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Medical Council

Date: 14/12/2024
Name: Lalitha Gadam
Age: 59
Gender: F

Vitals

Pulse Rate: 62 bpm	Respiratory Rate: /min
BP (Right): 146/83 mmHg	BP (Left): 151/89 mmHg
Temperature: 97°C	SpO2: 99%
Weight: 78 kg	Height: 159 cm
BMI: 30.9	

CVD Risk Assessment

Risk Points: 10	Risk Percentage: 6.3%
Risk Level: LOW	

Additional Parameters

Grip Strength (Left): 30.6 kg	Grip Strength (Right): 34.6 kg
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General Assessment

Smoking Status: non-smoker	Alcohol Consumption: non-drinker
Physical Activity: regular	

Measurements

Waist Circumference: 89 cm	Hip Circumference: 108 cm
Waist to Hip Ratio: 0.82	

Symptoms:

- hypertension; Joint pain, eczema, sleep issues (light sleeper- wakes up 2-3 times)
- History of shingles last year
- Muscle Cramps
- Pain in small joints
- Hair loss

Diagnoses:

- Chronic inflammation
- Dysregulated immune system
- Gut Dysbiosis
- mitochondrial dysfunction
- Hypertension
- Severe ANS dysfunction

Lalitha's integrated analysis:

- High hs-CRP (3.4 mg/dL) suggests chronic systemic inflammation, a key driver of many of her symptoms and conditions.
- RA Factor (17.95 IU/mL) is suggestive of possible autoimmunity or inflammatory arthritis, though not definitive for rheumatoid arthritis.
- History of eczema, shingles, and chronic sinusitis further supports a dysregulated immune system and persistent low-grade inflammation.
- Osteoarthritis and joint pain may also have an inflammatory component.
 1. Obesity (BMI: 30.85 kg/m²): Indicates metabolic dysfunction and heightened cardiovascular risk.
- Borderline Hypertension (149/83 mmHg): Suggests increased cardiovascular strain.
- Arterial Stiffness: High left brachial-ankle pulse wave velocity indicates vascular stiffness and increased cardiovascular risk.
- ANS Dysfunction:
 - Reduced parasympathetic activity (low HF power, reduced RMSSD, SDNN).
 - Sympathetic overactivity (high LF/HF ratio).
- Peripheral Nervous System Abnormalities: Neuropathy signs in both feet, potentially linked to metabolic issues.
- Respiratory Function: Decreased FVC, FEV₁, and PEF indicating compromised lung capacity, likely tied to metabolic inflammation or inactivity.
- Bradycardia (HR: 52 BPM): Could reflect underlying autonomic dysfunction or high cardiovascular fitness (less likely given other findings).

Root Causes:

- Immune Dysregulation
- Gut dysbiosis or increased intestinal permeability ("leaky gut") could drive immune system hyperreactivity and food intolerances (gluten, lactose, nuts, seeds).
- Chronic infections (history of shingles and fungal infections) indicate an overburdened or poorly functioning immune system.
- Possible role of hidden infections

- Metabolic Syndrome: Obesity, hypertension, and autonomic dysfunction suggest insulin resistance or prediabetic status.
- Chronic Inflammation: Likely a contributing factor for vascular and nervous system dysfunction.
- Oxidative Stress: Peripheral nervous abnormalities may signal oxidative damage to nerves.

Lab Recommendations:

- SIBO test
- Nutrifit

Medications:

OMEGA 3 (EPA+DHA)

1 capsule - 1-0-1 - 90 days

CURCUMIN WITH PIPERINE

1 capsule - 1-0-1 - 90 days

(BETACAROTENE /ZINC/COPPER/SELENIUM) ANTOXID HC

1 tablet - 0-0-1 - 90 days

MAGNESIUM GLYCINATE

1 tablet - 0-0-1 - 90 days

VITAMIN D3/K2

1 tablet ,1000IU - 5-0-0 -

ZINC PICOLINATE WITH COPPER

1 tablet - 0-1-0 - 90 days

B COMPLEX-MULTIVITAMIN

1 tablet - 1-0-0 - 90 days

RED RICE YEAST

1 cap - 1-0-1 - 90 days

ALPHA LIPOIC ACID

1 tablet - 1-0-1 - 90 days

COQ10

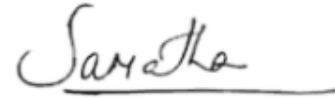
1 capsule - 1-0-0 - 90 days

Advices:

Avoid fruits for fruits as first thing in the day

Follow Up:

Next visit on: 20/12/2024

A handwritten signature in dark ink, appearing to read 'Samatha', with a horizontal line underneath.

Dr. Samatha Tulla (MBBS, MD Internal Medicine)

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