



Integrative Nutrition Education for all Health Professionals  
ONLINE STORE PRODUCT LIST



\*Please note: All products in Yellow with \* next to the title are part of the UU30 Subscription and can also be purchased separately.

<a href="#">3 Key Case Studies: Big Lessons in Coeliac Disease, Thyroid Hibernation &amp; Anxiety</a>	<p>This 2014 presentation covers 3 clients with diverse issues who came to see Rachel and each taught her something absolutely invaluable to the practice of naturopathic medicine. Their stories and presentations range from gut to endocrine and a smattering of mental health. Whether it's a newfound understanding about diagnostics or treatment, there's something in this recording for everyone and Rachel takes the time to discuss the key learning points in depth, passing on these important new understandings in an easily accessible way that will change the way you practice. <i>TAGS Coeliac, Gluten, Inflammation, Thyroid, Anxiety, Mental Health</i></p>
<a href="#">A Guide to Gilbert's Package</a>	<p>A Guide to Gilbert's Package brings together 3 essential audio's on Gilbert's Syndrome, looking at the basics and backstory first - focusing on the mental health links and tackling the myriad, murky and mercurial aspects of digestive problems. Finishing off with an audio that aids better understanding and clear treatment aims for your GS patients. <i>TAGS Nutritional Psychiatry, Diagnostics, Cholestasis, Gilbert's Syndrome, Bilirubin, Oestrogen, Dopamine, Glucuronidation, UGT, Gall stones, Dysbiosis, Microbiome, Clinic, Diet, Education, Food, Men, Mental Health, Psychotropics, Supplements, Testosterone</i></p>
<a href="#">A Guide to Investigating Adverse Food Reactions - What's IgG got to do with it?</a>	<p>Confronted with the possibility of adverse food reactions in an increasing number of our patients can be overwhelming, especially in terms of accurately identifying and understanding the faulty mechanism underpinning these aberrant responses to healthy foods. Elimination of culprits in most situations is only a short term reliever, not an appropriate long term solution, so to optimise results we need to know the real mechanism of action. The majority of these, of course stem from the gut, but being able to elucidate exactly which of the many things that can go wrong there, is going wrong is the key. Rachel details the science of where IgG reactions fit into this and it's a fascinating story that just might be the missing puzzle in your leaky gut patients. <i>TAGS Diet, Food Reactions, Allergies, Intolerances, Diagnostics</i></p>
<a href="#">Access the Experts - 4 x Webinar Package</a>	<p>Webinar 1 - Dr William Ferguson: Combining pharmaceutical, complementary and genetic approaches to depression the brave new frontier of individualised treatment. Webinar 2 - Dr Robert Bransfield: Infectious drivers of psychiatric illness - the latest on best practice assessment &amp; management. Webinar 3 - Kate Worsfold: Working on the edge - extremely healthy eating, orthorexia or another eating disorder? How to tell the difference and what to do from there. Webinar 4 - Dr Azita Moradi: Solving the riddle of behavioural change in our patients: How to use neuroscience to help our clients change unhealthy behaviours and habits when it's most difficult to do. <i>TAGS Nutritional Psychiatry, Depression, Leaky Brain, Leaky Gut, Integrative Nutrition, Mental Health</i></p>
<a href="#">Access the Experts - Combining Pharmaceutical, Complementary and Genetic Approaches to Depression:</a>	<p>In this interview, Rachel will be asking Dr William Ferguson - MBChB, BHB, Dip Obs, FRNZCGP about. Which research discoveries and clinical experiences have had the biggest impact on the way he treats depressed patients, How to identify key clues about patient's neurochemistry, When to incorporate gene profiling and what are the strengths and weaknesses of our limited knowledge about this at this time. <i>TAGS Nutritional Psychiatry, Depression, Leaky Brain, Leaky Gut, Integrative Nutrition, Mental Health</i></p>
<a href="#">Access the Experts - Infectious Drivers of Psychiatric Illness: The Latest on Best Practice Assessment &amp; Management</a>	<p>From bacteria to fungi, yeasts and viruses, Robert Bransfield - MD, DLFAPA presents an overwhelming body of evidence that implicates various infections in the pathogenesis of mental health conditions. In this interview Robert will outline some of compelling evidence linking actual CNS infections with psychiatric presentations and he asks the question - Are we missing one of the main unrecognised drivers behind mental health problems? The list of microbes capable of producing these kind of presentations is extensive and many will surprise you. Robert will speak specifically to the impact of Lyme's disease on mental health. <i>TAGS Nutritional Psychiatry, Clinical Assessment, Clinical Pearls, Inflammation, Psychosis, Depression, Anxiety</i></p>
<a href="#">Access the Experts - Solving the Riddle of Behavioural Change in our Patients</a>	<p>In this interview, Rachel will be asking Dr Azita Moradi, Consultant Psychiatrist, MBBS, MPM, FRANZCP about, What are the practical steps towards effective behavioural change, How can we achieve this positive change in all patients, but also patients presenting specifically with mental health issues, How does this tie in with the science of neuroplasticity? <i>TAGS Mental Health</i></p>
<a href="#">Access the Experts - Extremely Healthy Eating, Orthorexia or Another Eating Disorder?</a>	<p>In this interview, Rachel will be asking Kate Worsfold - B.Psych (Hons1), M.Clin Psych (cand.) Post Grad; Adv Dip Nut Med, Adv Dip Nat about: What resources we, as clinicians, need for better detection of eating disorders (Kate is the master of knowing the right scales and surveys to use! What to do when you do suspect an eating disorder is at play? How to help those whose pursuit of 'healthy eating has in fact become their source of disease. <i>TAGS Nutritional Psychiatry, Clinical Assessment, Clinical Pearls, Mental Health</i></p>
<a href="#">Accurate Pathology Results Interpretation...Starts Here</a>	<p>Mainstream pathology results actually offer a goldmine of information and insight about your patients However to realise their full value and make the most accurate interpretations we need to first learn more about 'lab language', upskill in finding our way around reports which are packed with a surprising amount of hidden extras, demystify reference ranges and then develop a logical critical process we can apply to every result of any patient to get the real take-home. Packaged with numerous specifically developed resources to aid in your application of these skills this is a foundational offering that changes practices. <i>TAGS Diagnostics, Labs, Tests, Renal, Liver, Confounders, Reference Ranges</i></p>



<a href="#">Acid Base Balance Assessment - A Clinician's Guide</a>	<p>In this presentation, Rachel introduces you to a range of pathology markers, in-house clinical assessments and medical history examinations, enabling you to clearly and quickly recognise those patients with the greatest need.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Understanding when and how to use additional in-house acid-base clinical assessments.</li> <li>• Outlining a protocol for initial assessment of the patient and then appropriate monitoring with specified parameters, time points and clarity about what to expect post-treatment.</li> </ul> <p><i>TAGS Diagnostics, Labs, Tests, Confounders, Reference Ranges, ALP, Osteoporosis, Adrenals, Cortisol</i></p>
<a href="#">Advanced Acid Base Balance Assessment - Identifying Causes and Consequences via Secondary Markers</a>	<p>The capstone instalment in Acid Base Assessment of clients, Rachel brings the theory to life with real cases, real results and breaks down your perceived barriers to applying these newly learned skills. Whatever you thought you knew about acid base assessment, this highly engaging seminar will rewrite the rule book and advance your knowledge, particularly in identifying both causes and consequences of acidosis through basic pathology results. This presentation advances the 'ABC of Acid Base Assessment' by teaching you about additional markers that will sharpen your focus about the source and impact of the acidity, including mitochondrial dysfunction and bone demineralisation.</p> <p><i>TAGS Diagnostics, Labs, Tests, Confounders, Reference Ranges, ALP, Osteoporosis, Adrenals, Cortisol</i></p>
<a href="#">Advanced Sex Hormone Assessment</a>	<p>In this presentation Rachel focuses in on the blood assessment of Oestrogen, Progesterone, Sex Hormone Binding Globulin (SHBG) and the gonadotropins (LH and FSH). And answers your questions on which patient presentations you should test, what healthy result levels are, how to make sure you are reading the results in the right context and what can it mean if they are out of range. Then clarifies this with easy to follow case studies that makes the learning experience practical and enjoyable.</p> <p><i>TAGS Diagnostics, Labs, Tests, Confounders, Reference Ranges, Oestrogen, FSH, LH, Prolactin, Testosterone, SHBG</i></p>
<a href="#">Clinic Kickstarter</a>	<p>Rachel's Clinic Kickstarter will set you up with better systems for patient information collation and work-up. This is self directed online learning, so you can go at your own pace and hit repeat as often as you need. We've included the core kickstarters for every newbie practitioner - Patient Pathology Manager; Mindmap &amp; Timelines; Dear Doctor - Upskilling in Referral Writing &amp; Interprofessional Communications; and Accurate Pathology Starts Here - over 5 hours of video presentations, resources and templates are provided for you to keep.</p> <p><i>TAGS Clinic, Clinical Assessment, Confounders, Diagnostics, GPs, Integrative Nutrition, Labs, Nutritional Psychiatry, Referral Letters</i></p>
<a href="#">Comprehensive Identification &amp; Assessment of Thyroid Dysfunction</a>	<p>Here's the most up to date information on how to accurately assess thyroid - when to ask for what, and how to interpret each finding. Rachel covers the key thyroid parameters both functional and autoimmune (TSH, T4, T3, rT3, TPO, TgAbs, TRAB). As well as the most accurate methods of assessing relevant thyroid nutrients - iodine and selenium, a genuinely game-changing insight on interpretation of these. Finally, she pulls all the individual parameters together to illustrate common patterns of thyroid imbalance - making it as easy as 1-2-3!</p> <p><i>TAGS Methylation, MTHFR, Folate, Homocysteine, Nutritional Psychiatry, Diagnostics, Zinc, Pyrroles, Neuroinflammation, SSRI, Histamine, Adrenal, Oestrogen, Thyroid, Hyperthyroid</i></p>
<a href="#">Dear Doctor - Upskilling in Referral Writing &amp; Interprofessional Communications</a>	<p>Rachel succinctly covers the Do's and Don'ts for your professional letter writing. Rachel gives step-by-step instructions and examples for key phrasing and clear medical justifications, what terms to use when in order to come across respectfully. This podcast will improve your professional letters and set the foundation for the kind of collaborative health care team our patients need.</p> <p><i>TAGS Interprofessional Communication, Referrals, Referral Letters, GP, Communication</i></p>
<a href="#">Dynamic Balance - Iodine, Selenium, Iron, Copper, Zinc, Calcium &amp; Magnesium</a>	<p>Minerals represent a critical tool in naturopathic nutrition and there has been an explosion of research in this area over the last 10 years. In order to optimise patient care, practitioners need to keep up with the constant stream of information, updating their previous beliefs and understanding in the process. This seminar is designed to facilitate and accelerate this process of review and re-evaluation via a fresh look at the key minerals iodine, selenium, iron, copper, zinc, calcium and magnesium.</p> <p><i>TAGS Diagnostics, Labs, Tests, Reference Ranges, Iodine, Selenium, Iron, Copper, Zinc, Calcium, Magnesium</i></p>
<a href="#">Getting Men's Hormones Right</a>	<p>As practitioners we should know as much about investigating and treating male hormone imbalances as we do female ones, yet this is often not the case. Rachel's presentation will take you through the pathology testing and skills you need to understand male hormones, the key suspects driving these issues and the corrective herbal, nutritional and lifestyle treatments. Peppered by case illustrations and lots of colourful analogies, this 3hr seminar will create real change in the way you treat your male patients and significantly boost your confidence in this area of practice.</p> <p><i>TAGS Diagnostics, Labs, Tests, Confounders, Reference Ranges, Hormones</i></p>
<a href="#">How to Safely Supplement with Selenium</a>	<p>The links between excess selenium and cancer marked an important discovery in nutritional research and the phenomenon now known as the 'selenium U-shaped curve'. In the meantime, research in other areas: thyroid, immunity, heavy metal toxicity has progressed in leaps and bounds, expanding our ideas about selenium's therapeutic applications and potential. However, the difference between deficiency and excess is narrower with selenium than almost any other nutrient, so getting the dose right is critical. How do you do this? What form do you prescribe? The different forms have different actions - when do you use selenised yeast or selenomethionine and are there some circumstances where inorganic forms actually offer advantages? This 1hr presentation brings together all the very latest research and will change the way you use this mineral in practice.</p> <p><i>TAGS Minerals, Selenium, Diagnostics, Labs, Tests,</i></p>



