

Module 2 Case Assignment

Gut & Microbiome · written response, roughly 400–600 words

Case vignette — Leila Hart, 38, hospital pharmacist (illustrative)

Leila reports eighteen months of bloating that builds through the day, alternating loose stools and constipation, and new flare-ups of rosacea-like facial redness. She also describes afternoon fatigue and feeling “wired but tired” at night, often sleeping five to six hours during a run of night shifts. She had two courses of antibiotics for a urinary tract infection about seven months ago. She eats a high-protein, low-carbohydrate diet with little fruit, few vegetables and almost no legumes or whole grains, and relies on energy drinks on shift. A GP blood panel last year was “normal”, and she has already paid for a private IgG food-sensitivity test that flagged fourteen foods, several of which she has since cut out. She wants to know which supplements to buy.

(a) Map likely contributing factors — use the four dysbiosis drivers (Lesson 2.2) and the gut-everything axis (Lesson 2.1) to connect digestive and non-digestive symptoms.

(b) Recommend a testing approach with justification (Lesson 2.3) — which test, if any, would change the plan, and how would you explain her IgG result?

(c) Apply the HSI six-stage sequence — Identify, Investigate, Reduce burden, Rebuild, Reintroduce, Reinforce — showing where the plan connects back to Regimen and Mind.

Practitioner track: additionally identify appropriate referral thresholds — which findings or red flags would move this case to a GP, gastroenterology or dermatology conversation?