# Mentoring the Mentor

Stuart White, DC, DACBN, CCN
Whole Health Associates
1406 Vermont
Houston, Texas 77006
713/522-6336
stuartwhite@wholehealthassoc.com
**www.wholehealthassoc.com**
www.doctorofthefuture.org

# Mentor goals:

- To declare what is possible and establish a commitment to that possibility
- Address personal and professional barriers limiting the ability to serve
- Evolution of vision/mission/ethics that drive success
- Create immediate action steps to apply learning and growth
- Construct the round table of applied trophologists

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# Mentoring the mentor:

- Who are the mentors? – Practitioners
- Who are we mentoring? – Patients and GAP
- What's the purpose? – Optimized life
- How does it work? – Whatever you learn you teach someone else (anyone else)
- Who's is included? – Self selection, you pick yourself

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# Mentoring the mentor:

- Each participant attends monthly teleconferences (1 hour in duration, 4th Thursday of month) creating a round table discussion/exploration of the dynamics and details of a nutrition-based wholistic practice
- Each participant chooses how to convey the notes and information to their world and community – no information squandering
- Issues/problems/questions are considered a learning process for everyone, although individual's remain anonymous
- All questions, comments, case studies to be directed through email to SP rep who will compile and include in next teleconference ( must be submitted 10 days prior)

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# Our healing mission

Every person, all the events of your life are there because you have drawn them there.
What you choose to do with them is up to you.

Richard Bach

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# No real changes to genome

- The genome is no more than 1.5% different from 5 million years ago therefore physiology is still adapted to the wild paleolithic foods/diet
- What were they?

| Nutrient | Paleolithic | USRDA | Modern intake |
|---|---|---|---|
| B2 | 6.49 mg | 1.3-1.7 mg | 1.34-2.08 mg |
| Folate | 357 mcg | 180-200 mcg | 140-205 mcg |
| B1 | 3.91 mg | 1.1-1.5 mg | 1.08-1.75 mg |
| C | 604 mg | 60 mg | 77-109 mg |
| E | 32.8 mg | 8-10 mg | 7-10 mg |
| A (Retinol) | 2870 meq | 800-1000 meq | 429-1170 meq |
| Beta Carotene | 5.56 mg | 0 mg | 2.05-2.57 mg |

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# No real changes to genome

- And the mineral analysis
- What were they?

| Mineral | Paleolithic | USRDA | Modern intake |
|---|---|---|---|
| Potassium | 10,500 mg | 3,500 mg | 2,500 mg |
| Sodium | 768 mg | 500-2,400 mg | 4,000 mg |
| Calcium | 1,956 mg | 800-1,200 mg | 750 mg |
| Zinc | 43.4 mg | 12-15 mg | 10-50 mg |
| K/Na Ratio | 4.2:1 | | 0.625:1 |

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# The greatest use of your time

Success means we go to sleep at night knowing that our talents and abilities were used in a way that served others.

Marianne Williamson

## Reviewing Part I & II - Dyslipidemia

- Part I considered:
  - Structure of lipid molecule and various ways to influence
  - Consideration of traditional and less traditional risk factors involved in coronary artery disease (CAD)
  - Review of fractionated lipid studies by Spectrocell Labs for the assessment of risk effacement of biochemical individuality
  - Vitamin C chronic deficiency and resultant Lipoprotein a increased production speculatively due to genetic activation
  - Demonstration of mechanisms to reduce lipid profile using low glycemic dietary lifestyle
- Part II considered:
  - Many nutritional ways to influence lipid profiles
  - Finally a sequential formula for intervention to achieve lipid management

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## Managing Lipoprotein Dyslipidemia

- For decades the primary blood marker associated with cardiovascular disease has been cholesterol – total cholesterol at first then LDL and HDL, deemed 'bad and good' cholesterol
- Additional risk factors have emerged including c-reactive protein as an indication of inflammation and homocysteine as measuring the attachment potential to the wall of the artery
- Although lifetime coronary heart disease mortality can be correlated to cholesterol, it does not predict CHD events in individuals as well as could be hoped

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# The Lipid Players

- LDL – total amount of cholesterol found in low-density lipoprotein particles – currently specialists seek to limit under 70 with high risk individuals – large clinical trials have confirmed that LDL reduction decreases the risk for future events
- HDL – total cholesterol found in high density lipoprotein particles – these particles ar thought to assist in transporting cholesterol from the tissue to the liver for removal – In general a 1 mg/dl increase in HDL results in a 2-4% decrease in risk (most seen in women)
- Non-HDL cholesterol – total amount minus HDL – easily derived form simple lab test make this useful in cost prohibitive cases – high risk <130 mg/dl, moderate risk <160, low risk <190