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<a href="#">Intestinal Worms - Impacts on Health and Overall Wellbeing</a>	<p>Are you faced with families coming undone because of one child's behaviour - whether that's aggression, emotional lability or just serious sleep problems? Are you treating patients with recurrent or treatment resistant Dientamoeba fragilis? Enterobius vermicularis is more commonly known as Threadworm and is a pervasive issue that remains frequently mis- or un-diagnosed in children and adults. In this 1 hour presentation we will look at chronic manifestations, how threadworms negatively health across the board. We look at the very latest research not just on the impact of these sometimes insidious infestations but also the very latest on complementary medicine treatments and the potentially important role for pharmaceuticals. As practitioners, we don't currently have all the solutions, but we need to keep the conversation going, as we continue to encounter patients with pervasive problems that can bring the world and wellbeing of a little one (and their family) quite undone. This is the final (fingers crossed!) instalment on the topic of Enterobius from Rachel and constitutes the culmination of all the years of research &amp; experience, into her most detailed discussion yet.</p> <p><i>TAGS Digestive Health, Kids, Naturopathy, Mental Health, Nutrition, Paediatrics</i></p>
<a href="#">Iodine Deficiency, Toxicity &amp; Treatment - Where Are We Now?</a>	<p>The iodine landscape has undergone radical change recently. We've moved from recognising the resurfacing of a widespread deficiency, to large-scale food fortification that has failed to correct deficiency in most and produced excesses in a few. Parallel to this, we have the ever growing incidence of thyroid disorders and some radically contrasting ideas regarding iodine's role in both aetiology and treatment. Important new evidence and clinical experience helps us understand more about how to accurately assess patients' need for iodine and know when &amp; how to use it therapeutically &amp; when not to!</p> <p><i>TAGS Minerals, Iodine, Diagnostics, Labs, Tests,</i></p>
<a href="#">Iron Package</a>	<p>Our recordings and clinical resources for improving your skill-set in all things iron including, your accuracy of diagnosing deficiencies, pseudo-deficiencies &amp; excesses, plus radically rethinking the best treatment approaches for each scenario...have been some of our most popular.</p> <p><i>TAGS Iron, Copper, Zinc, Minerals, Supplements, Reference Ranges, Labs, Tests</i></p>
<a href="#">Master Thyroid Complete Package</a>	<p>The complete package of presentations on Advanced Thyroid Assessment and Nutritional Treatment PLUS recordings on 'Thyroid Parameters in Children AND assessment in preconception, pregnancy and postpartum. This package includes:</p> <ul style="list-style-type: none"> <li>-Identification &amp; Assessment of Thyroid Dysfunction</li> <li>-Nutritional Recovery in Hypothyroidism</li> <li>-Nutritional Recovery in Hyperthyroidism</li> <li>-Thyroid Parameters in Children- with case studies</li> <li>-Thyroid Assessment in Preconception, Pregnancy &amp; Postpartum</li> </ul> <p><i>TAGS Allergies, Food Reactions, Intolerances, Labs, Tests, Liver, LFTs, Hormones, Thyroid, Adrenals, Cortisol, Renal, Diagnostics, Confounders, Diagnostics</i></p>
<a href="#">MasterCourse I: Comprehensive Diagnostics</a>	<p>This is an online self-paced learning program. You get access to 24+ hours of streamed video presentations, 2 x Bonus Update in Under 30 episodes (The Calcium Conspiracy &amp; Using Urea to Creatinine Values for Protein Adequacy) PLUS resources, tools and pdfs of all presentations. This package includes \$200 worth of bonus material and remains forever in your online account. You will also receive access to any future updates of resources and template.</p> <p><i>TAGS Diagnostics, Clinical Assessment, Immunity, Mental Health Nutrition, Pathology, Thyroid Health</i></p>
<a href="#">Mastering Mental Health: New Assessments and Management Resources in Your Clinic</a>	<p>Rachel introduces you to new clinical tools that she has been developing to help us all better master the maze of Mental Health. With so many possible biological drivers: from methylation to inflammation and from gonads to gut, these tools can help you quickly identify those most relevant to each patient and also outline the strategies necessary for redressing these. This presentation comes with an extensive library of resources including Assessments Tools and Case Study Notes in pdf and 2hr Streaming Video Presentation.</p> <p><i>TAGS Thyroid, Hypothyroid, Hyperthyroid, Labs, Tests, Diagnostics, Clinical Pearls, Confounders,</i></p>
<a href="#">Mastering Micronutrients - Critical Pieces Of The Puzzle</a>	<p>Let's make sense of the over-arching nutrition principles, that will profoundly change your understanding and application of micronutrients. Truly understanding the 'big' concepts, so often overlooked, or incorrectly taught, ensures you get the critical 'small' detail in your nutritional prescriptions right. In this 4 hour recording, together with key clinical tools, we talk about the tough stuff: dose-response curves, active versus passive stores and excretory pathways and ooh lah lah...the myth of taking 'activated vitamins'. Even those who feel satisfied with their original training - will find a lot in this critical review that is new, insightful and truly practise-changing!</p> <p><i>TAGS Nutritional Psychiatry, Depression, Anxiety, Clinical Assessment, Mental Health</i></p>
<a href="#">MindMaps &amp; Timelines - Effective Integrated Patient Work-Up</a>	<p>Mindmapping and Timelines are two key tools to help you go from vast quantities of information - pathology results, medical history, diet diaries - to a true integrated understanding of your client's case. The more time we spend learning and applying these tools, the more they will write the prescription for you. Not just for today but for the next 6-12 months for that patient. The Part 1 Video - will teach you how to effectively perform a case work-up that does justice to the holistic framework and model. At the end of this presentation there is a practice run for you to create a MindMap and Timeline. Sample case notes in pdf, MindMap and timelines are included. In the Part 2 Video - Rachel demonstrates in detail how to put a MindMap together from case notes. You'll be able to see 'in action' how to apply all the information from Video 1 and have all your questions answered. PDF's of both slideshows are included.</p> <p><i>TAGS Nutritional Psychiatry, Depression, Anxiety, Clinical Assessment, Integrative Nutrition, Mental Health</i></p>
<a href="#">NAC in Mental Health - Up Close &amp; in Detail</a>	<p>This presentation brings you up to date with the latest in NAC research in a large number of mental health conditions and translates this into the clinical context. Novel drivers such as oxidative stress, inflammation and mitochondrial dysfunction are on everyone's lips and N-acetyl cysteine is in prime position in this new landscape to be an effective therapy for mental health.</p> <p><i>TAGS Clinical Assessment, Clinical Pearls, Mind Maps, Timelines, Naturopathic Tools, Patient Workup, Diagnostics</i></p>



<a href="#">Nutritional Recovery in Hyperthyroidism</a>	<p>Often the bulk of our knowledge relates to treating underactive thyroid states, however, hyperthyroidism can be much more stubborn to correct and our patients need all the support they can, with symptoms ranging from debilitating to sometimes deadly. This presentation delves into some of the more common triggers and drivers of this condition as well as providing you with detailed nutritional strategies for treatment - how to work with anti-thyroid medications and without them. <i>TAGS Nutritional Psychiatry, Diagnostics, Bipolar, Schizophrenia, Addiction</i></p>
<a href="#">Nutritional Recovery in Hypothyroidism</a>	<p>This dynamic presentation brings together the very latest evidence on the role that nutrition (both dietary practices and supplementation) plays in causation and correction in your underactive thyroid patients. We look at the major players, debunk many popularised myths and look at some unsung heroes as well. If you want to know the real story of nutrition's role in your underactive thyroid patients then this is the presentation for you! <i>TAGS Hyperthyroidism, Thyroid, Supplements</i></p>
<a href="#">Paediatric Digestive Issues and Neurocognitive Abnormalities</a>	<p>Rachel's presentation will review the key neurobehavioural manifestations of a variety of common paediatric digestive issues and introduce you to a few of her favourite paediatric patients that taught her all this (!), along the way. When paediatric patients present with anger management issues, neurocognitive abnormalities, labile moods or even anxiety, could they be gut driven mood issues? <i>TAGS Inflammation, Neuroinflammation, Gut-Brain-Connection, Paediatrics, Microbiome, Dysbiosis, Mental Health</i></p>
<a href="#">RAN Patient Pathology Manager</a>	<p>Increasingly our patients are coming armed with lab results and this cumulative data helps us to clearly see their 'norms' (as opposed to textbook ones) and therefore be alert to any changes. However, results from different labs at different times, and even the same lab, are unlikely to be presented side by side for easy comparison. They certainly don't come with all the important information about what was happening for that patient at each time point - important details pertaining to the blood collection itself (fasting, inflamed etc) which can profoundly alter results or the broader context: menstruating, breastfeeding, losing weight, on meds and supplements. <i>TAGS Clinic, Diagnostics, Labs, Pathology, Professionalism</i></p>
<a href="#">Renal Markers - Explained, Expanded and Exploded</a>	<p>Most practitioners graduated with not much more than a few 'kidney' herbs and an under-appreciation of the contribution renal health makes to wellbeing. It's not just about waste and water. In reality, the kidneys are pivotal in just about every major element: blood, bones, pH balance, methylation, control of oxidative stress, the GIT microbiome and more! And we are seeing the impact of this in our patients in all sorts of subtle and not so subtle presentations. This new instalment in diagnostics, brings the renal system into the spotlight so we can confidently identify and better manage its critical contribution. In addition to this, just like with other routine labs such as LFTs, we unpack how these so-called 'renal markers' can flag a plethora of other insights into your patients, from reflecting (un)healthy muscle mass, to calculating individual dietary protein adequacy, from key 'danger and distress' signals in response to disturbed metabolism, oxidative stress to certain types of GIT dysbiosis! We call this Explained, Expanded and Exploded because these routine labs can deliver XXX sized insights into your patients. <i>TAGS AKD, Ammonia, Ammonium, Chronic kidney disease, CKD, Creatinine, GIT, Gout, kidneys, Microbiome, Muscle, Nitrogen, Protein, Renal impairment, Urea, Uric acid</i></p>
<a href="#">SAME in Mental Health &amp; Beyond</a>	<p>Overflowing with case studies and the latest research this presentation tells you everything you need to know about how to get the very best out of SAME in your practice, busting the 7 SAME myths along the way. <i>TAGS Methylation, MTHFR, Folate, Homocysteine, Nutritional Psychiatry, Diagnostics, Zinc, Pyrroles, Neuroinflammation, SSRI, Histamine, Cholestasis, Gilbert's Syndrome, Bilirubin, Mental Health</i></p>
<a href="#">The Clinical Knack of NAC: Case Studies, Clarity &amp; Confidence</a>	<p>There are few complementary medicines that come onto the market with such a bang, opening up genuinely new therapeutic options for the effective management of such a broad range of health complaints. N-acetyl cysteine stands out for this reason. From reproductive to respiratory health, from heavy metal burdens to biofilms and athletes to addicts, this webinar covers the latest information about NAC's real therapeutic potential. Having been a favourite nutraceutical / prescription of Rachel's for some time, she punctuates the presentation with many of her own cases. <i>TAGS Nutritional Psychiatry, Diagnostics, Bipolar, Schizophrenia, Addiction, Mental Health</i></p>
<a href="#">The Folate Debate - Which Form and When</a>	<p>This webinar is all about getting back to basics - how do the different forms of folate compare, structurally, biologically, therapeutically. What is the consensus about their real niches and contraindications? With a secondary focus on how the different forms compare with regard to mental health. <i>TAGS Methylation, MTHFR, Folate, Homocysteine, Nutritional Psychiatry, Diagnostics, Depression, Anxiety, Preconception, Pregnancy, Cancer</i></p>
<a href="#">The How-To Guide for Amino Acid Prescribing</a>	<p>This presentation takes you through some of the latest research on the key amino acids - their therapeutic applications, effective doses, relevant cautions and contraindications. As well as outlining the key dispensing issues practitioners using this modality need to be aware of, in order to optimise patient outcomes. <i>TAGS Amino Acids, Clinical Pearls, Prescribing</i></p>
<a href="#">The Impact of Exercise on Pathology Tests – Beyond Artefacts to an Understanding</a>	<p>Overwhelmingly when we look at our patients' labs we compare their results with a reference range derived from 'the general population' aka couch potatoes! Therein lies our first problem. Exercise is recommended for health but we don't know what this 'looks like' in terms of labs. The reference ranges reflect and assume 'average' muscle mass &amp; haemodynamics &amp; 'average' nutritional requirements in people consuming the SAD (standard Australian diet) none of which apply to the exercise enthusiast, weekend warrior, least of all the professional athlete! Given an increasing number of our patients are embracing exercise, this is an important instruction in what healthy looks like, how to make meaning of otherwise meaningless comparisons and ultimately enable you to distinguish between what is healthy exercise-induced adaptation, an artefact and an actual aberration that flags possible negative impact of emerging pathology for other reasons. <i>TAGS naemia, Artefacts, Athlete, Blood tests, Diagnostics, Endurance, Exercise, Haemodynamics, Interpretation, Labs, Nutrition, Pathology, Runners, Weekend warriors</i></p>



