

“Be authentic – stay true to your values – and never undersell yourself”

NAME: Josie Wareing.

WEBSITE: www.liveto thrive.co.uk, www.facebook.com/tothri venotsurvive.

Instagram: [liveto thrive_](https://www.instagram.com/liveto thrive_).

QUALIFICATIONS: BSc (First Class Honours in Nutritional Therapy).

TRAINING: CNELM (Centre for Nutrition Education and Lifestyle Management), Wokingham.

How long did it take for you to qualify?

Three years. I qualified in 2010.

Where do you practise?

I see clients from my home practice in Windsor, as well as on Skype, however I have recently joined two multidisciplinary clinics locally. One is The Arch Clinic in Windsor, which specialises in osteopathy and physiotherapy. The other is Eterno 360 in Eton, where I offer nutrition support to clients who are having plastic surgery.

What's your main therapy/modality and why?

My main modality is nutritional therapy, as this is where my passion lies. However, as well as seeing clients on a one-to-one basis, I am passionate about running a variety of educational programmes to help people understand more about the science of food and how their choices impact health outcomes.

Why did you decide to become a practitioner?

I had a ten-year career in sales, which I loved; but the long hours and stress of the role took its toll on my health. I started to suffer from issues such as eczema, food



intolerances, digestive issues and fatigue. My diet and lifestyle were awful, and this obviously did not help, although I had no idea at the time what I was doing to my body.

I quit my job to take some time out to figure out what to do. As part of this process, a friend suggested that I get a life coach to help me. Life coaching led me

to nutrition, as there was clearly a passion for food within my aspirations, as well as a frustrated scientist that needed to get out!

How long have you been in practice?

I gave birth to my son pretty much as I was handing in my dissertation in 2009, so decided

to take most of 2010 out to enjoy him, while setting up my practice in the background. For the next four years I worked part-time from home and from a clinic in Ascot, building up my client experience. In 2014, I had my third son and decided that juggling work and three young boys was not ideal.

→ The lesson that I previously learned about my health was a good reminder to slow down. So, I took a break from the profession until he went to preschool. Now all three are at school, I'm really enjoying getting back into nutrition on a more full-time basis.

Who or what has been the main influence/inspiration on your practice?

There have been many influences over the years, however Dr Jeffrey Bland's lecture in 2009 – "New Frontiers in Nutritional Medicine"

– was a real eye-opener for me. He highlighted the prevalence of environmental factors in genetics, autoimmunity and metabolic syndrome and he was at the forefront of the idea that our "disease care" system prevents healthcare focus. I think the penny really dropped for me around this time as I was in the third year of my degree.

More recently, I have been fortunate enough to see Dr Robert Lustig speak, which I found fascinating. I love the way he unpicks the myths that the food



industry has perpetuated.

I think this type of influence to seek out the "truth" is empowering and inspires me to pass on as much knowledge as I can to my clients and dispel some of the common myths surrounding nutrition.

What conditions or types of client do you see most?

Since relaunching my practice, I see mainly women. Most are aged 30-50 and come to me due to digestive complaints, weight gain and hormonal issues. There is always an element of adrenal stress involved,

Case study

13-year-old boy with "indeterminant colitis" and a long history of medication and surgery

The client came to me at the end of last year, aged 13, as he had just been diagnosed with "Indeterminant Colitis" following a colonoscopy where the biopsies were inconclusive.

He had been very ill since the beginning of September and missed a significant amount of school, as well as having to give up his swimming club commitments due to tiredness. Initially, his mum thought it was just food poisoning, but symptoms including extreme fatigue, diarrhoea, stomach bloating, cramping and blood in stools, persisted.

He was put on mesalazine, an IBD drug, and his symptoms seemed to be initially well controlled. Each attempt to reduce dosage down from 1600mg a day resulted in symptoms reappearing within a couple of weeks. The consultants treating him are still not able to give a clear diagnosis as to whether the colitis has been triggered by an infection, whether it is the early stages of ulcerative colitis or indeed if it is both. They plan to take him off his medication this summer in order to move him from the indeterminant "grey zone" and give him either a clear diagnosis or assess for signs of recovery.