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# The Lipid Players

- Triglycerides – a form of fat in the blood is elevated in insulin resistant dyslipidemia – fasting TG above 150 is a criteria of metabolic syndrome, below 150 is normal, 150-199 borderline high, 200-499 high, over 500 very high
- Apolipoprotein B – a protein found in the outer shell od all lipoproteins – each VLDL, IDL and LDL particle contain I molecule of apo B so it is an estimate of the atherogenic character of the lipid particles – guidelines say high risk <90, moderate risk <110, low risk <130
- Apolipoprotein A – found within HDL only – A ratio > 1 of Apo B to Apo A is considered atherogenic
- VLDL – becoming a key constituent of atherogenic profile related to insulin resistance and diabetes
- Lipoprotein a – essentially same structure as LDL except it has apo (a) covalently attached to the surface of LDL particles which make it promote coagulation and increase oxidative inflammatory activity – Niacin is only reliable way to lower Lp(a)

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## Anatomy of Lipoproteins -

- Cholesterol and triglycerides are transported through the blood in particles called lipoproteins, that are classified by their relative densities
- Lipoproteins have a shell derived from phosolipids, free cholesterol and apolipoproteins – and a central core of triglycerides and cholesterol esthers
- The number and size of the various particles and corresponding lipoprotein levels and the more accurate markers of atherogenic potential

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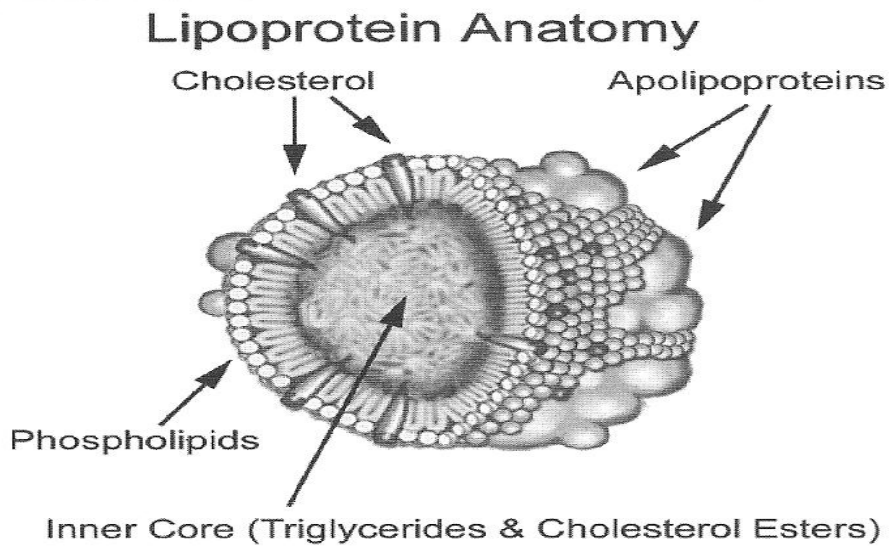
## Lipid Structure -



## Product Alert – Read All About It!

- Niacinamide/B6 first introduced in 1949 is a unique combination of factors to reduce the physiologic decline known as aging, possibly based on the work of Kaufman and the larger nutritional community in teat era. This is a cocktail of called a proprietary blend, leaving us to speculate what was in Royal Lee's mind as he formulated this product. It is an inexpensive and impressive influence upon neurological decline and aging that is only recently being elaborated in scientific literature. This product takes the assessment out of the picture for the clinician and addresses the common background issues at work universally in every person. Known to promote nervous system function, RNA/DNA synthesis at cellular levels, and facilitates metabolism and utilization of fats and proteins through support of HCl production.

- Niacinamide/B6:
  - Niacin 50 mg per 2 capsules (250% RDA)
  - B6 9 mg (450%)
  - Proprietary blend of bovine liver, porcine stomach, calcium lactate, soybean, bovine spleen, ovine spleen, defatted wheat germ, para-aminobezoate, porcine brain, and ascorbic acid

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## New Thinking …

People become really remarkable when they start thinking that they can do things. When they believe in themselves they have the first scret of success.

