



**Important:** In observance of HIPAA and the sacred trust between care giver and patient, absolutely no patient names or identifying information is to be disclosed. Patient privacy is to be preserved. If you attach any medical records, pathology, surgical or laboratory reports, all names are to be removed.

<b>Date</b>	6/30/18
<b>Clinician Name &amp; Credentials</b>	Kamron Keep, BSN, RN
<b>Email</b>	kamronkeep@yahoo.com

**Describe Your Patient** (Please SUMMARIZE and use economy of words. You will have 15 minutes to present)

<b>Age, Gender &amp; Ethnicity</b>	54, Male, Caucasian
<b>Body Type</b>	Slim build and stature
<b>Values</b> <i>What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)</i>	Primary goals are longevity and to ideally wean himself from pharmaceutical treatment. Hormonal balance. He's very worried about being a burden to others. Secondly, he mentioned he'd like to regain a feeling of intimacy with his wife. There are barriers here with ED and loss of libido. They've tried various ways to connect, but he feels 'numb' when it comes to any intimacy.
<b>Stress Resilience</b>	Very high stress levels due to work, seems to detach and push through, rather than cope.
<b>Other</b>	Exposed to medical radioisotopes and uranium in his early 20's through work. He's a software developer/engineer.
<b>Primary Diagnosis &amp; Date</b> <i>(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 &gt; 45%)</i>	Prostate cancer, diagnosed 2012. Currently stage 4, recurrence. High grade, gleason 9. Mets to bone, with multiple nodal mets. At the time of his diagnosis he was having a lot of stress at work, was changing jobs, working remotely from home, it was during the recession and he had two kids in college.
<b>Secondary Diagnosis</b> <i>(ex. Diabetes Type 2, Obesity)</i>	Healthy otherwise, previous history of elevated cholesterol

**Patient Status**

<input type="checkbox"/> New Diagnosis <input checked="" type="checkbox"/> Recurrence <input checked="" type="checkbox"/> In Treatment <input type="checkbox"/> In Recovery <input type="checkbox"/> In Remission <input type="checkbox"/> At Risk	
<b>Concomitant and/or Complicating Factors</b> <i>(ex: poorly controlled diabetes, insomnia, poor support system)</i>	High stress levels, travels frequently for work, insomnia, has almost developed an eating disorder related to following a strict keto diet and monitoring his ketones/BG.
<b>Adverse Effects of Cancer or Cancer Treatments</b> <i>(ex. anxiety-depression, diarrhea, peripheral neuropathy)</i>	Notes low energy, decreased libido, erectile dysfunction
<b>Relevant Laboratory, Pathology &amp; Medical Reports</b> <i>(attach a PDF with patient identifying information removed or summarize)</i>	NLR calculated at 5.2 (Neutrophil #1.67; lymphocyte 0.32)- the patient had a significant jump in this number at the time he started to obsessively track his values for the keto diet he's been following. PSA, total <0.09, PSA, Free <0.07, PSA Free PCT: Outside measurement range, unable to calculate. Testosterone, Total <20, Vitamin D 22. No other abnormal lab results. These results were from June 2018. Osteopenic, at lumbar spine (dexa scan).



## Brief Summary of Recent History

Diagnosed in 2012 at age 50, prostatectomy in 2013. Recently recurred with bone & nodal mets. Exercises 2-3 times per week, he doesn't feel this is enough. He used to run up to 100 miles per month, now doing about 10 miles per week if that. Consumes 1 beer and 1 wine per month. Reports daily stressors highest around job and health. Poor sleep, wakes nightly about 3-4 am. Able to get to sleep okay. The patient enjoys doing ice baths twice a day. He feels this helps quiet his nerves and relieve his stress (I'm not sure this is a good idea, given his advanced cancer). As mentioned, he has a lot of stress due to work. He does not feel he properly deals with his emotions, or has even really processed his diagnosis. He can be very driven, pushing through things, and has a hard time focusing on one task. He gets distracted easily, which he's trying to work on. I observed him to be quite intense in his focus. Very kind, highly intelligent man.

## Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History

Healthy as a child, rarely/if ever gets sick. No childhood trauma. States he had a happy, 'normal' childhood. Mom had severe "GI issues", died from liver failure r/t the meds she took to help manage her bowel concerns. Father had heart disease, low grade prostate cancer. Sister sarcoid disease. He's married, reports a happy marriage. Two grown children. No current or past history of smoking/drugs.

