

## Foundation Level: Case Study Template - Example

### **Part 1: Client information** *(please don't use client names due to confidentiality)*

Client initials / number: Client 1

Age: 39

Gender: Female

Client's health goals:

She would like help to manage her gallbladder pain

Please list the client's health concerns and symptoms:

Burning pain around the gallbladder

Anxiety

Cold hands, feet and nose

Frontal headaches

Sinus issues

Please list any factual information you have about your client, such as diagnoses, test results, etc:

Many NHS tests done and nothing found

Is your client on any prescribed medications:

None

Are there any general comments about their story and lifestyle:

Female, age 39, nationality French. Her main issue is burning pain around the gallbladder triggered a few hours after eating fats, and she requests help managing it. The gallbladder issues started in 2013 after moving to the UK. She did explain that she partied a lot when younger. These symptoms continued until 2015 when she got pregnant with her first child. The issue then returned a few months after the birth of her second son in 2020 following a glass of beer, and she feels there is a link with alcohol and stress.

For her circulation issues, her thyroid levels were tested by her GP a few years ago and found to be at the low end of the acceptable range. Her mother has hypothyroidism and takes thyroxine.

She also gets regular frontal headaches and claims her weak spot is her sinuses. Her father also has sinus issues. She has never had any dental fillings or extractions.

## Part 2: Analysis of the A.R.T. Assessment

Please explain your findings, your interpretation of those findings and how you came to the final protocol. The full spectrum of your knowledge will not all be captured within the Assessment Form and in the Client's Personal Plan, so we would like to give you an opportunity to expand on your session here.

Opening regulation. The client had blocked regulation, so this provided a good opportunity to test for priority issues. All the CDs, slides, toxins, colours, MFT points, organs and the geopathic/EMR test were checked and marked on the sheet. Regulation was then opened with the tapping points. As 2 MFT points came up, and both were for the gallbladder, with liver and gallbladder being paired meridians, both were included.

Switching. All the switching points were checked and the up-down switching tested. As this is usually hormonal and the client indicated stress as a trigger, remedies that support this were checked and Scutellaria was found to correct all the switching. This was chosen as it helps with anxiety, which was a primary symptom for this client.

Organ scan. Three organs tested, so the priority mudra was used to find the priority as the Liver. Tapping was not sufficient to clear the block and had already been used, so a remedy was chosen. The Amaro Cyanaro was the first choice and worked well, testing as a strong Yang state (+4).

30cm scan. This level was all blocked so binders were checked. Both the chlorella and zeolite would have worked to clear the block, but the Zeolite was a strong Yang remedy, so was chosen as the stronger binder.

80cm scan. This level was also blocked everywhere. The block was 2-pointed to the priority issues that came up at the start and the retrovirus CD changed the test. Based on this the retrovirus remedies were checked. The best solution was increasing the dose of the Scutellaria as this remedy was already included. So at this point it was decided to dose test the Scutellaria.

Uptake test. The Scutellaria was tested to be needed at 28 drops (approx. 2 pipettefuls). The uptake test was carried out and there was no uptake to the head and feet. The block to the head was reversed by 2-pointing to the tonsils and the Ki Circulation Cream worked as a solution to improve uptake. The tapping point on the top of the head also worked to clear the blocks to the head and feet.

Secondary scan. Switching was re-checked and no issues found. The organ scan showed the tonsils as the only issue. There was no tapping point that worked so tinctures were looked at. Elderberry Plus worked here to clear the block. At 30cm there was a stress found over the middle of the body and the addition of chlorella vulgaris was added. At 80cm there was a stress found over the liver, which was resolved by increasing the dose of the Amaro Cyanaro.

Direct resonance was carried out with the priority stressors. Aluminium was found at the intracellular level and would clear with Polmolo. The Parasite CD tested over the liver and would clear with Rizol Myrrh. Retroviruses still tested but only over the brain and this cleared with Pantethine. The Crisis19 CD tested over the brain and cleared with Andrographis Plus. The Virus 2 CD was no longer testing.

The nutrients were tested at the end and there was a +4 using the O-ring for magnesium taurate.

Interpretation of findings. The priorities found in the testing were the uptake block, liver/gallbladder, and retroviruses.

The uptake to the head was a key issue and seems to relate to the tonsils, so this is addressed with the Elderberry Plus tincture and the Circulation cream, plus the tapping point on the crown.

The retroviruses were important and are silenced here with Scutellaria tincture and pantethine. The Scutellaria will also help with her anxiety as it's a good remedy for this.

The gallbladder and liver are to be supported with the 2 tapping points – occiput (bladder/gallbladder) and temples (liver/gallbladder); also the Amaro Cyanaro Flow tincture. As there was some Crisis19 testing as a priority at the start, resolving with Andrographis, this is included also as it is a good bitter herb that also supports the liver and bile flow. It is also suggested that she use Castor Oil packs over her liver to help dilate the bile ducts for improved bile flow. She can then start to add some Rizol Myrrh to the castor oil.

Her binders are Zeolite and Chlorella Vulgaris. Both were needed.

Because of the gallbladder pain, it was decided not to use the Polmolo at this stage and include horsetail tea as a source of silica for now. The client was informed that once the gallbladder was working better and improved bile flow, then it would be safer to bring in the metal detox.

Also for the Rizol Myrrh, as this is a strong remedy and targeted on the liver, it was decided best to start with adding a drop or two to a castor oil pack over the liver, while first focusing on improving bile flow.

### **Part 3: Recommendations given to the client**

Based on your findings in the A.R.T. Assessment, what did you discuss with the client? What protocols did you recommend and how did you initiate them?

The findings were discussed with the client and how to use the remedies was explained. It was suggested that she start by taking the tinctures individually at first for a week or two to see how she gets on and then she can combine them all and make up a bottle with equal parts of each of the 4 tinctures and take 2-3 pipettes twice daily of the mixture.

The importance of the binders was explained and how to take these – zeolite on an empty stomach and the chlorella at least 8 tablets twice daily.

She was shown how to do the 3 tapping points, the correct rhythm, speed and the importance of the toning. She was asked to do this 3 times daily, and she felt this was possible for her.

How to correctly use the Ki Circulation Cream was demonstrated to her with instructions to use morning and bedtime.

It was also suggested that she ask her GP for a test of all the thyroid markers as she has symptoms of low thyroid and family history also.

Diet for gallbladder support was discussed within my scope of practice as a Nutritional Therapist, and she was advised to include Horsetail tea for silica to gentle start to clear aluminium, with the view to doing more targeted aluminium clearance once her gallbladder improves.

Finally, the castor oil packs were explained and she was given a handout with the instructions on how to do this.

She was given the email address to contact should she have any problems and agreed to return for follow up in 12 weeks.