<a href="#">The Inflamed Brain</a>	<p>The brain is no longer considered an immunoprivileged organ separated from immune cells by the blood-brain barrier, with research revealing numerous interactions between the neurological and immune systems. A large body of evidence now shows that these interactions, in particular an imbalance in pro-oxidant &amp; antioxidant systems, play a clinically relevant role in the mental health issues of our patients and may go some way to explain why patients with chronic inflammation frequently present with mood and cognitive issues. Identifying and addressing the source of the inflammation (musculoskeletal, gastrointestinal etc.) therefore potentially addresses the underpinning cause and creates a 'win-win' scenario for patients</p> <p><i>TAGS Inflammation, Mental Health, Brain, Gut, Neurological</i></p>
<a href="#">The Oestrogen Detox Dilemma</a>	<p>For most individuals relative oestrogen excess is largely due to impaired detoxification rather than increased production and this is because oestrogen is a novel biomolecule, chemically distinct from all other sex steroid hormones, rendering our normally adept detoxification pathways relatively inept! This presentation will guide you through the complexity of oestrogen handling and detoxification, highlighting along the way the biochemical, behavioural and nutritional issues that are likely to contribute to an oestrogen excess in women and men. With practical clinical ideas about how to best support your patients faced with the Oestrogen Detox Dilemma.</p> <p><i>TAGS Oestrogen, Liver, Detoxification</i></p>
<a href="#">Thyroid Assessment in Kids and Teenagers - Why, When and How</a>	<p>Currently in Australia there is limited use of age specific reference ranges for thyroid parameters in children and teenagers yet they are essential for correct interpretation and diagnosis. Even doctors and specialists seem to be at a loss with diagnosing thyroid problems in kids unless they are extreme presentations. Subclinical thyroid impairment, however, is increasing in both children and adults. Many practitioners competent in adult thyroid identification and management are less familiar and confident with knowing when why and how to test in this population. Make sure you're not missing thyroid imbalance in your paediatric patients...early detection makes treatment easy.</p> <p><i>TAGS Thyroid, Diagnostics, Labs, Test, Kids, Children, Puberty, Antibodies, Puberty</i></p>
<a href="#">Thyroid Assessment in Preconception, Pregnancy and Post-partum</a>	<p>This recording includes setting fertility specific thyroid targets for the preconception period, Establishment of an appropriate monitoring schedule for thorough thyroid assessment across preconception, pregnancy and post-partum stages, Detailing trimester specific reference ranges for each of these parameters, Understanding the impact of various thyroid pathology (hypothyroidism/hyperthyroidism as well as subclinical hypothyroidism) on the developing baby.</p> <p><i>TAGS Thyroid, Hypothyroid, Hyperthyroid, Labs, Tests, Diagnostics, Clinical Pearls, Confounders, Preconception, Pregnancy, Post-partum</i></p>
<a href="#">Thyroid Pathology Nutritional, Environmental and Dietary Strategies</a>	<p>This instalment takes our understanding of the interplay between food, nutrition, environment and the thyroid several steps further. With more supportive research and a greater focus on the mechanisms behind the relationships between these factors, this presentation is for the true thyroid die-hard.</p> <p><i>TAGS Thyroid, Hypothyroid, Hyperthyroid, Labs, Tests, Diagnostics, Clinical Pearls, Confounders</i></p>
<a href="#">Thyroid Recovery Strategies in Action - Case Studies</a>	<p>Let's get real! In this entertaining presentation, all diagnostic and therapeutic theory gets put to the test across a collection of Rachel's patients who have diverse thyroid issues. From a young boy with hair loss and subtle thyroid impairment to a 42yo female who's battling Grave's disease; From an amenorrhoeic 'hibernating' 20 something to a 60 something ex-smoker with severe Hashimoto's. These detailed cases allow you to sit beside Rachel as she goes from first presentation through to diagnosis and management. Reviewing their pathology results, providing the rationale about the chosen treatment approach and dose, and following their progress with follow up testing to monitor treatment outcomes. This one brings all your new knowledge into the real world.</p> <p><i>TAGS Thyroid, Hypothyroid, Hyperthyroid, Labs, Tests, Diagnostics, Clinical Pearls, Confounders</i></p>
<a href="#">Update in Under 30 Subscription</a>	<p><b>Update and Under 30 streamed monthly audios and resources keep you up to date with the latest 'must-knows' in integrative medicine, covering a wide variety of topics from diagnostics to diet, all through the lens of an integrative health model. Every month each new episode will provide you with a quick scientific review with 'clinic-ready' practice tips, in under 30 minutes. In addition, the subscription gives you access to the ENTIRE back catalogue of UU30 audios that have been released...that's over 90 episodes! The following products in yellow are part of the subscription.</b></p>
<a href="#">10 Top Tips for More Accurate Blood Test Result Interpretation*</a>	<p>Rachel talks through the issues that we need to be aware of, and control for, to get the most out of every patient's blood test. Rachel also provides you with an additional bonus pdf downloadable patient resource that does most of the work for you! With increasing reliance on blood tests for better diagnosis, it is critical to ensure we do all we can to get results that aren't confounded by other factors and therefore lead us to the wrong conclusions. We have limited control over what happens once the blood is drawn and on its way to the lab but there are many things we can do around patient education, contextualisation of the tests and follow up with abnormal results to try and eliminate methodological errors.</p> <p><i>TAGS Labs, Tests, Diagnostics, Confounders, Clinical Pearls, Update In Under 30</i></p>
<a href="#">A Fresh Look: Taurine &amp; Glycine in the CNS*</a>	<p>Both taurine &amp; glycine have a claim-to-fame as amino acids that effectively calm an over-revving brain, via their net inhibitory actions within the CNS. They achieve this via different means and while in some circumstances, one, either or both will be the result of differences in the regulation of their BBB transfer, pharmacokinetics, as well as add-on benefits or detractors, unique to each. Learn how to use both of these powerful and affordable mood-modulators, to their fullest, and be more able to know 'which one when', by listening to this latest narrative review.</p> <p><i>TAGS Mental Health, Research, Supplements, Update in Under 30</i></p>



<p><a href="#">A Guide to Picking Up Pyrroles*</a></p>	<p>Working in mental health? Do you wonder which of your patients really should be tested for pyrroles so you can avoid wasting your time and their money? At last, urinary pyrroles as a biological driver, is moving in from the margins of pseudo-science and starting to be the subject of more rigorous research. With these investigations have come the opportunity to test our old ideas about what to look for and who to test...and surprise! many of those old markers and traits have been thrown out as a result. It's time to smarten up our knowledge in this area and our ability to Pick up on Pyrroles. <i>TAGS Diagnostics, Labs, Tests, Mental Health, Depression, Anxiety, Nutritional Psychiatry, Zinc, Copper, Update In Under 30</i></p>
<p><a href="#">A Gut Full of Glutamine*</a></p>	<p>Is Glutamine your go-to prescription for patients with gut problems? Do you look for good levels of it when you're choosing your gut repair formulas? Most of us do this because we've heard that a deficiency negatively impacts the gut tight junctions, villi structure and immunity etc. but how long has it been since you've reviewed the latest human studies on the digestive effects of Glutamine supplementation? The time is now. This podcast cuts to the chase on the big research findings that warrant our urgent attention and necessitate big adjustments in how we use glutamine for gut health. <i>TAGS Diagnostics, Inflammation, Microbiome, Dysbiosis, Supplements, Update In Under 30</i></p>
<p><a href="#">Absolute Adrenal Fatigue*</a></p>	<p>What can we learn about the adrenals from a patient with Addison's disease? Rachel talks about a patient of hers with Addison's disease, which helps us to understand the broader role of the adrenals, the myriad consequences of their impaired function and how to correctly assess for this in our clients. <i>TAGS Diagnostics, Labs, Tests, Addison's Disease, Adrenals, Endocrinology, Cortisol, Update In Under 30</i></p>
<p><a href="#">Acid Base Balance*</a></p>	<p>Whether our patients have musculoskeletal, mental health, immune, chronic pain or cancer issues - achieving Acid Base Balance should be your first objective. Rachel summarises the research about why this is the case, how to effectively assess your patients systemic pH and then what to do when you find that acid is winning the war. <i>TAGS Diagnostics, Labs, Tests, Confounders, Reference Ranges, ALP, Osteoporosis, Adrenals, Cortisol, Minerals, Update In Under 30</i></p>
<p><a href="#">Androgen Assessment in Men*</a></p>	<p>How do you accurately assess men's androgen levels - knowing the ins and outs helps you to not only confirm what's high and low for each life-stage but to also start to unravel the why. With so much focus on female health and hormones...many of us need up-skilling when it comes to correct assessment of our male patients and once you start...you'll be amazed at what you uncover about your patients. <i>TAGS Testosterone, SHBG, Diagnostics, Labs, Endocrinology, Tests, Update In Under 30</i></p>
<p><a href="#">Are you Feeling your AGE?*</a></p>	<p>Glycation is a normal physiological process that, just like inflammation and oxidative stress, can get out of hand, contributing to disease processes. Currently there is an explosion of correlational research suggesting relationships between higher levels of Advanced Glycation End-products (AGE) in individuals who have fertility problems, psychiatric conditions, osteoporosis, premature skin ageing, cancer...you name it! New research implicates diet heavily in the determination of individual's levels of AGE but there is devil in the detail - there are '4 Ps' of dietary AGE contribution that we need to be mindful of when we are giving dietary advice. <i>TAGS Aging, Nutrition, Update In Under 30</i></p>
<p><a href="#">Are You Missing Histamine Excess*</a></p>	<p>In under 30 minutes, Rachel will summarise everything you need to know about recognising, understanding and correcting Histamine Intolerance. One thing that often masquerades like an IgE allergy, but is not, is histamine excess. An excess of histamine of course can produce all the same symptoms with itching, swelling, wheeze, rhinitis etc....so how do we get a histamine excess without raised basophils and exposure to allergens? Well there's something called 'Histamine Intolerance' which refers to an inefficient or overloaded histamine detoxification system, and although well recognised in Europe is not really talked about here. <i>TAGS Nutritional Psychiatry, Oestrogen, Food Reactions, Mental Health, Update In Under 30</i></p>
<p><a href="#">Are You Questioning CoQ10?*</a></p>	<p>Where does the real evidence sit in terms of the different forms and delivery systems for CoQ10? Are we being asked to pay an unnecessary premium price for supplements that don't warrant it in terms of therapeutic superiority? Our understanding of CoQ10 has progressed dramatically since it first hit the market as the new poster-child panacea. In light of this Rachel provides a timely update on everything CoQ10 - in particular the best forms and doses. This podcast includes a collection of full text research articles on the role of CoQ10 in cellular metabolism. <i>TAGS Supplements, CoQ10, Update In Under 30</i></p>
<p><a href="#">Are You Running Hot and Cold on Thyroid Nodules?*</a></p>	<p>An increasing number of our patients have thyroid concerns but unbeknown to many of us the most likely explanation of all is thyroid nodules, whose incidence is on the rise globally. The development of nodules has always been primarily viewed as a nutritional disease. Traditionally attributed to chronic iodine deficiency but recently novel nutritional causes have emerged. Benign nodules come in 2 flavours: hot and cold and while patients can present with a mixture, it is the presence or absence of a hot nodule that radically changes what complementary medicines you can and can't use and what an effective treatment plan looks like. The pointers, as is often the case, are there for us in the patient's presentation and pathology, so knowing the difference is no longer a guessing game. This UU30 comes with a great visual clinical resource and includes key papers on the nutritional management of nodules. <i>TAGS Diagnostics, Endocrinology, Update In Under 30</i></p>