He has a family history of autoimmune disorders and he has had a complex medical history for someone

his age. He had severe reflux from birth and was medicated continually until aged two and a half and then intermittently until aged six. He had recurrent ear infections throughout his early childhood, with five-six rounds of antibiotics given each winter and grommets inserted six times. He had multiple operations, including removal of his adenoids and a hernia, as well as recurrent bouts of diarrhoea and vomiting.

My client was clearly washed out, pale and low in energy. His diet was incredibly restrictive, due to him being a very fussy eater, and he was stressed at having to manage the extreme bouts of diarrhoea and cramps that were taking over his life.

Assessment

The medical team had only recently tested calprotectin levels (the marker for GI tract inflammation), so I was keen to run a stool analysis to rule out any pathogenic bacteria, parasites or Candida and also check zonulin levels for assessment of leaky gut. Mum seemed scientific in her approach to ruling things out and agreed that we should test for a more targeted strategy. We talked at length about the fact that autoimmune and inflammatory conditions can be associated with leaky gut, and of the varied environmental risk factors involved in the pathogenesis of IBD.

My initial assessment and discussions centred around the gut being the primary focus for testing, with consideration to the adrenals and exploring a potential viral load. I also explained to them that an IgG guided diet may be of use in dampening down the inflammatory response that certain foods could be causing.

Intervention

My intervention began by making food-based suggestions around a health-promoting diet and reduction of inflammatory foods. The client was very limited in his choices, so I spent a long time talking to him and encouraging/praising him for the positive choices he was already making. To give you an idea, his diet was heavily weighted with sugary cereal for breakfast, white bread and bagels, sandwiches, samosas, sausage rolls for lunch and then lots of pasta in the evening. We managed to talk about all the fruit, veg, fibre and good quality protein sources that he felt he could manage and how he could increase his intake of these. Mum was keen to support him.

Testing

We agreed to run GI-Map, the comprehensive stool test, and Mum was also keen to look at IgG antibodies so we could work on

a personalised elimination diet regarding inflammatory foods. I also asked the client to complete a co-infections checklist with AONM/Armin labs, to assess his score.

The GI-Map results revealed that he had below optimum levels of pancreatic elastase and Secretary IgA. His calprotectin levels showed low-grade inflammation, even with the suppression of inflammation due to his medication (ongoing at time of testing). He had an imbalance in his normal bacterial flora, opportunistic bacteria were present as well as a parasite. As well as this, he had Candida and high zonulin levels

I explained that poor digestion and absorption can result from leaky gut and reinforced the idea that an imbalanced diet can contribute to dysbiosis. We talked about the relevance of immunity in the gut and the need to improve his Secretary IgA levels. I re-emphasised that a Mediterranean diet approach was an important factor in rebalancing the microbiome and the need for inclusion of high-fibre wholefoods and minimisation of refined and sugary foods in relation to Candida.

Supplements

We began on a supplement programme to help address the findings and worked on a staged approach, introducing one

and I'm also finding the gut-liver and gut-brain connection hugely relevant with clients.

What do you find the easiest to work with?

There's no condition that's especially easier, it's down to the individual and their approach. Those with an open mind and an understanding of the complexity involved in functional medicine are easier to work with, because their compliance is better. They are more willing to do functional tests to facilitate a more targeted strategy,

too. Generally speaking, they get better outcomes as a result.

If they can see how complex the interrelated systems are then they are much less likely to have unrealistic expectations of a "quick fix".

What is the most challenging problem that you get presented with?

I think probably hormone-related cases tend to be the most challenging for me. Inevitably this could be almost every client, as the adrenal/thyroid and sex hormones

are so intrinsically linked. Working with the HPA axis is complex, however most clients need support with gut health, which then brings in the gut-brain and gut-liver axis too! It's a case of prioritisation, which isn't always clear, as there are so many areas that could benefit from support.

For me I guess this is the hardest part. Functional tests can be hugely useful to unravel the jigsaw, and I try to pick the most logical start point and work slowly and systematically with my clients, explaining how functionality

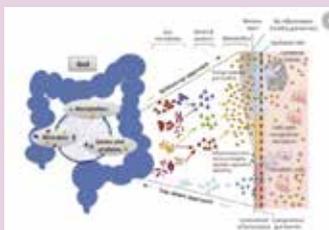
may have been impaired and implementing strategies to address this.

