Mentoring the Mentor

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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

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
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

Learning wisdom -

But the wisdom from above is first pure, then peaceable, gentle, reasonable (repeatable), full of mercy and good fruit, unwavering, and without hypocrisy.

Book of James 3:17

Review - Distinguish yourself

- It is more apparent why people are choosing alternative health care professionals who specialize in a functional approach
- No matter you specialty or technique you must distinguish yourself as an expert – people are just seeking to understand and they need you to do so
- Typically in the healthcare industry people are receiving shallow answers that leave them puzzled with the mystery of “Why is this happening to me?” and “What can I do about it?”
- Trends research over 10 years ago identified a number of factors essential to being successful in the nutritional field – one of those was establishing yourself as an expert
**Review - Explanation as hope**

- The practitioner’s ability to explain health issues and therapeutic outcomes creates an inflation of understanding in the patient which feels like hope.
- Today in the professional world there is so much avoidance of ‘giving false hope’ that often we end up offering little hope at all.
- I propose another model that bolsters hope and expectation and subsequently practices accountability as to whether the therapeutic endeavors are achieved or not.
- As long as the hope that has been instilled is revisited and acknowledged as being accomplished or not, the betrayal of false hope can be avoided.
- So as an example, if a practitioner was describing the potential for nutritional intervention through supplements and diet modification to improve the lipid profile, then she would need to revisit to success or failure of the experiment within a reasonable period of time.
- Our community is starving for legitimate hope, as a starting place, as empowerment to begin, as an idea to act upon.
- There is genius in hope.

**My Recent Travels - SP**

- My recent travels allowed me to tour the Standard Process farm and manufacturing plant.
- I thought I would see very little changed from my many other trips there – I could not have been more wrong.
- SP is alive and growing and differentiating very quickly into a newer state of its own design.
- Changes included:
  - Farm evolution and soil development
  - Farm innovation and continued modernization
  - Plant development
  - Shipping development
  - Research activity
  - Changing the way we have seen ourselves
  - Preparing for the larger world to see and understand the SP difference

**SP Farm**

- Our soil is a strong asset for SP. Food cannot possibly be more nutrient dense than the soil in which it is grown in. Our soil tests show continual improvement in macro and micro nutrient balance in the 12 years that I have managed here. They also show that we are getting these tremendous yields without robbing organic matter or Cation Exchange Capacity. Sustainability!!!!!
- Our soil tests have become much more specific in the past 5 years. We now utilize GPS to specifically pinpoint the nutrient balance of the soil. These GPS soil tests in turn allow us to apply soil amendments with variable rate technology. We are able to concentrate on the spots within our fields that need ‘fixing’.
- In the past two years, we have advanced our drying technology with a brand new belt drying system. This system takes just under 3 hours to dry a vegetable versus the 1 minute it took us in the past. The belt drier takes 6 men to run the drier room versus 1. It was a large capital improvement for the sake of quality only…not production volume or a decrease in labor. I believe this is a commitment rarely seen in manufacturing today.
**SP Farm**

* Next year, the farm will be able to store 14,000 gallon of raw vegetable juice versus 2,400. This increased capacity will ensure that we are able to harvest much more precisely. This is critical as nutrients tend to be maximized during very specific stages of growth. Capacity issues at the main plant will now rarely influence harvest timing at the farm.

* In 2014, the farm will have new drying technology. This will mean that the harvest and processing of all vegetable juice will happen at the farm. This will allow us to go from the field to dry form and never once leave the farm property.

* We continually improve and expand our field equipment. This year for the first time, we purchased a front mounted weed puller. Next year, we will purchase a seed cleaner that will allow us to triple clean our own seeds right at the farm. Triple cleaning is a necessary step in assuring patients that the seeds grown for flour are gluten free.

* In the past 2 years, this farm has seen improvements in soil structure due to the inclusion of compost that was managed and cultivated on-site with only Standard Process organic vegetables.

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**SP Science Practices**

Standard Process Inc. researchers use a science-based approach to support farming practices that boost crop nutrients.

Research and Development (R&D) scientists at Standard Process are unlike the usual research lab.

* Brandon Metzger, Ph.D., Manager of Innovation within R&D, explains that, “We have a diverse research focus intended to optimize the nutrient and phytonutrient content of our whole food ingredients. We understand that making a high quality food extract really starts at the beginning with soil, sun, and rain. “There are big opportunities to optimize raw materials through attention to farming and processing,” says Metzger. “Standard Process is uniquely positioned to control both through the operation of our own organic farm and manufacturing facility.”

* R&D helps assess all facets of this process starting with soil conditions, planting dates, cover crop rotation, harvest time, plant variety, and all stages of production up to the final product.

* An example of our work on the farm is our recently published study in the *Journal of Herbs, Spices, and Medicinal Plants* examining phytonutrients in buckwheat and estimating an optimal harvest stage of the plant lifecycle.

* Optimal harvest of buckwheat was determined to be within the 4th-5th week after shoot emergence from the soil.