<p><a href="#">Beware of Bad Bloods*</a></p>	<p>Good practitioners are being led to bad conclusions by some patients' pathology results. Not because they can't interpret them or the testing has no merit but because they just don't know when to discard a set because they are 'bad'. Occasionally, the fault of the pathology company but much more often the referring practitioner has not educated the patient correctly about 'what to do' and 'what not to do' prior to blood collection for certain tests. This recording clearly describes the 7 classic 'give-away' patterns of 'Bad Bloods' which will enable you to spot them fast in the future. In addition to this, knowing the ideal collection times and conditions for the most common tests - handy clinic resource included.</p> <p><i>TAGS Diagnostics, Labs, Tests, Renal, Liver, Confounders, Reference Ranges, Update In Under 30</i></p>
<p><a href="#">Bi-polar Disorder &amp; Perimenopause*</a></p>	<p>Although sex hormones have been found to play a role in the pathophysiology of BPAD, there is a lack of certainty about the exact contribution they make. Hence most health care professionals don't discuss this aspect. However, women with BPAD moving from one reproductive life-stage to the next typically report significant changes in the severity and need for monitoring and management of their BPAD. What do we know about this - so that we can be proactive rather than reactive with our female BPAD clients? Included in this discussion of the evidence is a case study that really demonstrates how potent peri-menopause can be.</p> <p><i>TAGS Nutritional Psychiatry, Oestrogen, Hormones, Menopause, Mental Health, Update In Under 30</i></p>
<p><a href="#">Blowing the Lid on Helicobacter Pylori: Who Gets It &amp; Why*</a></p>	<p>While many are obsessed with finding the 'source' of their 'Blasto' or other gastrointestinal parasites, less of us ask the same question and do the comparable detective work in cases of Helicobacter pylori, a bacteria that is estimated to inhabit the gut of over 50% of adults worldwide and a surprising percentage of children. The transmission of H.pylori is accepted as being through person to person contact but the exact mode or route remains hotly debated. So if one individual tests positive what sort of things should be put in place to prevent sharing it with their loved ones? What are the other risk factors that can increase or reduce our susceptibility even in the face of exposure? Should we even worry about its presence - is it simply a much maligned and misunderstood commensal? It's time to revisit this bacteria that has a long and fascinating history with humanity.</p> <p><i>TAGS H. Pylori, Dysbiosis, Inflammation, Microbiome, Update In Under 30</i></p>
<p><a href="#">Breast Pain, Cysts, Prolactin &amp; Iodine - Connecting the Dots*</a></p>	<p>The name 'Benign Breast Disease' fails to convey the awful symptoms up to 50% of premenopausal women experience as a result of this condition, nor the dramatic elevated risk for breast cancer that it carries. This recording summarises what we understand about the pathophysiology, the often misunderstood role of the thyroid and iodine, and how best to approach this condition in our patients and minimise their risk of progression to something more serious.</p> <p><i>TAGS Oestrogen, Hormones, Iodine, Prolactin, Clinical Pearls, Minerals, Clinical Assessment, Update In Under 30</i></p>
<p><a href="#">Chronic Threadworm Infestation - Diagnosis &amp; Effective Treatment*</a></p>	<p>Ever had clients, young or old, who present with unexplained vulval itching or pain? How about irregular menstrual cycles or increased emotional mood lability as a result of chronic poor sleep quality? Rather than being simply a nuisance condition that affects most children at some stage of their life, a threadworm or Enterobius vermicularis infestation can be a major cause of morbidity in both your paediatric and adult patients, with long term GIT infestations increasingly being linked to serious sequelae such as appendicitis, ovarian and endometrial pathologies.</p> <p><i>TAGS Children, Paediatrics, Kids, Parasites, Update In Under 30</i></p>
<p><a href="#">Closing the Gap on Coeliac - Why GF Shouldn't Come First*</a></p>	<p>Gene testing, serology and biopsy: get a clear protocol to follow! This Update in Under 30 recording speaks of the seriousness and primacy of identifying Coeliac Disease in any patient reporting a suspected reaction to gluten and takes you through the latest evidence on the best screening protocol. With an increased understanding about the strengths and limitations of gene testing, serology and biopsy, we have a clear map to follow. Along the way Rachel outlines 3 additional potential mechanisms for 'gluten' reactions amongst our patients - what to look for and how to tell the difference.</p> <p><i>TAGS Gluten, Diagnostics, Labs, Tests, Update In Under 30</i></p>
<p><a href="#">Coffee Enemas - The Truth About this DIY Detox*</a></p>	<p>Have you got patients using coffee enemas? Are you keen to know the facts about this popular DIY detox - like, where did this practice stem from? Is it based on science? What evidence do we have about the positives and possible negatives? Is there a place for this practice and if so, in which patients and conditions? And possibly most importantly, what are the real risks? Coffee enemas have been used medically for 100s of years and don't appear to be going anywhere anytime soon...time to get across this!</p> <p><i>TAGS Dysbiosis, Inflammation, Microbiome, Update In Under 30</i></p>
<p><a href="#">Copper in Kids*</a></p>	<p>Copper, as a kingpin in angiogenesis, brain &amp; bone building &amp; iron regulation is a critical mineral during paediatric development. So much so, the kind of blood levels we see in a primary schooler might cause alarm if we saw them in an adult. So too their Zn:Cu. But higher blood Copper and more Copper than Zinc are not just healthy but perhaps necessary during certain paediatric periods. This recording redefines normal, low and high with a great clinical desktop tool to help you better interpret these labs, as well as reviewing the top causes and consequences of both types of Copper imbalance in kids.</p> <p><i>TAGS Clinic, diagnostics, food, immunity, inflammation, Mental Health, minerals, naturopathic nutrition, oestrogen, pathology, Pfeiffer, pregnancy</i></p>
<p><a href="#">Cortisol - Have You Been Caught Out?*</a></p>	<p>I have! And just recently a stark contrast between the results from 2 different methods of cortisol capture in the same patient illustrated just how likely this is. How do we 'capture' something so 'dynamic' and interpret anything of substance from a 'static' assessment technique? But rather than throw up our hands and throw out the whole attempt to measure cortisol, we can improve the rigor, reliability and real-world meaningfulness of our patients' results by refining our timing of tests, choosing the medium wisely &amp; manipulating test conditions to answer specific questions about their HPA function. Great ready reference resource included!</p> <p><i>TAGS Diagnostics, Endocrinology, Labs, HPA, Mental Health, Pathology, Research</i></p>



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<a href="#">Creatine – The Brain Builder Part 1*</a>	<p>When we recap the contemporary science of shared pathophysiology in mental health, we have: oxidative stress, impaired neurogenesis, monoamine deficits, glutamate excess, hypometabolism &amp; mitochondrial dysfunction. When we ask researchers which of these supplemental Creatine might be able to assist with, we get hits at each and every point. Turns out, Creatine's capacity for enhancing performance is not limited to athletes but can be capitalised on for anyone vulnerable to a CNS shortfall. Ignored for far too long, this economic and impactful brain nutrient is coming to the fore for psychiatric and neurological disorders.</p> <p><i>TAGS Bioenergetics, Diagnostics, Diet, Mental Health, Minerals, Research, Supplements, Mitochondria, Naturopathic Nutrition</i></p>
<a href="#">Creatine – The Brain Builder Part 2*</a>	<p><i>TAGS Bioenergetics, Diagnostics, Diet, Mental Health, Minerals, Research, Supplements, Mitochondria, Naturopathic Nutrition</i></p>
<a href="#">Culture Shock*</a>	<p>What goes on in a pathology lab when they perform cultures (urine, vaginal, stool) is a must know so we can interpret our patient's results correctly. When we see 'no pathogens isolated' - is this always the final answer? What could provide us with additional information that might on the contrary support an infectious cause? And how can we help lab staff to better answer the questions we so desperately need answered for these patients and identify the pathogen?</p> <p><i>TAGS Diagnostics, Labs, Tests, Update In Under 30</i></p>
<a href="#">Dear Doctor - Tips on Letter Writing With Sample*</a>	<p>In this podcast Rachel succinctly covers the serious Do's and Don'ts for your professional letter writing. Rachel gives step-by-step instructions and examples for key phrasing and clear medical justifications, what terms to use when in order to come across respectfully, and how to present urgent red flags without sensationalising. This podcast is guaranteed to help your professional letters get the responses you and your patients need.</p> <p><i>TAGS Interprofessional Communication, Referrals, Referral Letters, GP, Naturopathic Tools, Communication, Update In Under 30</i></p>
<a href="#">Digging Into Cracking Corners: Angular Cheilitis*</a>	<p>Just an annoying, embarrassing, cosmetic condition or could it be the clue that helps you 'crack the case'? There is a surprisingly long list of differentials for this condition but most of us only know a few, reflexively reaching for either B vitamins or anti-fungal creams. Does either make sense? Does either address the cause(s) which we now recognise to be a unique series of risk factors in each individual? Or are we at risk of shooting the messenger and missing the message of Cracking Corners altogether?</p> <p><i>TAGS Immunity, Minerals, Naturopathic nutrition, Pathogens, Pathology, Research</i></p>
<a href="#">Fabulous Therapeutic Fibre*</a>	<p>Rachel at her warmest and funniest reminding us that fibre is a critical component to good nutrition and is often overlooked, partly due to the popularity of paleolithic and no grain diets. This premium audio file goes through some of the important functions of fibre and fibre diversity.</p> <p><i>TAGS Inflammation, Microbiome, Dysbiosis, Update In Under 30</i></p>
<a href="#">Getting Thyroid Right for Pregnancy*</a>	<p>Pulling together all the latest research on links between sub-clinical thyroid function and fertility, pregnancy success and pregnancy outcomes. In particular, Rachel talks about how to identify your patients who are at risk, defines optimal thyroid parameters through each trimester, monitoring and testing guidelines and talks about what can go wrong if we don't get it right.</p> <p><i>TAGS Thyroid, Diagnostics, Endocrinology, Preconception, Pregnancy, Update In Under 30</i></p>
<a href="#">Getting to the Guts of Women with Joint Pain*</a>	<p>There's a significant increase in the number of women in their 20s to 50s presenting with 'atypical' joint pain, that seems hard for specialists to diagnose and therefore, hard for any of us to know how best to treat. If we listen closely to these patients, however, they are often telling us that their, 'gut isn't right'. It doesn't tend to grab so much attention but maybe it should! We examine 3 'atypical' arthropathies that can have GIT symptoms and arguably may represent a key driver of their joint pain. The different clinical pictures and targeted investigations for these big 3 together with some key papers are covered in this audio.</p> <p><i>TAGS Microbiome, Inflammation, Dysbiosis, Joints, Leaky Gut, Update In Under 30</i></p>
<a href="#">Getting Zinc Right in Depression*</a>	<p>Zinc is an essential micronutrient with diverse biological roles in cell growth, apoptosis and metabolism, and in the regulation of endocrine, immune, and neuronal functions implicated in the pathophysiology of depression. This study sought to quantitatively summarize the clinical data comparing peripheral blood zinc concentrations between depressed and nondepressed subjects. Seventeen studies, measuring peripheral blood zinc concentrations in 1643 depressed and 804 control subjects, were included.</p> <p>Conclusions: Depression is associated with a lower concentration of zinc in peripheral blood. The pathophysiological relationships between zinc status and depression, and the potential benefits of zinc supplementation in depressed patients, warrant further investigation.</p> <p><i>TAGS Zinc, Minerals, Depression, Nutritional Psychiatry, Mental Health, Update In Under 30</i></p>
<a href="#">Gilbert's Girls*</a>	<p>Once you learn about the biochemistry of bilirubin and the impact of impaired glucuronidation the associated health issues all make sense. Is it possible that some of your patients have Gilbert's syndrome? Absolutely! Its prevalence in our population is fairly high and it frequently goes unrecognised / undiagnosed, so watch out for a pattern of elevated (&gt;20 umol/L) Total bilirubin levels in your patients' results and keep in mind it could be Gilbert's.</p> <p><i>TAGS Nutritional Psychiatry, Diagnostics, Cholestasis, Gilbert's Syndrome, Bilirubin, Oestrogen, Dopamine, Glucuronidation, UGT, Update In Under 30</i></p>
<a href="#">Gilbert's Guts*</a>	<p>Gilbert's syndrome presents in many different shapes and forms in our patients and frequently with a 'digestive component' that is incredibly hard to pin down. Often dismissed as IBS by medicos or misattributed to complex food reactions by patients, the true cause often eludes patients. In this recording, we summarise the links between impaired glucuronidation, impaired bilirubin excretion and digestive disturbance, and outline the 7 core treatment objectives and the best interventions to get the Gilbert Gut Good!</p> <p><i>TAGS Nutritional Psychiatry, Diagnostics, Cholestasis, Gilbert's Syndrome, Bilirubin, Oestrogen, Dopamine, Glucuronidation, UGT, Gall stones, Dysbiosis, Microbiome, Update In Under 30</i></p>