## Other Relevant Information

Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. (ex. *Liver Qi Stagnation, Dysbiosis*)

## Brief Summary of Relevant Past Oncology or Medical Treatments

(ex. *surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

Prostatectomy in 2013, radiation 2014, chemotherapy/hormone therapy

## Summary of Recent and Current Treatments

Medical Oncology Care (*surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

Currently on prolia 60 mg/ml every 6 months for bone health, lupron 22.5 mg every 3 months, prednisone 5 mg daily, Zytiga 250 mg daily

Integrative Oncology Care (*nutraceutical, botanical, phytochemical, acupuncture, energy medicine, other*)

Currently receives regular massage and acupuncture, which help his sleep and stress for a few days

## Your 2 Core Questions (stated clearly and succinctly)

1. I'd appreciate your thoughts and suggestions on the health plan I've devised, what you may change or add. Also what your priorities would be, I'd love to do more, but need to be mindful of expenses for the client.

2. Given the patient's history of uranium and radioisotope exposure, is there anything you would add given this?

## Attached Medical Records for Reference (with patient identifying information removed)

**PROPOSED TREATMENT PLAN** Your case will not be reviewed without a completed proposed treatment plan

**Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)**

**Foundation Nutrition Supplements:**

DFH Osteoben 2 tab BID (bone support with bone mets)  
DFH Vitamin D complex 2 tab daily (increase vitamin D from 22 to functional range)  
DFH Metabolic Synergy 3 tab BID (quality multi-vitamin, specially with patient's limited nutritional intake)  
DFH OmegAval 2 tab daily (immune support, anti-cancer & anti-inflammatory support, anticoagulant support)

**Targeted Supplements:**

VN Melatonin 20 mg q hs (anti-cancer support)  
EcoNugenics Modified Citrus Pectin 20-25 gm daily (metastatic support, Full Script doesn't carry Clinical Synergy, this is the equivalent)  
EcoNugenics MycoPhyto Complex powder 1-2 scoops BID (mushroom complex for immune & anti-cancer support, help shift NLR)

**Functional Foods and/or Therapeutic Shake**

DFH Pea Protein, DFH Green Powder for supplement additions to shake. I'm strongly encouraging the therapeutic shake with the patient, increasing his nutrients and protein. He has lost about 20 lbs in the last year, which doesn't bother him. He feels this is positive. He is smaller in stature and weight already, appears cachexic with dull complexion and dark circles under his eyes. Would also like to add creatinine, if his budget will allow it.

**Dietary Guidelines**

I'm focusing a lot on nutrition with him right now. Goal to shift from full ketogenic diet and obsessively tracking his numbers to a more low carb, high protein, whole food diet. I am working with the patient on enjoying and finding pleasure from food, instead of seeing everything as 'bad'. The patient also eats very small amounts of food per day. He does intermittent fasting in the morning, only eats greens with some coconut oil for lunch and dinner. Very little, if any protein. He's almost anorexic given the limited amount of food he eats. He's seems afraid to eat, worried it will 'feed his cancer'. He used to enjoy, and still does enjoy, food but restricts himself.

**Lifestyle Guidelines**

Focus on stress management, encouraging client to spend time outdoors, which is a big stress reliever for him. Recommending the client play music/sound therapy during the day at work, such as Wholetones, to help decrease and manage his stress levels. Recommending guided imagery, since the client is very focused and intense, this may give him something positive to direct his energy towards. Breathing practices, something the client is starting to do now, to help with stress, centering and relaxation.

**Recommended Diagnostics**

**Referrals to specialists**

**Other Notes** (please do not include additional notes in your email – notate them here within the case study)

## CASE STUDY SUBMISSION

By Kamron Keep, BSN, RN [kamronkeep@yahoo.com](mailto:kamronkeep@yahoo.com) 6/30/18

### **ADVANCED PROSTATE CANCER Stage 4 Recurrence with Bone and Lymph Node Metastasis**

#### **Patient Status**

54, Male, Caucasian

Slim build and stature

**Primary goals are longevity and to ideally wean himself from pharmaceutical treatment. Hormonal balance.**

He's very worried about being a burden to others. Secondly, he mentioned he'd like to **regain a feeling of intimacy** with his wife. There are barriers here with **ED and loss of libido**. They've tried various ways to connect, but he feels 'numb' when it comes to any intimacy.

**Very high stress levels** due to work, seems to detach and push through, rather than cope.

**Exposed to medical radioisotopes and uranium in his early 20's** through work. He's a software developer/engineer.

**Prostate cancer, diagnosed 2012. Currently stage 4, recurrence. High grade, gleason 9. Mets to bone, with multiple nodal mets.** At the time of his diagnosis he was having a lot of stress at work, was changing jobs, working remotely from home, it was during the recession and he had two kids in college.