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**SP Science Practices**

In the same study, minerals in buckwheat were found to be as much as 48 and 57% different for potassium or magnesium depending on soil type.

Researchers at Standard Process have also dedicated a lot of efforts to understand different varieties. There are many types of kale, radish, or carrots that each contain higher concentrations of certain phytonutrients. This can in some cases be a larger factor in the value of a certain crop than differences in soil content.

Different varieties of carrot grown on the Standard Process farm were shown to possess as much as 14x the amount of antioxidants compared to store carrots. The larger differences seen in antioxidants within carrots were more largely determined by cultivar, since the values varied widely across 14 different types of carrots grown at the farm.
Seven Pillars
Unified Mechanisms of Health
Promoting Physiology

7 Pillars of Healing
7 Unified Mechanisms of Health
- Endocrine/Hormonal
- Glycemic Management
- pH Bioterrain
- Immuno-Inflammatory
- Circulatory Status
- Digestive Potency
- Cellular Vitality

Normal Miracle
Endocrine Hormonal
Cellular Vitality
Glycemic Management
Digestive Potency
pH Bioterrain Minerals
Circulatory Status
Immune Inflammatory
1 - The Endocrine Axis

- Most powerful system to activate the rest of the body
- 7 glandular levels
- PMG’s first, lifestyle modification second, herbs third, HRT last

#1 Core Physiologic Principle

Stressors → Hormonal/endocrine adaptation → Glandular fatigue & imbalance → Depilation of organ reserve and nutrient/mineral substrates → Reduced homeostatic mechanisms → Stress hyper/hypo reactivity → Altered psychoneuro-immunologic mechanisms → Symptom – physical/personality modulation

Disease diagnosis – chronic progression → Restored adaptive mechanisms → Medical Intervention – Drugs & Surgery → Increased glandular strength/resilience

Death → Increased organ reserves – repletion of substrates → Nutrient repletion – target fortification → Enhanced physiology/personality

BRAIN-H-P AHS EXAMPLE

- Cardiovascular
- Pulmonary
- Renal
- Endocrine
- Gastrointestinal
- Immune System
HORMONES OF THE HYPOTHALAMIC-PITUITARY AXIS

Endocrine Axis Support

- **Symplex F/M:**
  - Pituitrophin PMG
  - Thyrotrophin PMG
  - Drenatrophin PMG
  - Orchic PMG

- **Hypothalmex:**
  - Hypothalamus cytosol extract

- **Hypothalmus:**
  - Hypothalamus PMG

- **Black Currant Seed Oil:**
  - Omega-6 fatty acids (19 times more Gamma Linoleic Acid)

- **Folic Acid/B12:**
  - Folic Acid support and detox support, DNA/RNA transcription
Endocrine Axis Support

- Start with general HPTA support for 2-3 months and then target individual glands for further strengthening
- Symplex F/M typically reduce to maintenance minor sustaining dosage (1-2/day)
- Individual gland strengthening:
  - Pineal - Folic Acid (6)
  - Pituitary Anterior – Pituitrophin PMG(6), E-Manganese(6)
  - Thyroid Hypo - Thythrophin PMG(6), Thyroid Complex(4)
  - Proline L-ornithine (1/3/2/3) or other source of l-carnitine, Cataplex E(6)
  - Other source of selenium
  - Hypo - Bugleweed (1-2 tsp), Motherwort (1-2 tsp with heart arrhythmias)
  - Thymus - Thymus PMG(6), Immuplex(6)
  - Pancreas - Pancreatrophin (6), Paradiplex(6), Cataplex GTF(6)
  - Adrenals - Drenamin(4), Drenatsrophin PMG, Whole
  - Dissociated Adrenal (4), Eleuthero (4), Withania (4)
  - Gonads: - Wheat germ Oil Fort (4), Wild Yam Complex (4),
  - Tribulus (4), Forti-B12 (4)
  - Male - Orchic PMG, Super EFF (4), Prost-x (6)
  - Female - Ovex (6), Ovatrophin (6), Dong Quai (4),
  - Ulrophin (6)

Endocrine physiology - Female

- 3 types of natural estrogen: Estrone (strongest), Estradiol, Estriol (weakest)
- Estradiol (cannot be patented) is high in women without cancer and pregnancy – it breaks down quickly and hence does not build up
- Perimenopause (age 35-50) declines ratio of estrogen to testosterone and melatonin until after menopause hormonal makeup is like a man
- Hormone replacement is not necessary, even with surgical menopause, the adrenals can take over – liver must be able to break down conjugated (spent) estrogen
- Estrogen dominance is obvious in symptoms and “peach fuzz” or cherry hemangiomas (red spots) – can be reduced with calcium d-glucarate, Cruciferous Complete (DIM) and/or garlic
- Sequential fortification with Symplex F, BCO, WGO, E, ovatrophin, ovex, drenamin, thythrophin, utrophin, EPO, WYC, Tribulus prevent the decline