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<a href="#">Gilberts: New Goals &amp; Good News*</a>	<p>The news from the research frontier in Gilbert's Syndrome is nothing short of thrilling, rewriting our thoughts on what medications and supplements (!! ) are the most problematic, significantly improved dietary management of these clients, how to track their progress more accurately and why completely normalising their bilirubin is not the goal...they did someone say...longer telomeres?! ;) Included are kickass desktop clinical reference that comes with this months UU30 that aids a better understanding and clear treatment directives in your GS patients. <i>TAGS Clinic, Diet, Education, Food, Men, Mental Health, Oestrogen, Psychotropics, Supplements, Testosterone</i></p>
<a href="#">H. pylori - Eradicate or Rehabilitate?*</a>	<p>For a bacteria identified just a few decades ago as being a cause of chronic gastritis, atrophic gastritis and gastric carcinoma, the escalation of the number of antibiotics used to eradicate it (4 at last count + PPI) has been nothing short of breathtaking. A management approach more consistent with both integrative medicine and with an improved understanding of the delicate microbiome focuses on changing the gastric environment to 'remove the welcome mat'. What do we know about how to do this successfully? It turns out...quite a lot. <i>TAGS H. Pylori, Dysbiosis, Inflammation, Microbiome, Update In Under 30</i></p>
<a href="#">Histamine Imbalance in Mental Health*</a>	<p>About 15 years ago I was introduced to Histamine as a neurotransmitter. Not the allergy mediator or the 'basophil baddy' but rather this prolific and potent neurochemical we all produce in our brains which, in the right amounts, regulates almost every biological rhythm, helps with memory and mood &amp; much more. Being able to recognise excesses or deficiencies of CNS histamine in mental health presentations and, ever since then, fine-tuning my ability to support patients with these, has changed my practise forever and has been the key to some of my patients' greatest recovery stories. Forever grateful to the pioneers of this model, 70 years on, the model is ready for a mini-makeover, to bring it in line with the current scientific understanding of histamine, methylation, genes and much more. This recording, together with two hugely helpful clinical resources, will give you the confidence to recognise and remedy this important imbalance in mental health. <i>TAGS Histamine, Research, Mental Health, Pfeiffer</i></p>
<a href="#">Hold the DHA in Mental Health*</a>	<p>Have you thrown the baby out with the bath water regarding fish oils in mental health conditions? Many of us found that fish oils haven't delivered the success implied from the original research but the newsflash is...we now know more than ever about dose and form and the need to tailor each fish oil intervention for each mental health presentation. This is a must have for practitioners working in mental health and is a summary of the leading researchers in this field. <i>TAGS Nutritional Psychiatry, Mental Health, Diagnostics, Update In Under 30</i></p>
<a href="#">How Noxious is Nickel?*</a>	<p>While nickel sits rather camouflaged among its mineral mates in the transition metals of the periodic table, it is a metal that humans are constantly exposed to yet have no need for. What could possibly go wrong? Well, a lot it seems. Nickel is the most prevalent metal allergen worldwide and beyond this there is strong evidence of its potential to trigger autoimmunity, major endocrine pathology and a raft of GIT problems that masquerade as other conditions like IBS &amp; NCGS. This episode captures why some of our patients are likely to end up with a bigger dose and a much bigger disease picture as a result of noxious nickel. <i>TAGS Nickel, Heavy Metals, Metals, Update In Under 30</i></p>
<a href="#">How Noxious is Nickel? Part 2*</a>	<p>In this instalment it's time to get down and dirty and detailed about how to best identify those patients who may have Nickel related pathology and presentations. We cover testing options, typical systems affected from GIT to autoimmunity and the most extreme form: Systemic Nickel Allergy Syndrome. We outline Nickel management strategies in a world full of it (!) and we include several key papers for additional resources and support. How noxious is Nickel for some of your patients? Well by the end of this you'll know and better still, know what to do once that's established. <i>TAGS Nickel, Heavy Metals, Metals, Update In Under 30</i></p>
<a href="#">How to Improve Behavioural Change in Patients*</a>	<p>This overview of the behavioural change model and how it impacts on the patient's response to the clinicians advice is a key element in developing a professional approach that works. Unless practitioners are aware of the way that patients approach changing their dietary behaviour, or exercise regimes, they might be setting up patients to fail. <i>TAGS Nutritional Psychiatry, Update In Under 30</i></p>
<a href="#">Hypothyroid Without a Trace - The Role of EDCs*</a>	<p>Have you got patients with hypothyroid symptoms but normal results? Or results that suggest the HPT axis just seems to be broken? Could it be the result of a combination of Endocrine Disrupting Chemicals (EDCs)? How do you assess for these 'new goitrogens', which act more potently and more insidiously, inducing hypothyroidism 'without a trace'. <i>TAGS Thyroid, Hypothyroid, Subclinical Hypothyroid, Endocrinology, Update In Under 30</i></p>
<a href="#">Investigating Paediatric Behavioural Disorders*</a>	<p>This is a fresh take on the many investigative paths we need to follow when presented with kids with behavioural disorders. From grass roots dietary assessment through to the key pathology testing that is most helpful in clarifying the role and treatment approach of integrative nutrition for each individual child. <i>TAGS Nutritional Psychiatry, Paediatrics, Kids, Children, Diagnostics, Update In Under 30</i></p>
<a href="#">Investigating the HPA*</a>	<p>Anxiety, high stress, poor sleep - it all sounds like high cortisol right? But did you know that these are all features of abnormally low cortisol as well, which underscores why accurate adrenal assessment is so important. This Premium Audio takes you through all the investigations you have available, from clinical markers (Pupil response, Rogoff's sign etc.) to the strengths and weaknesses of blood, urine and saliva assessment. It identifies the variables you need to consider and how to accurately interpret the findings for your patient. <i>TAGS Adrenals, Cortisol, Diagnostics, Update In Under 30</i></p>



<a href="#">Iodine Excess In Action</a>	<p>Have we simply been sold a story about the dangers of iodine excess? What about the Japanese reported average intake of 7mg per day of iodine? Have you been told that iodine supplementation is not only important but also safe in any thyroid presentation? Well the answers are: 'No', 'Not the whole story' and 'That's plain wrong!' Come along and take a look at a couple of cases of iodine excess in action. See how we identify the iodine excess, how their thyroid function changes over weeks and months, and how textbook iodine excess presents in the real world! A real eye opener for anyone working with iodine and working in thyroid health.</p> <p><i>TAGS Iodine, Supplements, Diagnostics, Update In Under 30</i></p>
<a href="#">Iron Overload... But Not as You Know It*</a>	<p>We're increasingly seeing high ferritin levels in our patients and getting more comfortable referring those patients for gene testing of the haemochromatosis mutations; but, do you know how to distinguish between high ferritin levels that are likely to be genetic and those that are not? This can save you and your patient time and money and there are some strong road signs you need to know. In addition to this, what could cause ferritin results in the hundreds, if it's not genetic nor inflammation? This Update in Under 30 will help you streamline your investigations and add a whole new dimension to understanding iron overload...but not as you know it!</p> <p><i>TAGS Iron, Minerals, Diagnostics, Labs, Tests, Confounders, Reference Ranges, Anaemia, Minerals, Iron, Update In Under 30</i></p>
<a href="#">Is Threadworm the Missing Link in Dientamoeba Patients?*</a>	<p>Are you seeing more and more cases of Dientamoeba fragilis? Is it increasingly recurring or altogether treatment resistant in some patients? Is that because this parasite is becoming more common in our external environment, our homes, our food, our water, or the result of the increased frequency and sensitivity of the stool tests our patients are undergoing? There's yet another possibility you now need to consider: that the missing link is another creepy critter acting as a vector.that until now we haven't paid enough attention to. This missing piece of the 'D.frag Why me? Why me, again?!' puzzle can help you resolve the Dientamoeba</p> <p><i>TAGS Parasites, Dientamoeba, Threadworm, Update In Under 30</i></p>
<a href="#">IV Iron to the Rescue?*</a>	<p>While rates of iron deficiency and related anaemia continue to grow, the increase in prescriptions of IV Fe have expanded exponentially in western countries. What is behind this change in practice regarding how we treat iron deficiency and does it match with responsible prescribing? Do the benefits always outweigh the risks? And while we're on the topic, who is most likely to benefit and what are all the risks? In light of a current class action in the US, relating to a lesser talked about adverse event associated with IV Fe and recent complaints here in Australia against GPs, allegedly due to inadequate information to enable informed patient consent...it's time to answer these questions and more. When is IV Fe a means of rescue and when is it a risky repletion strategy with no evidence of advantage?</p> <p><i>TAGS Diagnostics, Inflammation, Iron, Microbiome, Naturopathic Nutrition, Research, Shared-Cared, Supplements</i></p>
<a href="#">Knowing Your Selenium Numbers in Thyroid Patients*</a>	<p>Selenium plays a pivotal protective and corrective role for the thyroid. Whether it's buffering the oxidative stress that comes with high TPO antibodies or lowering antibody titres, preventing or minimising the orbitopathy associated with Grave's or simply maintaining a better level of T3 in euthyroid individuals, there are numerous potential positive effects from selenium supplementation ...in the right patient... and therefore this is the bit we need to be clear about: Plasma / serum assays are the most common Selenium assessment offered in Australia by mainstream pathology companies so this test is not hard to get via a GP and now you have a real use for it - clarifying if selenium is really going to be effective or not in your thyroid clients.</p> <p><i>TAGS Minerals, Thyroid, Diagnostics, Selenium, Update In Under 30</i></p>
<a href="#">Leaving Anti-depressants Behind*</a>	<p>Helping patients off anti-depressants is a challenging and important function that must be initiated by the patient with the full support of the prescribing practitioner (GP or Psychiatrist). Rachel walks you through the range of solutions available and when they should be employed.</p> <p><i>TAGS Depression, SSRIs, Nutritional Psychiatry, Anxiety, Mental Health, Update In Under 30</i></p>
<a href="#">Living on Gilbert Street</a>	<p>For those people living with Gilbert Syndrome at last the research world &amp; the real one are uniting – with greater detailed documentation of how this very common polymorphism presents and the mark it may make in their health story. However, given only 1/5 with Gilbert's syndrome actually know they have this condition, who are we missing? This latest instalment rewrites our diagnostic criteria and corrects our past misunderstandings based on the very latest science, while shedding further light on what it's like to live in Gilbert St.</p> <p><i>TAGS acute transient psychotic disorder, alcohol, bipolar, BPAD, diagnostics, dysmenorrhea, expected values, fasting, food intolerance, gene, genetics, improved diagnosis Gilbert's, jaundice, Labs, menorrhagia, Mental Health, polymorphism, Psychoses, ramadan, reference range, research, schizophrenia, unmasking Gilbert's</i></p>
<a href="#">Low T3 Syndrome &amp; the Hibernation Effect*</a>	<p>Thyroid hibernation produces a low T3 value coupled with a 'lowish' TSH and typically a clinical picture of hypothyroidism. As the practitioner we are faced with the conundrum of how to effectively 'wake up' the pituitary which appears to be sleeping on the job. This audio connects up the dots between this type of thyroid dysfunction, dietary patterns, restrictive eating (including a history of eating disorders), carbohydrate intake and disturbed iodine nutrition of the thyroid gland. This pattern is increasingly seen in practice and this audio is a must for anyone working in this area.</p> <p><i>TAGS Thyroid, Diagnostics, Low Carb Diet, Eating disorders, Update In Under 30</i></p>
<a href="#">Melatonin: Misunderstandings and Mistakes*</a>	<p>What are we getting right and wrong with Melatonin? This podcast answers in particular, one of the most common sources of fascination and frustration for clinicians, the reasons behind the Melatonin non-responder. We've all encountered patients who have taken Melatonin for sleep problems and reported no benefit, or initially responded and then lost efficacy quickly, or even patients who experienced insomnia after taking. What does this tell you about your patient and what should you do to resolve this and better still, prevent it?</p> <p><i>TAGS Melatonin, Supplements, Clinical Pearls, Sleep, Hormones</i></p>