Healthy otherwise, previous history of elevated cholesterol

**High stress levels, travels frequently for work, insomnia, has almost developed an eating disorder related to following a strict keto diet and monitoring his ketones/BG.**

**Notes low energy, decreased libido, erectile dysfunction**

**NLR calculated at 5.2** (Neutrophil #1.67; lymphocyte 0.32)- the patient had a significant jump in this number at the time he started to obsessively track his values for the keto diet he's been following. PSA, total <0.09, PSA, Free <0.07, PSA Free PCT: Outside measurement range, unable to calculate. Testosterone, Total <20, Vitamin D 22. No other abnormal lab results. These results were from June 2018. **Osteopenic, at lumbar**

spine (dexa scan).

**RECOMMEND ADDITIONAL BIOMARKERS** D Dimer, Fibrinogen activity, hs CRP, ESR, HgbA1c, IGF-1, Selenium, Zinc, Copper, Ceruloplasmin , RBC Magnesium, Ferritin, Iron, IBC, Saturation, OMEGA 3:6 Ratio, Estradiol, DHEA Sulfate, **LDH, GGPT, URINE Ntx**

### **Brief Summary of Recent History**

Diagnosed in 2012 at age 50, prostatectomy in 2013. Recently recurred with bone & nodal mets. Exercises 2-3 times per week, he doesn't feel this is enough. He used to run up to 100 miles per month, now doing about 10 miles per week if that. Consumes 1 beer and 1 wine per month. Reports daily stressors highest around job and health. Poor sleep, wakes nightly about 3-4 am. Able to get to sleep okay. The patient enjoys doing ice baths twice a day. He feels this helps quiet his nerves and relieve his stress (I'm not sure this is a good idea, given his advanced cancer). As mentioned, he has a lot of stress due to work. He does not feel he properly deals with his emotions, or has even really processed his diagnosis. He can be very driven, pushing through things, and has a hard time focusing on one task. He gets distracted easily, which he's trying to work on. I observed him to be quite intense in his focus. Very kind, highly intelligent man.

### **Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History**

Healthy as a child, rarely/if ever gets sick. No childhood trauma. States he had a happy, 'normal' childhood. Mom had severe "GI issues", died from liver failure r/t the meds she took to help manage her bowel concerns. **Father had heart disease, low grade prostate cancer. Sister sarcoid disease.** He's married, reports a happy marriage. Two grown children. No current or past history of smoking/drugs.

Other Relevant Information Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. (ex. Liver Qi Stagnation, Dysbiosis)

### **Brief Summary of Relevant Past Oncology or Medical Treatments**

**Prostatectomy in 2013, radiation 2014, chemotherapy/hormone therapy**

**TREATMENT RESISTANT**

### **CURRENT THERAPY**

Currently on **Prolia** 60 mg/ml every 6 months for bone health, **lupron** 22.5 mg every 3 months, **prednisone** 5 mg daily, **Zytiga** 250 mg daily

### **Integrative Oncology Care**

Currently receives regular massage and acupuncture, which help his sleep and stress for a few days

## Your 2 Core Questions

1. I'd appreciate your thoughts and suggestions on the health plan I've devised, what you may change or add. Also what your priorities would be, I'd love to do more, but need to be mindful of expenses for the client.

Priorities: QOL, Peace, Relaxation, Intimacy, Nutrient Density, Add CytoToxic and Adaptogenic Support

2. Given the patient's history of uranium and radioisotope exposure, is there anything you would add given this? This insult and damage occurred long ago. The damage is already done. Can look at his current levels of oxidative stress.

Attached Medical Records for Reference (with patient identifying information removed)

*No Medical Records Attached*

## **PATIENT PROPOSED TREATMENT PLAN**

Nutraceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)

### **Foundation Nutrition Supplements:**

DFH Osteoben 2 tab BID (bone support with bone mets)

DFH Vitamin D complex 2 tab daily (increase vitamin D from 22 to functional range)  
goal 75 ng/ml

DFH Metabolic Synergy 3 tab BID (quality multi-vitamin, specially with patient's limited nutritional intake) ‘

DFH OmegAvail 2 tab daily (immune support, anti-cancer & anti-inflammatory support, anticoagulant support) increase to 2 tid (6 g/day)

### **ADD**

Buffered Magnesium Glycinate 300 mg bid

Adaptogens Adrenotone or Power Adapt 2 tid

Probiotics Klaire Therbiotic Complete 2 caps daily

Prebiotics DFH Paleofiber 2 tsp or DFH Saccharomyces boulardii 2 caps daily

### **Targeted Supplements:**

VN Melatonin 20 mg q hs (anti-cancer support)

EcoNugenics Modified Citrus Pectin 20-25 gm daily (metastatic support, Full Script doesn't carry Clinical Synergy, this is the equivalent)

