

Steph: Yeah, for sure. I love that. So cool. What an awesome case study. Very exciting. Well done.

Elly: So stoked. So happy for him and it just is what makes you come back time and time again to the importance of getting the foundations right. Is no point going in with a pharmaceutical intervention when you're not even hydrating yourself. And that's why I do what I do and why we do what we do.

Steph: Yeah, for sure. Awesome. Thanks so much for sharing the case study today. I love case studies and I can't wait for more.

Elly: Thanks Steph.