<a href="#">Milk Madness - Is It A Thing? Part 1*</a>	<p>There is a well-rehearsed chant in the integrative management for ASD individuals, "Gluten free- casein free diets are step 1". This is based on the dietary exorphin theory which suggests these foods generate bioactive peptides that act unfavourably in the brain. Where did this theory emerge from and how strong or weak is the evidence upon which this therapeutic intervention stands? Even more interesting, is there support of this theory in a wider range of mental health presentations such as schizophrenia, post-partum psychosis and depression. Is there such a thing as milk madness for a subset of these patients?</p> <p><i>TAGS Mental Health, Depression, Psychosis, Bipolar, Exorphin, IgG, IgA, Leaky Brain, Leaky Gut, Autism, Update In Under 30</i></p>
<a href="#">Milk Madness - Is It A Thing? Part 2*</a>	<p>Could dairy intake in susceptible individuals be a risk promoter for mental health problems? In addition to evidence of the exorphin derivatives from certain caseins interacting with our endogenous opiate system discussed in part 1, we now look at the evidence in support of other milk madness mechanisms. Specifically, the IgG and IgA antibodies and what this tells us about the patient sitting in front of us, about their gut generally and about their mental health risks, specifically. The literature in this area dates back to the 1970s but the findings of more recent and more rigorous research are compelling.</p> <p><i>TAGS Mental Health, Depression, Psychosis, Bipolar, Exorphin, IgG, IgA, Leaky Brain, Leaky Gut, Autism, Update In Under 30</i></p>
<a href="#">Mind the Gap with Zonulin Testing*</a>	<p>Following the important discovery of the role of intestinal zonulin in the pathophysiology of coeliac disease our fascination with measuring zonulin in non-coeliac patients suspected of 'leaky gut', has moved faster than the facts. It's time to critically reassess what value, if any, there is in testing serum zonulin - which patients and when? And what is the true gold standard for detecting increased intestinal permeability in our patients?</p> <p><i>TAGS Gluten, Diagnostics, Labs, Tests, Food Reactions, Intolerances, Leaky Gut, Update In Under 30</i></p>
<a href="#">Mind Your P's &amp; P's*</a>	<p>The health consequences of any diet are largely determined by the balance or imbalance of two major players and proxy markers; protein and potassium. When it comes to this area of nutrition, we should be listening more closely to renal specialists whose research shows why the human design cannot support a potassium shortfall and the health consequences of this. In understanding optimal nutrition conditions for growth, cardiovascular function, renal health, blood glucose management etc. the answer lies in a truly happy marriage between our intake of protein and potassium. This recording comes with a clinical resource tool to help you quickly identify the dietary protein:potassium balance for your clients.</p> <p><i>TAGS Acid base balance, Magnesium, Kidneys, Calcium, Minerals, Diagnostics, Food, Diet, Update In Under 30</i></p>
<a href="#">Moving Ahead on Mauve Factor*</a>	<p>This recording drills down into the truth about urinary pyrrole testing and how recent scientific progress has really changed our perspective on how we define 'normal' Vs 'clinically significant' and the biochemistry that drives elevated pyrrole production in patients. These critical details will change your practise behaviours and ideas about treatment, and will answer a lot of questions that have gone unanswered.</p> <p><i>TAGS Diagnostics, Labs, Tests, Depression, Anxiety, Nutritional Psychiatry, Zinc, Copper, Bilirubin, Mental Health, Update In Under 30</i></p>
<a href="#">Must Knows About Mo (Molybdenum)*</a>	<p>Molly" seems to have become everyone's best friend recently, prescribed often in combination with zinc for high copper or "sulphur issues", especially in autism, but what do you really need to know about this trace element? How strong is the evidence for its clinical use, how likely is a deficiency, what are the key signs of inadequate levels and importantly what are the risks associated with too much? - new evidence points to some cause for concern and caution.</p> <p><i>TAGS Minerals, Molybdenum, Update In Under 30</i></p>
<a href="#">New Insights into Vulvovaginitis - Getting Specific &amp; Sex Hormone Savvy*</a>	<p>Do you believe every female client who says she has thrush? You shouldn't and there's a bunch of sensible reasons why. This audio goes into detail about why a vaginal swab is essential for correct diagnosis and effective treatment of 'thrush' as well as the critical things you need to know about the different Candida species your patients might be harbouring. What role oestrogen and progesterone really play in patients susceptible to these infections.</p> <p><i>TAGS Microbiome, Dysbiosis, Thrush, Diagnostics, Labs, Tests, Update In Under 30</i></p>
<a href="#">Nutritional Interventions in Renal Impairment - Place &amp; Potency*</a>	<p>Nutritional or naturopathic support for the kidneys tends to have been over-looked in our training and yet research suggests there is much in our tool kit that can make an enormous difference to this system, in particular, slowing the progression of chronic kidney disease in patients. Rachel talks about what these key evidence based interventions are and also gives you the tools to identify the early pathology markers of renal impairment.</p> <p><i>TAGS Renal, Update In Under 30</i></p>
<a href="#">Outrunning 'Athlete's' Anaemia*</a>	<p>Persistent 'hard-to-resolve' anaemia is a common presentation for anyone participating routinely in sport and that can be at any level, not just among the professionals. From our lovely ladies who take up running or Crossfit in their middle-age, to our MIL (men in Lycra) and 'weekend warriors', they may love it but their haemoglobin and their iron doesn't! Anaemia equals reduced oxygen carrying capacity, a concern for anyone interested in optimising their performance but equally relevant to patients just trying to manage their energy throughout the day. In this important episode we identify 4 different types of anaemia seen in patients as a result of exercise, incorrectly lumped together as 'Athlete's' Anaemia. Each type is easy to recognise once you know how and effective treatment of each is remarkably different. This summary and the super handy clinical resource that accompanies it will help you and your patients absolutely outrun it, at last.</p> <p><i>TAGS Anaemia, Athlete, Dilution Anaemia, Haemolysis, iron deficiency, Pathology, Sports</i></p>
<a href="#">Oxalate Overload*</a>	<p>Oxalates are found in high concentrations in many of the 'healthy food choices' we promote and are even higher again, when foods are organically farmed! Given the importance of individualising therapeutic diets, are we able to quickly recognise those who need to lower their load of these naturally occurring plant products? Who shouldn't be drinking green juices? And which of our patients might benefit from being educated about different food combinations and preparation to lower the oxalate load from these otherwise fabulous foods?</p> <p><i>TAGS Oxalates, Microbiome, Inflammation, Dysbiosis, Joints, Leaky Gut, Update In Under 30</i></p>