Norman Vincent Peale

Tuna Omega (4), Gingko (2), Niacinamide (2), Gastrofiber (3), Homocysteine support, Cholaplex (4), Phase II diet

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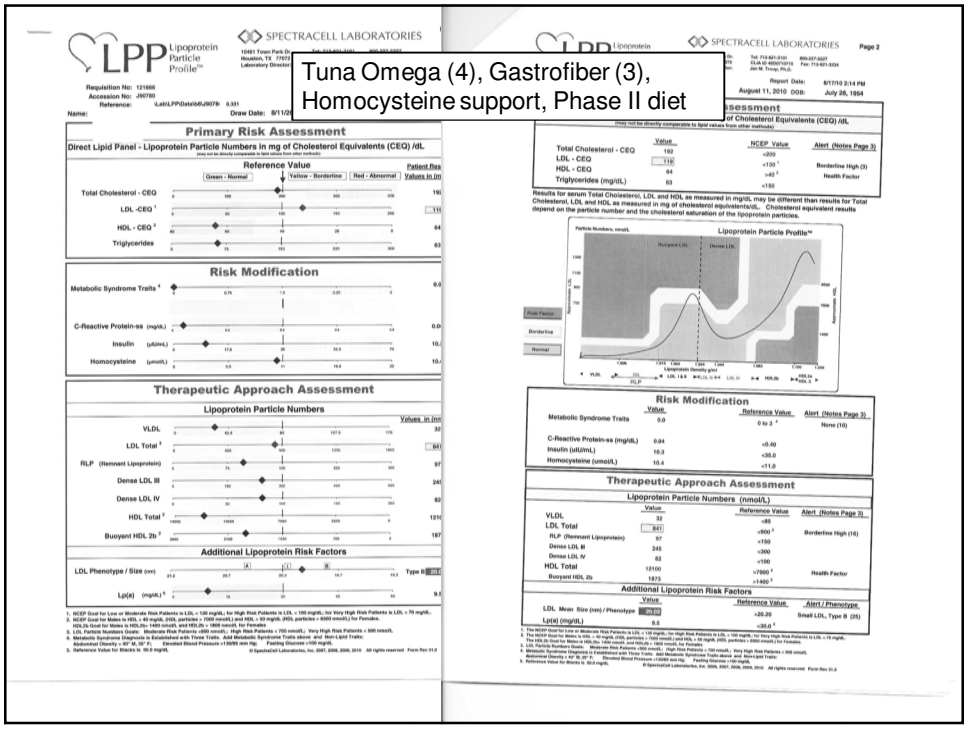


# Nutrient Benefits in Dyslipidemia

- Low fat diets
- Low Glycemic diets
- Niacin (Nicotinic Acid)
- Pantethine (Pantothenic Acid)
- Policosanol
- Phytosterols
- Omega-3 Fatty Acids
- Tocotrienols (Vitamin E)
- Red Yeast Rice (RYR)
- Berberine
- Guggulipids
- Artichoke
- Garlic

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## Nutrients Benefits in Dyslipidemia

- Fenugreek
- Walnuts
- Carnitine
- Taurine
- Red Wine
- Green Tea
- Pomegranate
- Conjugated Linoleic Acid CLA

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## Nutrient Benefits in Dyslipidemia

- Low fat diets – Much debate has occurred in the past 2 decades over influence of low fat diets on lipids – One central truth emerged that required label warnings for content of hydrogenated trans fatty acids. Intake of hydrogenated polyunsaturated oils in place of saturated fats increases both total cholesterol and LDL-C, and more recently has been shown to reduce LDL particle size and Apo A levels, while increasing both Apo B and Lp(a) further promoting atherogenesis

- Low Glycemic diets – Dumesnil et al (2001) showed that a reduced glycemic index diet out performed the American Heart Association Step I diet in reducing caloric intake, Apo B, triglycerides and insulin, while increasing LDL particle size

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## Soluble Fiber to support weight

- Much attention lately has come to the idea of increasing soluble fiber to reduce appetite, increase insulin sensitivity and address metabolic syndrome traits, as well as address lipid irregularities
- Also promotes toxin elimination and thus reduction of body fluid and weight
- Multiple studies reveal that those who ingest more than 21 grams of fiber per day gained 8 pounds less over a 10 year period that others who ate less – high dietary fiber is associated with lower body weight
- Some suggest to maximize weight loss increase dietary fiber to between 35-45 grams daily

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## Nutrient Benefits in Dyslipidemia