What one thing is absolutely essential to you in your practice?

Authenticity. This is of utmost importance to me. I make all my decisions with this in mind.

Do you enhance your business with any projects outside of your clinic?

I do a lot of additional projects and immensely enjoy this side of my →



supplement each week initially. I started him on Moss Nutrition Digest Select (plant-based digestive enzyme support) for his low elastase. We then added Seeking Health *Saccharomyces boulardii* to improve secretory IgA levels and inhibit Candida. I then introduced licorice capsules to support the renewal of the mucosal barrier and soothe any discomfort and inflammation in the gut. I added the ONE multivitamin to provide likely depleted cofactors and gut supporting nutrients and lastly Bio-Botanical Research's Biocidin, which is a combination of botanicals to support the elimination of opportunistic bacteria and the parasite, as well as help to restore bacterial balance.

Once the client was managing well with this regime, we did the Foodprint 200 IgG antibody test with Cambridge Nutritional Sciences. This showed five elevated and three borderline foods, including cow's milk, egg white, barley, peas and yeast. The client has since managed to eliminate these foods from his diet.

Progress

I am still working with the client and he is making slow, steady progress. His energy levels are starting to improve, and his friends

and family have noticed that he seems "more like his old self". The extreme lethargy has somewhat lifted, although he is still very tired. His digestive episodes have become less frequent; however, they are triggered if he eats certain inflammatory foods.

The co-infections score with AONM/Armin labs was significant enough that we decided to run some blood tests to assess for viral load. I decided after discussions with AONM to run these for Epstein-Barr virus, Cytomegalovirus, Herpes Simplex virus, Coxsackie and HHV6 IgG antibodies.

All of these except for HSV were positive, with Coxsackie B1 being the most elevated and indicating a systemic infection. Epstein Barr shows as either lytic (currently active and replicating) or latent (can reactivate when immunity is low) and both were positive. HHV6 has been studied as a potential trigger for Chronic Fatigue/ME.

I consider this viral load as significant, especially in someone of his age, and as a result we are now working on a protocol which includes lauric acid, vitamin D and some ashwagandha for adrenal support.

Outcome

So far, my client and family are delighted that they have been able to identify via testing areas that they feel would have otherwise been missed. It is too early to comment on the anti-viral protocol as we

have just put this in place, however the earlier interventions have helped to stabilise his condition. The family has been understanding and supportive of the functional medicine approach and how this can work alongside the medical care that is ongoing. I am continuing to work with him to reduce the viral load and I hope that this will further improve his condition.

The dietary side of the case has been challenging, due to the limitations in his food choices, however I am pleased that in the last seven months he has made some significant changes and continues to embrace new ideas. The IgG test results and elimination of dairy has somewhat expanded his repertoire and encouraged him to explore some healthier choices.

Review and learnings

I found this case interesting but challenging, as there is so much going on. I knew straight away that if I could get my client to make significant dietary changes it would likely improve his condition. But dealing with a 13-year-old fussy eater with a largely refined Western diet meant that changes would not happen overnight.

I learned that I needed to let my client and his mum know that small changes may still be significant and encourage them as much as possible to just do their best. It was clear that I was not going to build rapport and trust with them if I tried to tell him to stop eating everything that was inflammatory at our first meeting

and suggest a food plan that was not realistic.

What the client said

"With the colitis diagnosis as a trigger for action, I reached out to Josie as I was keen to look more holistically at my son's health. I felt the functional medicine approach, while not providing a magic cure for colitis, would allow us to address any other issues in the hope that this would make the colitis easier to manage. I feel that mainstream medicine only treats each issue rather than looking at the whole person, hence my attraction to the functional approach.

"I have found Josie very knowledgeable and easy to work with. She put my son at ease and really engaged him during the consultation, which is not an easy thing to achieve with a teenage boy. Her advice around which tests to do and creating a plan to deal with viral load and leaky gut has been invaluable".

Resources

I attended the *IHCAN* Gut Health conference last April and found the information shared by Ben Brown on personalised nutritional therapy for inflammatory bowel disease a useful resource when working with this client.