<p><a href="#">Oxalate Overload - Assessment &amp; Management*</a></p>	<p>Oxalates are present in many healthy foods and in all healthy people, but when 'normal' levels are exceeded they can spell trouble in a whole raft of different ways due to their extensive distribution across the body. Some tissues, however, have more problems than others, especially the urinary system, soft tissue and joints but now there are also questions about oxalates' relationship with thyroid and breast issues. We review the latest evidence about the health consequences, blow the lid on accurate assessment for oxalate excess and talk management in this jam-packed update. <i>TAGS Oxalates, Microbiome, Inflammation, Dysbiosis, Joints, Leaky Gut, Update In Under 30</i></p>
<p><a href="#">Pregnancy Iron Balance - sorting the "normal" from the "noise"*</a></p>	<p>It starts with a simple enough question: What should women's ferritin levels be in pregnancy? But the answer will surprise many. There are in fact two. The first reflects the practice guidelines for GPs and obstetricians in most western countries regardless of trimester and then there's another, that is arguably more evidence based, accounts for the essentiality of physiological anaemia in pregnancy &amp; is also, sensibly, trimester specific. To challenge the 'noise' and have the confidence that 'normal' is 'enough', we need to better understand the mother's protective physiological adaptation of iron regulation and the intricate systems the foetus has to ensure its needs are met. This of course is not without limit, so we need to also be clear about the maternal serum ferritin threshold for negative impact on the foetus and newborn. Getting the balance or iron right in pregnancy for both mother and baby, is perhaps easier than we have been led to believe. <i>TAGS Anaemia, Foetus, Iron, Pregnancy, Supplements, Update in Under 30</i></p>
<p><a href="#">Pregnancy Iron Balance Part 2 - aiming for "normal"*</a></p>	<p>In this continuation of our discussion about better iron balance for mum and baby we now map what is happening in each trimester with regard to requirements and regulation, and accordingly, what 'healthy looks like' in terms of both serum ferritin and transferrin, at every time point. This also gives us a clear practice protocol around when and how exactly to treat iron deficiency in pregnant women. Additionally, we review the risks of both under and over-treatment. <i>TAGS Anaemia, Foetus, Iron, Pregnancy, Supplements, Update in Under 30</i></p>
<p><a href="#">Pseudo Iron Deficiencies*</a></p>	<p>The most common mistake made in the interpretation of Iron Studies is this one... confusing inflammation driven iron 'hiding' with a genuine iron deficiency. Worse still, following through and giving such a patient oral iron - when in fact it is the most 'toxic' to them. This audio together with some key patient pathology examples will prevent you ever falling for this one! Learn how to recognise a 'Pseudo Iron Deficiency' in a heartbeat! <i>TAGS Iron, Minerals, Reference Ranges, Labs, Tests, Clinical Pearls, Supplements, Update In Under 30</i></p>
<p><a href="#">Quercetin - Are We Pushing the Limits?*</a></p>	<p>Quercetin has become an absolute go-to treatment for many practitioners faced with patients affected with allergies and high histamine. Supplemental quercetin exhibits a 5-20 fold higher bioavailability than its dietary counterpart, therefore increasing body levels beyond what a diet could ever achieve. This introduces more potent novel actions: anti-thyroid, pro-oestrogenic, detoxification disrupting...are we pushing the limits of desirable effects and introducing some undesirable ones and who should we be most conservative with? <i>TAGS Quercetin, Allergies, Oestrogen, Supplements, Update In Under 30</i></p>
<p><a href="#">Retinol - Feared or Forgotten?*</a></p>	<p>Vitamin A deficiency is more common than you think and understanding the reasons behind suboptimal intake and status help us to identify those of our patients most at risk. In terms of therapeutic potential, acute high dose retinol supplementation can produce dramatic resolution of infections or break the cycle of recurrent infections in immune compromised individuals. For many clinicians, however, retinol has either been forgotten or become feared due to its toxicity profile. This Update in Under 30 recording, sharpens our focus around not only recognising those who need it but also how to use retinol effectively without the risks. <i>TAGS Retinol, Supplement, Update in Under 30</i></p>
<p><a href="#">Separating the B12 from the B*S#! *</a></p>	<p>B12 is a routinely under-rated and recognised micronutrient, which is in fact in high demand by many of our patients. As nutritional research pushes back against defining adequacy as simply the prevention of the deficiency-associated disease (macrocytic anaemia, irreversible neurological damage) we enter a new landscape of more individualised approaches where we're better able to recognise and treat those at risk of falling below 'optimal'. But how do we accurately identify this and then choose the 'best' B12 (methyl- cyano- adenosyl- hydroxo-) supplement? Does it need to be this complex? Time to sort the B12 from the B*S#!! This recording comes with a bunch of great resources including a clever clinical tool. <i>TAGS Clinic, Diagnostics, Diet, Food, Vegan, Microbiome, Pathogens, Supplements</i></p>
<p><a href="#">Sex (Hormones) On the Brain*</a></p>	<p>When it comes to a modern take on how sex hormones impact both the structure &amp; function of our CNS, we need to blend the 'old' with the 'new'. The 'old' tells us, production of sex hormones is in the gonads and action at a distant target anywhere else in the body, including our brain. And the 'new' is in the form of the 'Synaptocrine' - where production of these sex steroids is actually within neural tissue itself and their immediate actions occur close-by, in the synapse and at the post-synaptic neuronal membrane. These two contributive pathways show some shared dependence but also independence from one another and the balance of both has now been recognised to be integral to the overall health of the nervous system. <i>TAGS Adrenal, Diagnostics, Mental Health, Pathology, Research, Update in Under 30</i></p>
<p><a href="#">Should We Rethink High Dose Vitamin D?*</a></p>	<p>Vitamin D deficiency has been associated with a long list of major health conditions, from autoimmunity to mental health and almost everything in between. This has led to many of us recommending high dose vitamin D supplementation for a large proportion of our patients but do we understand everything we need to about the merits and safety of this? In this provocative podcast Rachel outlines the key unresolved vitamin D dilemmas that should encourage us to exercise caution and outlines how adequate sun exposure is associated with improved health outcomes independent of the production and action of vitamin D. <i>TAGS Supplements, Vitamin D, Update In Under 30</i></p>



<a href="#">Silent Reflux*</a>	<p>Chronic dry coughs, rhinitis, postnasal drip, the sensation of 'a lump in their throat' or even asthma? Have you ruled out silent reflux aka laryngopharyngeal reflux? This UU30 helps you to better recognise the myriad presentations of this condition, understand the latest about why it occurs and is on the increase and finally outlines my top and somewhat unusual interventions for management of these presentations that have proved highly successful with my own clients. <i>TAGS Inflammation, Microbiome, Dysbiosis, Update In Under 30</i></p>
<a href="#">So you Think you Know How to Read Iron Studies?*</a>	<p>Overt Iron Deficiency Anaemia or Haemochromatosis aside...do you understand what the critical markers like transferrin and its saturation reveal about your patients iron status? Most practitioners don't and as a result give iron when they shouldn't and fail to sometimes when they should. This audio, complete with an amazing cheat sheet for interpreting your patients' Iron Study results, will sharpen your skills around iron assessment, enabling you to recognise the real story of your patients' relationship with iron. <i>TAGS Iron, Minerals, Reference Ranges, Labs, Tests, Clinical Pearls, Update In Under 30</i></p>
<a href="#">So you Think you Know How to Treat Iron Deficiency?*</a>	<p>The reality is we all struggle at times with correcting low ferritin or iron deficiency anaemia - so what have we got wrong? In spite of being the most common nutritional deficiency worldwide, the traditional treatment approaches to supplementation have been rudimentary, falling under the hit hard and heavy model e.g. 70mg TIDS, and are relatively unconvincing in terms of success. New research into iron homeostasis has revealed why these prescriptions are wrong and what even us low-doses need to do to get it right, more often! <i>TAGS Iron, Minerals, Reference Ranges, Labs, Tests, Clinical Pearls, Supplements, Update In Under 30</i></p>
<a href="#">So you Think you Know the Best Iron Supplement, Right?!*</a>	<p>Iron supplementation, regardless of brand, presents us with some major challenges: low efficacy, poor tolerability and high toxicity - in terms of oxidative stress, inflammation (local and systemic) and detrimental effects on patients' microbiome. What should we look for to minimise these issues and enhance our patients' chance of success. Which nutritional adjuvants are likely to turn a non-responder into a success story and how do we tailor the approach for each patient? It's not what you've been taught nor is it what you think! This comes with a bonus clinical tool to help you individualise your approach to iron deficiency and increase your likelihood of success. <i>TAGS Iron, Minerals, Reference Ranges, Labs, Tests, Clinical Pearls, Supplements, Update In Under 30</i></p>
<a href="#">Solving a Case of Severe Muscle Cramping*</a>	<p>This fascinating case study of a woman's terrible leg cramps that appeared to defy treatment and how Rachel identified the problem and drastically reduced her pain. <i>TAGS Acid base balance, Magnesium, Kidneys, Calcium, Minerals, Diagnostics, Update In Under 30</i></p>
<a href="#">Stop Pulling your Hair Out - The FPHL Answers you Need*</a>	<p>Female Pattern Hair Loss (FPHL) is everywhere, perhaps you just haven't been looking. As the leading cause of alopecia in women globally and with 1 in 5 women affected at any age, we've all got clients who have FPHL to different degrees. We need to be better able to recognise the early features of this condition which profoundly impairs quality of life and induces depression in its sufferers and that begins with validating patients' concerns when they report "thinning" or "increased losses". But what do we do from there? This recording talks you through the assessment, diagnosis and management of FPHL based on a combination of the most recent research and Rachel's clinical experiences. <i>TAGS Minerals, Zinc, Iron, Biotin, Hormones, Testosterone, Androgens, Update In Under 30</i></p>
<a href="#">Taking Care Down There*</a>	<p>This is a very practical take on recognising vaginal microflora disturbance and knowing how to make lasting sustainable change in women caught in an unhealthy cycle. Rachel summarises new evidence about how to support and maintain vaginal eubiosis, along the way explaining the dramatic rise in vaginal dysbiotic presentations such as Bacterial Vaginosis, Candidiasis and Trichomonas. Covering explicit issues such as, 'to douche or not to douche', as well as why, just like in the gut, we need to refocus on a seed and feed approach with less emphasis on the weeding. <i>TAGS Microbiome, Dysbiosis, Thrush, Diagnostics, Labs, Tests, Update In Under 30</i></p>
<a href="#">Taking Care Down There Part 2*</a>	<p>In this 2nd installment on taking care of the vaginal microbiome, Rachel reviews the latest evidence on CAM treatment of two leading causes of vaginitis - Bacterial Vaginosis and Candidiasis. In particular, she outlines not only the 'new bugs on the block', emerging probiotics with good evidence of efficacy to suit different dysbiotic scenarios but also discusses whether there is still a place for weeding approaches. 'Out with the old and in with the new', she says, as we find some of the older more traditional remedies for these conditions have not stood the test of time and a fresh approach is required in the management of these important and prevalent conditions. <i>TAGS Microbiome, Dysbiosis, Thrush, Update In Under 30</i></p>
<a href="#">Ten Quick Tips on Identifying High Oestrogen &amp; the Causes*</a>	<p>Often female patients present with health problems that don't directly scream, "high oestrogen!" but their condition absolutely could be being compounded by this background imbalance - think thyroid and other autoimmune conditions for example. In this Update Rachel brings together her 10 quick tips on how to recognise either high oestrogen and/or the potential underpinning reason behind the excess, in a range of easily accessible markers. A great refresher and synthesis of ideas on this important aspect of diagnosis and clinical management. <i>TAGS Diagnostics, Labs, Tests, Oestrogen, Copper, ESR, Update In Under 30</i></p>
<a href="#">The ABC of CDG*</a>	<p>We often identify patients who could do with a little glucuronidation first aid: marked dysbiosis, Gilbert's syndrome, oestrogen excess, cancer risk (especially bowel, breast &amp; prostate) and one of our nutritional go-to's has typically been Calcium D Glucurate. While there is ample evidence that one of CDG's metabolites : 1,4 GL - inhibits beta-glucuronidase, is an antioxidant, platelet activation inhibitor and generally all round good guy to have on board, new research strongly challenges that oral CDG will convert to this at levels sufficient to support this detoxification pathway. Sounds like we're overdue for an update on this supplement and when and where it might be useful in addition to how to find the real deal in real food! <i>TAGS Detoxification, Diet, Food, Gilberts, Microbiome, Oestrogen, Stool Testing, Update in Under 30</i></p>