EcoNugenics MycoPhyto Complex powder 1-2 scoops BID (mushroom complex for

immune & anti-cancer support, help shift NLR)

### ADDITIONS

#### ALTERNATE WEEKS

Natura Health Products PHYTOCYTO 60 drops 3 times daily Week One. cytotoxic

Allergy Research Group Super Artemesinin 2 caps 3 times daily Week Two (cytotoxic)

#### DAILY

DFH Curucumevail 2 tid

Allergy Research Vascustatin 2 caps 2x/day Convolvulis arvensis- (support angiogenesis control)

Chi's Enterprise AngioStop. 2 caps daily Sea Cucumber extract (Phalinopside A: angiogenesis control)

See Custom Botanicals Sample Plan Below

focussing on Cytotoxic Botanicals and Adaptogens

### **Functional Foods and/or Therapeutic Shake**

DFH Pea Protein, 30 grams protein per shake + Digestive Enzymes

DFH Green Powder for supplement additions to shake.

DFH PaleoFiber 2 tsp prebiotics

DFH Carnitine Tartrate Powder ½ tsp

(Can add MycoPhyto Powder to shake)

GOAL 60-80 g protein daily

I'm strongly encouraging the therapeutic shake with the patient, increasing his nutrients and protein. He has lost about 20 lbs in the last year, which doesn't bother him. He feels this is positive. He is smaller in stature and weight already, appears cachexic with dull complexion and dark circles under his eyes. Would also like to add creatinine, if his budget will allow it.

### **Dietary Guidelines**

I'm focusing a lot on nutrition with him right now. **Goal to shift from full ketogenic diet and obsessively tracking his numbers to a more low carb, high protein, whole food diet.** I am working with the patient on enjoying and finding pleasure from food, instead of seeing everything as 'bad'. The patient also eats very small amounts of food per day. He does intermittent fasting in the morning, only eats greens with some

coconut oil for lunch and dinner. Very little, if any protein. **He's almost anorexic** given the limited amount of food he eats. **He's seems afraid to eat, worried it will 'feed his cancer'**. He used to enjoy, and still does enjoy, food but restricts himself.

**Lifestyle Guidelines** Focus on **stress management**, encouraging client to **spend time outdoors**, which is a big stress reliever for him. Recommending the client play **music/sound therapy** during the day at work, such as Wholetones, to help decrease and manage his stress levels. Recommending **guided imagery**, since the client is very focused and intense, this may give him something positive to direct his energy towards. **Breathing** practices, something the client is starting to do now, to **help with stress, centering and relaxation**.

**Recommended Diagnostics** **see above**

**Referrals to specialists**

Naturopathic Oncologist: High Dose IVC, IV Mistletoe,

Consider Oral Cu Chelation (Tetrathuomolybdate) compounding pharmacy/RX

20mg tid with meals, 60mg empty stomach before bed

Other Notes (please do not include additional notes in your email – notate them here within the case study)

**RX Consider Metformin , 500-1000mg bid**

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## **AIIORE CASE STUDY Advanced Prostate Cancer: CUSTOM BOTANICALS**

### **SAMPLE PLAN**

#### **Custom Tonic: Tumor Control + Adaptogenic Formula**

16oz      8 oz

480 ml    240 ml

#### **CYTOTOXIC-TUMOR CONTROL**

60	30	Scutellaria baicalensis
60	30	Red Sage Dan Shen Salvia milt
40.	20	Rabdosia
40	20	Polygonatum Solomon's Seal
40	20	Green Tea



40 20 Oldenlandia  
30 15 Milk Thistle  
30 15 Feverfew

ADAPTOGENS-Tonics—Harmonizers

30 15 Ashwaganda (also anti proliferative)  
30 15 Rhodiola  
30 15 Red Ginseng  
20 10 Astragalus (immune support)  
20 10 Chen Pi Tangerine Peel  
10 05 Licorice Root

**ALTERNATE PLAN If unable to mix a custom tonic: COMBINE**

Freeze-Dried granules: Brion-Sun Ten, Evergreen , Min Tong, TCMZone

OR Liquid Extracts: Heron Botanicals, Golden Lotus Herbs Wise Woman Herbals, Kan Herbs

**Tumor Control-Immune Support**

Minor Bupleurum Formula	2000mg
Astragalus and Ganoderma Formula	2000mg
Pinellia and Magnolia Formula.	2000mg
Dan Shen (Salvia milthirrhiza).	3000mg
Huang Qin Scutellaria baicalensis	3000mg
Red Ginseng	1000 mg

**Adaptogenic Support**

DFH Adrenotone 3 bid.

OR Natura Health Products Power Adapt 3 bid