- Dietary Fiber – Increased consumption of both soluble and insoluble fiber (especially researched are sources of oats, psyllium and flax) have shown numerous health benefits including reducing CVD risk by increasing the LDL particle size and reducing the number – recent studies have shown fiber supplementation has outperformed statin use. Gastrofiber (3 at bedtime or Whole Food Fiber can be used to supplement the diet)
- Niacin (Nicotinic Acid) – First reports of lowering lipids were in 1955, and numerous studies since then. It is understood to inhibit free fatty acid mobilization from peripheral adipose tissue to the liver, thus decreasing synthesis of triglycerides, VLDL, and the synthesis of LDL from VLDL. I t also appears niacin reduces the breakdown of Apo A-1, which elevates Apo A-1 and leads to enhanced HDL production. Niacin supplementation is available in three forms - Immediate release (IR), extended release (ER), Sustained release (SR). The rate of absorption is crucial in how the liver metabolizes niacin thus effecting efficacy, safety and side effects. Principle side effects include flushing and the SR & ER may induce liver inflammation. Niacin doses range from 250 mg to 3000mg/day, although 2000 mg/day is the maximum dose for effecting HDL and triglycerides. Niacinamide/B12 (2/day) is excellent low dose niacin to achieve these benefits

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## Nutrient Benefits in Dyslipidemia

- Guggul – From the resins of the mukul myrrh tree (Commiphora mukul) guggulipids have been used in India for centuries for obesity and lipid disorders. The active ingredients are guggulstreones that have been reported to lower total cholesterol, TG, LDL-C and raise HDL-C. It's primary role seems to be to increase bile secretion and decrease cholesterol synthesis due to its ability to increase the number of hepatic LDL receptors. Some controversy exists over the efficacy of guggul for lipid improvement due to study published in 2003 that actually showed increased LDL-C over 8 weeks in guggul using subjects compared to a control group.
- Garlic – (Allium Sativum L.) Has long been used for medicinal purposes with over 50 studies over the last 40 years showing various results. Meta-analysis suggests have modest effects on lipid profiles but this fails to consider the mechanisms of action. Instead of decreasing lipids garlic acts to prevent LDL oxidation reducing profoundly the atherosclerotic activity, while also improving fibrinolytic activity, inhibiting platelet aggregation and act as an anti-hypertensive agent. Processing techniques and tabletting protocols, such as enteric coating or de-odorizing, can effect outcomes. Garlic 5000 from MediHerb is an excellent way to achieve the benefits of properly prepared garlic because it is enteric coated to protect the allinase enzyme from being destroyed by stomach acid and thius ensuring that it will be present to convert alliin to allicin (2/day).As well it has been shown to have immune supporting qualities and reduces gut dysbiosis.

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## Nutrient Benefits in Dyslipidemia

- Berberine – Found in numerous plant including Golden Seal and Phillodendron, it is most noted as antimicrobial, antifungal, and immune enhancing. Through genetic screening it was found to upregulate LDL receptor gene mRNA subsequently showing novel cholesterol-lowering influence. It was shown that it significantly lowered cholesterol (29%), TG (35%), and LDL-C (25%) as well as useful in congestive heart failure and hypertension. No increase in HDL-C was noted. It is also hepato-protective and improves liver enzymes whole recent studies reveal that it may have insulin receptor sensitization making it useful in insulin resistance and dyslipidemias found in metabloic syndromes. Found in Gut Flora Complex and future to be released products – stay tuned with Berberine)
- Artichoke – have been popular in managing dyspepsia, liver support and hypercholesterolemia thought to increase bile synthesis and output. Not widely used as a monotherapy, but in conjunction with bile-sequestering soluble fiber can effectively move cholesterol out of the body. In vitro studies in rat hepatocytes also reveal an inhibitory action against the HMG-CoA reductase enzyme which limits the production of cholesterol (similar to the target of statin compounds). Recently it has been shown to have antioxidant properties and increasae nitric oxide formation improved endothelial function in patients with atherosclerosis and cardiovascular disease. It should be used with soluble fiber to maximize benefits and can be found in Livton (2 bid) which is a genral liver cholagogue.