<p><a href="#">The Balance of B3*</a></p>	<p>Most of us have been taught to 'balance the Bs' when supplementing, which discourages the use of single B vitamins in case this interferes with the regulation and roles of others. In reality, outside of a couple of dynamic duos like B12 and folate, there is little concrete information &amp; evidence of this. In the case specifically of B3, however, we now know, the risk of an excess of the most common B3 forms found in supplements and fortified foods, results not only in disruption of other nutrients but imbalanced B3 biochemistry itself. Given B3, in its coenzyme form NAD+, is regarded as highly valued currency in the prevention of many diseases, as well as the key to our optimal health and longevity, it's critical to understand the different forms and functions of the various B3 sources. <i>TAGS Diet, Epigenetics, Genetics, Mitochondria, NAD, Neurodegeneration, Research, Supplements, Naturopathic Nutrition, Update in Under 30</i></p>
<p><a href="#">The Calcium Conspiracy*</a></p>	<p>There's a conspiracy going on regarding Calcium but it's probably not the one you imagine. We have been lead to believe that Calcium is the boss: the boss of the bones, of the other minerals and certainly of its often over-looked lackey, Magnesium. But the truth is, we have it all the wrong way round. There is a sophisticated synergism between these two minerals but the brains and the brawn in this relationship are held by the latter and we need to understand how to recognise when Magnesium is 'pulling the strings', to produce low calcium, in our patients and how to find the sweet spot of their synergy. This recording comes with a great resource to use in your clinic, with explicit redefinition of 'what healthy looks like'. <i>TAGS Acid Base Balance, Clinic, Diagnostics, Diet, Food, Minerals, Research, Naturopathic Nutrition, Update in Under 30</i></p>
<p><a href="#">The Calcium Conspiracy Continued*</a></p>	<p>The Calcium Conspiracy arises primarily from misperceptions about it being 'the boss of bones' but becomes more of a controversy when in spite of ongoing advice for broadscale use we review the evidence and have to acknowledge that the recommendation to supplement post-menopausal women with large doses of Calcium, not only lacks strong evidence but may cause harm to some. In this detailed discussion of the two schools of thought - Rachel finds a position somewhere in between. Reinforcing the need for an individual approach and personalised risk benefit analysis while teaching you how to undertake this in every client. <i>TAGS Acid Base Balance, Clinic, Diagnostics, Diet, Food, Minerals, Research, Naturopathic Nutrition, Update in Under 30</i></p>
<p><a href="#">The Importance of Sex Hormone Binding Globulin*</a></p>	<p>In spite of the many advantages of salivary hormone assessment, one important piece of information you miss out on when you do this rather than blood assays, is the sex hormone binding globulin (SHBG) result. However, SHBG is being touted as possibly the most important overall marker of hormonal health and future health risk in both men and women. This Premium Audio reviews the latest research, what constitutes too high, too low, what the drivers are behind these anomalies and what the consequences are likely to be. <i>TAGS Diagnostics, Labs, Tests, Oestrogen, Testosterone, Update In Under 30</i></p>
<p><a href="#">Thyroid Replacement Strategies: Thyroxine V Armour Thyroid*</a></p>	<p>This punchy podcast highlights the points of difference in the two approaches, the strengths and limitations of each, with lots of surprises along the way! From documented stability issues with the synthetic form to inconsistency of potency in NTE. Getting to know these two approaches will help you to identify which path might be preferable for your clients in need of replacement, as well as being better equipped to monitor, manage and mediate when the strategy fails to hit the mark. <i>TAGS Thyroid, Hyperthyroid, Update In Under 30</i></p>
<p><a href="#">To NAC or Not to NAC?</a></p>	<p>That is indeed the question for most of us working in integrative medicine. While there is hardly a nutraceutical with more therapeutic flexibility and potency – with potency comes risk and responsibility – hence NAC's dissenters. Many of the concerns regarding the use of NAC are well-founded and come down to its dynamic chemistry in both the gut and blood together with its specific pharmacokinetics. With improved understanding of both, however, to direct dose, dosing regime &amp; duration for more precise NAC prescribing – we can accentuate its positives, eliminate its negatives and not mess with Mr In-Between, so to speak! <i>TAGS Mental Health, NAC, Supplement, Update in Under 30</i></p>
<p><a href="#">Turning the Spotlight on the Low Dopamine Depressive*</a></p>	<p>Low dopamine as an underpinning cause of depression, anxiety and even addiction (illicit drugs, sex, gambling) has been gaining increased recognition in research. In spite of this there are no antidepressants currently on the Australian market that address dopamine specifically and therefore patients with this pathophysiology often fall through the gaps, failing to get efficacy from pharmaceutical medications. There are a range of striking features that help to distinguish the low dopamine depressive from other types and being familiar with these can help you to identify the best treatment options. In particular the specific effects that low dopamine has on an individual's sleep architecture, sleep patterns and dreaming can be a real light bulb moment in the consultation. <i>TAGS Depression, Nutritional Psychiatry, Anxiety, Mental Health, Update In Under 30</i></p>
<p><a href="#">Uncovering Unhealthy Bones Earlier*</a></p>	<p>This Update in Under 30 outlines the clinical tools we should be using to uncover unhealthy bones earlier in our patients, how to implement them, their limitations and their strengths. This is a condition that develops over a lifetime not overnight - so waiting until women are 65yrs and men are 70yrs (which is the standard recommended age for BMD screening) seems a little remiss in terms of identifying our opportunity for preventative medicine. Are there earlier warning signs that we are ignoring or specific tests more sensitive and accessible than DXA scans that we could be ordering to better monitor patients who are at higher risk of bone demineralisation. The answers are of course, yes and yes! <i>TAGS Diagnostics, Labs, Tests, Osteoporosis, ALP, Calcium, Update In Under 30</i></p>
<p><a href="#">Unmetabolised Folic Acid - Absolute Must Knows*</a></p>	<p>Using products that contain synthetic folic acid? Worried about this? In under 30 minutes Rachel will cover what you absolutely must know about the risks associated with synthetic folic acid. Debunk some myths that are being promoted out there but walk away with some real practice-changing information about when you really should be careful using this form of folate. <i>TAGS MTHFR, Methylation, Depression, Anxiety, Nutritional Psychiatry, Update In Under 30</i></p>



<p><a href="#">Unseen Sulphur - Time To Take a Look*</a></p>	<p>If you don't have a clear picture of the gross daily requirements, determinants of altered individual needs, sources, regulation &amp; associated deficiency picture of Sulphur, you're not alone. Turns out this essential macromineral remains 'unseen' by most, even though you're probably writing prescriptions everyday that have Sulphur as their key component. From the simple: Taurine, N-acetyl cysteine, Protein powders, to the sublime: Brassica extracts &amp; concentrates, N-acetyl Glucosamine, Alpha Lipoic acid etc. In order to use these Sulphur strategies successfully and safely, however, we need to fill in the missing detail on its metabolism, the difference between the 'organic' and 'inorganic pools', how regulation regularly goes wrong even in those seemingly consuming enough and how to balance the risks of this reactive medicine with its substantial therapeutic value. This recording comes with a great clinical tool to help you at last see the Sulphur strategy most indicated for your patient. <i>TAGS Acid Base Balance, Diet, Food, Heavy Metals, Immunity, Microbiome, Minerals, Naturopathic Nutrition, Supplements, Update in Under 30</i></p>
<p><a href="#">Urinalysis Testing - Why, When, How*</a></p>	<p>Urinalysis testing is a cost-effective and safe way of tracking seven useful parameters with very little effort. Although not widely used by naturopaths and nutritionists it can complement the clinical evaluation very quickly and effectively. This audio goes through some of the uses of the test and how to ensure that your testing is being carried out as accurately as possible. <i>TAGS Diagnostics, Labs, Tests, Update In Under 30</i></p>
<p><a href="#">Using Urea &amp; Creatinine as Markers of Protein Adequacy*</a></p>	<p>This comprehensive analysis of two standard indicators, urea and creatinine, that are often part of the patient's standard blood chemistry tests. These commonly available results can provide insight into protein ingestion and uptake as well as muscle mass and, in extreme cases, kidney and liver function. <i>TAGS Diagnostics, Labs, Tests, Renal, Diet, Protein, Update In Under 30</i></p>
<p><a href="#">Water &amp; Our Kidneys - Helping or Harassing?*</a></p>	<p>It seems almost farcical to question the merits of hydration for our renal health but is this actually the truism we have been lead to believe? Where does the recommendation of '8 glasses a day' come from and what is the level of evidence to support it and in whom? Or should we in fact be setting our sights on output ie. 24 hr urinary volume, over input. Do all kidneys love water - or does this relationship change with the progressive impairment seen in CKD which affects up to 30% of our middle-aged population? When does hydration become harassment? <i>TAGS Renal, Update In Under 30</i></p>
<p><a href="#">What Do LFTs Tell Us About Coeliac Disease?*</a></p>	<p>Did you know that certain liver enzymes can be elevated in coeliac patients who are undiagnosed or poorly managed but is this a reflection of actual liver pathology? Tune in to hear a summary of the latest research on this aspect of CD and listen to a fascinating case unfold. Research papers and patient pathology included. <i>TAGS Gluten, Diagnostics, Labs, Tests, Update In Under 30</i></p>
<p><a href="#">What's New in K2?*</a></p>	<p>K2 has quickly become the supplement on everybody's lips. From cardiovascular to bone health, there has been a surge of research and as a result, lots of excitement around its emerging therapeutic potential. Rachel takes you through a quick review of how K2 exerts its actions, why it's so different to the K1 we keep encouraging in our patients' diets and what to look for in a K2 supplement, that will make the world of difference. <i>TAGS Minerals/Osteoporosis, Update In Under 30</i></p>
<p><a href="#">What's the OCP Really Doing? An Update On The Physiological Impact*</a></p>	<p>How many of your clients are on a combination OCP? Do you know the full extent of the physiological impact as a result and are you able to identify the key pathology indicators of the size of that impact? What if we could provide more individualised advice by looking to their pathology results and identifying and quantifying specific danger signs for each individual? This approach enables us to better support patients who chose this form of contraception and to accurately identify those that should be encouraged to find other safer options more biochemically suited to them. <i>TAGS The Pill, COCP, OCP, Cortisol, Copper, Methylation, Depression, Anxiety, Oestrogen, Update In Under 30</i></p>
<p><a href="#">Who Gives an RDW? Why You Should Know About This Parameter*</a></p>	<p>Red cell distribution width (RDW) is typically reported in patients' haematology results and has traditionally been used to help in the identification of anaemias, however, in the past 4 years there have been over 400 papers published on newly identified correlations between RDW results and a large number of diseases! In fact, elevated RDW results in patients is now regarded as possibly one of the earliest markers of very serious disease, from cardiovascular disease to cancer and many in between, and the progression or prediction of poor outcomes for those with established pathology. This audio takes you through everything you need to know about these associations including the value of getting RDW values and how to correctly interpret your patients' results. <i>TAGS Diagnostics, Labs, Tests, Osteoporosis, Anaemia, Iron, Methylation, Update In Under 30</i></p>
<p><a href="#">When is I.B.S. B.A.D?*</a></p>	<p>This is not a trick question. Up to 50% of all patients diagnosed with IBS-D actually have bile acid diarrhoea (BAD) underpinning their digestive complaints as well as some patients with unresolving diarrhoea post-cholecystectomy and gastro. Knowing which ones do and how to manage this, which requires distinctly different approaches from our general management of IBS, is the key. As always, good lessons come from those we learn in the clinic and this story starts with a patient and how we came to recognise the BAD in her belly. <i>TAGS Bile Acid Diahorrea, Nutrition, Diagnostics, IBS, IBS-D, Gastro, Update In Under 30</i></p>
<p><a href="#">Your Master Inflammatory Marker*</a></p>	<p>Patients' labs lie, not often, but sometimes and the inflammatory markers performed routinely like CRP and ESR have been known to tell a few. Like when everything about a case screams inflammation but both of those say there's none there. Why do they miss it?...well basically it's not their lot. CRP and ESR have specific signals they only respond to and therefore reflect only certain immune reactions and at specific stages of that response. But there's a nifty little calculation you can perform with all of your patients labs and suddenly see the immune activation, inflammation and oxidative stress that was lurking beneath. It's called the albumin to globulin ratio and it's going to change your understanding of what's going on in your clients and your ability to monitor the efficacy of your management. <i>TAGS Autoimmunity, Diagnostics, Immunity, Inflammation, Pathology, Pregnancy, Update in Under 30</i></p>



[Your Top 10 Investigations in Mental Health Patients\\*](#)

Our understanding of the potential biological / chemical drivers behind mental illness has grown enormously in the last decade and we have an increasing number of markers we can assess to better understand these and identify the best therapeutic approach. Rather than requesting 'one of everything' though, we need to know which are the most accurate tests on offer and target the ones with the greatest impact on our clinical decision making about each individual patient. This is Rachel's top ten complete with ideal reference ranges and 'what next?' pointers as well. *TAGS Diagnostics, Labs, Tests, Depression, Anxiety, Nutritional Psychiatry, Methylation, Zinc, Copper, Homocysteine, Update In Under 30*

[Zinc: Best Practice in Assessment, Adequacy and Intervention\\*](#)

Most practitioners are pretty knowledgeable about Zinc and are quick to recognise a deficiency and the opportunities for zinc supplementation as an effective therapy. These same practitioners are often plagued by nagging questions that come up, in spite of loads of clinical experience, like: Are plasma and serum zinc levels interchangeable? What does zinc adequacy look like? Do we always have to factor in copper levels and get the ratio right as well? What can I expect from zinc supplementation in terms of changes to the patient's plasma zinc? What should I do when a patient's zinc marker is refractory to the intervention? Is there really a significant difference between the different supplemental forms available? *TAGS Diagnostics, Labs, Tests, Minerals, Update In Under 30*