GI-Map test was through Invivo Clinical: <https://invivohealthcare.com>. Allergy testing - Foodprint 200 IgG - from Cambridge Nutritional Sciences: <https://camnutri.com>.

→ work. When I returned to practice, I decided that I really wanted to have a wide variety of work, as well as seeing clients 1:1.

It started with me running a health retreat in Morzine with my best friend from college, which really kickstarted my passion to get back into the job. I'm an avid foodie, and so as part of this I designed and made all the food for the retreat, which I loved. I started my own Instagram page at the same time and now enjoy keeping this updated with healthy food ideas and recipes.

I have delivered a series of seminars on female hormone balance locally and in Brighton and on the back of this started a 28-day gut reset programme which I run via a closed Facebook group a few times a year. This is rewarding, as the clients that sign up seem to get so much out of the changes that they make and share ideas with each other, too.

I have recently written a new talk on nutrition and stress and I presented this to the staff at a local middle school. I'm becoming increasingly interested in the area of mental health and have decided to undertake the Cytoplan Brain Health Programme this year, with a view to becoming one of their practitioners who will deliver nutrition and lifestyle workshops, designed to optimise brain health and cognitive function.

I work as the nutritionist on a healthy granola brand called "Troo", which was set up by a good friend of mine. As part of this, I do some health writing for her website and social media from time to time.

My most recent project is a series of workshops that I am running from home for small groups. I wanted to combine some nutrition education with hands on cookery and am really looking forward to sharing lots of healthy short cuts in the kitchen with them.

Which CAM book has helped or inspired you most, so far in your career?



As part of my degree at CNELM, I completed the qualification to become a certified practitioner in NLP. I found this element of the course hugely interesting and practically very helpful in consultations. At this time, I read quite a lot of books around how the mind and emotions can affect our health. The book that has stayed with me which I highly recommend is *Molecules of Emotion*, by Candace Pert. The area of psycho-neuro immunology (PNI) is so interesting and has become even more relevant with the prevalence of mental health disorders.

Why do you do what you do?

It's a combination of personal fulfilment, which I lost in my corporate career, and a sense that I want to empower others to understand and take control of their own health outcomes. I love food and cooking, and combining this with education and social interaction pretty much ticks all the boxes for me!

If money, time and effort were no object, what one thing would you change about your practice or integrative healthcare and alternative medicine in general?

I'd like to get some better systems in place in my own practice to streamline everything and future-proof it for when things start to get busier. I'm working on it, but it is never top of the list!

For alternative medicine it's a view which is widely held – to have a team of registered NTs



working in collaboration with each GP's surgery in the country. Things are starting to make headway, which is exciting – but there's so much more we can be doing to support the medical community and to work as part of a multidisciplinary team.

What piece of advice would you give to newly-qualified practitioners who are just setting up a business?

I would advise against setting your sights on an area of specialism before you start to practice. This is what I did initially, and in reality you can only become a specialist in an area once you've had experience seeing those clients. It's better to see a range of clients with varying issues, in order that you can decide what interests you most.

I rebranded my business after having kids when I realised that I wasn't a specialist in the area that I intended to be.

Another general piece of advice would be to be authentic (staying true to your values) and never undersell yourself.

What is the biggest challenge you face as a practitioner?

Running my own business while supporting a young family is pretty challenging on a day to day basis in one way or another! More specifically, I find carving out time for webinars and CPD on a weekly basis quite a challenge. I attend enough conferences throughout the year to keep on top of the topics I'm interested in, but I have a whole directory of webinars to watch that I never seem to get to.

What would you like to see covered in IHCAN magazine that we're not getting to?

I'd love to see some articles in the area of PNI, as I think so many CAM practitioners can have a positive impact in this field.



We know our practitioners are quietly getting on with changing people's lives, every day – and we want to celebrate and share the inspiration. In Practice is coordinated by regular contributor Rebecca Smith, who runs a successful practice of her own, established 20 years ago. Contact her direct to be part of the feature: rebecca@newportcomplementaryhealthclinic.co.uk, and follow her on Twitter: [@NCHHealthClinic](https://twitter.com/NCHHealthClinic).