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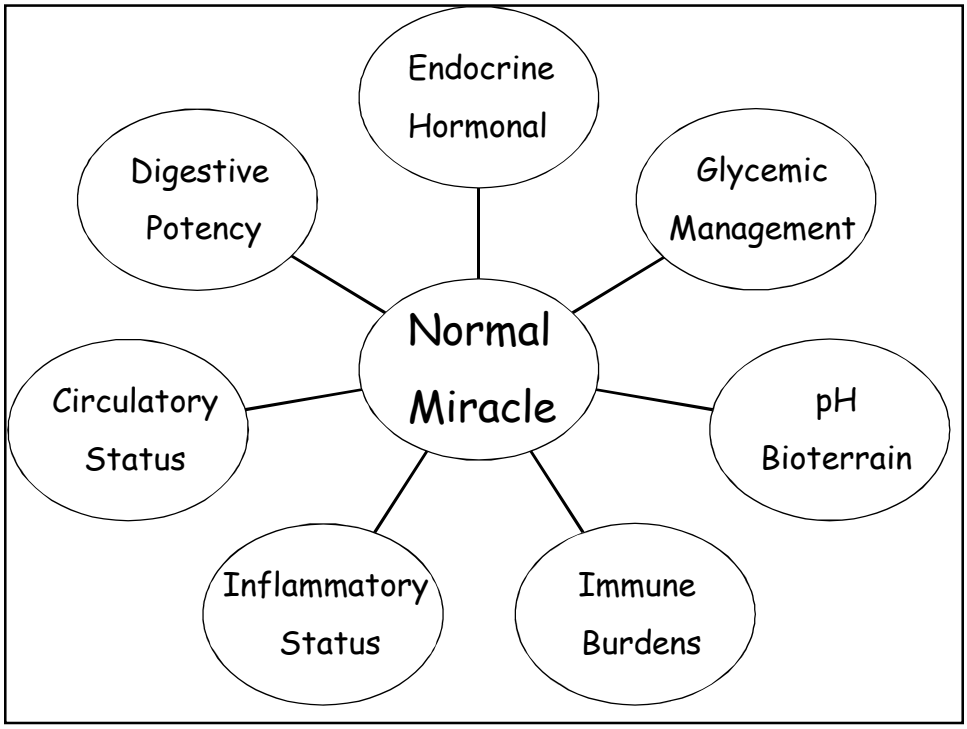


# 7 Pillars Protocols

- Endocrine/Hormonal – Symplex F/M, Hypothalmex, Black Currant Seed Oil
- Glycemic Management – Phase I/II Diet, AF Betafood
- pH Bioterrain – Calcifood, Calcium Lactate, Magnesium Lactate, Green Food, Organic Minerals
- Inflammatory status – Eliminate food allergies, Cataplex AC
- Immune burden – Thymex, Sesame Seed Oil, Congaplex, Allerplex, Immuplex, Zymex, Zymex II, Multizyme, Wormwood
- Circulatory Status – Cardioplus, Vasculin, Cayenne, Garlic, Hawthorne, Horse Chestnut
- Digestive Potency – Cataplex AC, Lact Enz, Gastro Fiber, Chlorophyll, Okra Pepsin, Gastrex, Zypan, Betaine Hydrochloride, Fasting, Diet Modulation

## Optimism …

The good news is that the best season of your life can be ahead of you, no matter what your age or circumstance – if you choose to make it so – because 90% of your potential is not only untapped and unused, but also undiscovered. That's not just good news, it's incredible news!

Tim Hansel

## Sequential Intervention

- When lipid profiles are elevated and abnormal sequential nutrient and botanical measures may be employed to assist in achieving balance
  - 1 Use Phase II diet lifestyle as discussed reducing obesity and improving TG and total cholesterol while increasing HDL
    - TG under 80 means diet is normal, otherwise suspect egg allergy or other food
  - 2 Use Gastrofiber (2 bid) or Whole Food Fiber to bind to cholesterol and reduce re-absorption this reducing lipidemia
  - 3 Employ Livton (2 bid) to increase artichoke benefits
  - 4 Increase Tuna Omega (2 bid) and omega 3 oils
  - 5 Consider Garlic 5000 (1 bid) to support atherosclerotic mechanisms and reduce events
  - 6 Use Cholaplex as liver health supporting product
  - 7 Consider liver cleansing support with numerous products especially A F Betafood (5 bid)
  - 8 Gingko Forte (1 bid) may assist in lower Lpa
  - 9 Consider Cyruta (3 bid) as a way to cleanse the cardiovascular system of atherosclerotic buildup through solubization influence
  - 10 Niacinamide (2 bid) to reduce abnormal lipid events
  - 11 Red Yeast Rice to reduce cholesterol formation in the liver

Change the world

It wants to

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