Andro / Menopause

<table>
<thead>
<tr>
<th>Testosterone reduced</th>
<th>Estradiol reduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body fat increase</td>
<td>Body fat increase</td>
</tr>
<tr>
<td>Biological status decrease</td>
<td>Biological status decrease</td>
</tr>
<tr>
<td>Osteoporosis increase</td>
<td>Osteoporosis increase</td>
</tr>
<tr>
<td>Cardiovascular dx increase</td>
<td>Cardiovascular dx increase</td>
</tr>
<tr>
<td>Prostate cancer increase</td>
<td>Breast cancer increase</td>
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</tbody>
</table>

- Cruciferous vegetables contain indole-3-carbinol (I3C) which forms diindolymethane (DIM) reducing levels of 16-alpha-hydroxy-estrone which promotes cancer and up regulates tumor suppressing genes (Cruciferous Complete, SP Greenfood)
- Glandular support dramatically reduces of deficiency and leave the intended healthy life cycle
If there is a decline in estradiol levels in a female patient in perimenopause the inflammatory cytokine system is upregulated and may stay upregulated even after estrogen levels are restored.

Seeing Estrogen Dominance

• Estrogen Dominance is more accurately defined as estrogen congestion and disruption
• It is the inability of the detoxifying mechanisms of the liver to keep up with the burden of breaking down the conjugated estrogens that leads to this accumulation of spent estrogen throughout the body and the secondary dysregulation that occurs
• When estrogen begins to build up it can interfere with the inherent mechanisms that produce estrogen in short the body thinks it has too much so it produces less – and since the conjugated estrogen is spent the effects are mixed – in that the symptoms seem to reveal excess and deficiency of estrogen at the same time
• This is why estrogen dominance can be seen as such an upstream issue with so many downstream events resulting

Principles at work

• Estrogen is dealt with as a toxin by the body and this its half life is only 8 hours
• This explains why this hormone has such a profound ability to modulate function and mood – PMS mood swings and events being the best example
• When the liver is overwhelmed by toxic burdens or deficient nutritionally or genetically to complete Phase 1 & 2 the incomplete clearing of estrogen ensues and the secondary signs of estrogen begins to show up
• In this way it is reasonable to suggest that signs of estrogen dominance reveal an inherent hepatic insufficiency
• Likewise as support for these pathways is introduced the downstream events of conjugated estrogen congestion (toxicity) begin to dispel – and then further downstream signs and influences of estrogen dominance abate
• To assess and screen for the signs and congested mechanisms is what distinguishes the functional practitioner as truly insightful
Screening is seeing - Believing

- Screening is obvious and automatic when one knows what to look for
- The primary signs of Estrogen Dominance:
  - Peach fuzz
  - Cherry hemangiomas

As Cruciferous Complete or Garlic Forte or Calcium D-Glucarate is employed the fuzz thins and the red dots darken or light or have white spots in the middle of the or they become less round and finally can vanish or turn brown

Estrogen Dominance - Widespread

- Defined as deficient, normal, or excessive levels of estrogen with too little progesterone to balance the estrogen – common in both cycling and menopausal women, and andropausal men
- Caused by cortisol (pregnenolone) steal, HRT & BC pill, adrenal fatigue, hypothyroidism, high glycemic diet, trans-fatty acids, xenoestrogens, obesity (estrogen is made in the fat cells)
- Symptoms may include: anxiety, anger, agitation, mood swings, depression, dysmenorrhea, water retention, fibrocystic breasts & tenderness, migraines, food cravings, fibromyalgic discomfort, acne, loss of mentation, mid-body fat gain, cold extremities (estrogen blocks thyroid), dysglycemia, loss of libido, infertility, insomnia, osteoporosis, PCOS, uterine fibroids, autoimmunity, breast or uterine cancer

Estrogen – Ultimate Phase I/II Detoxification

- For hormones to dance with other hormones it must have a flexible response pattern – be able to increase/decrease rapidly
- Estrogen building up imbalances menstruation, pregnancy, lactation following menopause dance continues to prolong life, supporting structural, cardiac, and neurological functions
- Cytochrome P450 enzyme system is used to eliminate drugs, toxins, unwanted substances, biological agents, and estrogens – body views estrogen as a toxin because it allows such a small number of estrogen molecules to be active, unlike testosterone, DHEA, progesterone
- Phase I (P450) – oxidation, reduction, hydrolysis, hydration, dehalogenation = increased polarity, less lipid-soluble, reactive oxygen intermediates with potential for secondary tissue damage “sticky reactive molecules” (antioxidant needs)
- Phase II – sulfation, methylation, glucuronidation = polar water-soluble bile and urine (sulfation, homocysteine support, and gut symbiotic bacteria + soluble fiber are essential fuels)
- Phase III (Antiporter) – a recirculation process not yet accepted scientifically, active efflux pump decreasing intracellular concentration of xenobiotics allowing for a “second pass” with the detox enzymes located at or near the cell membrane (more concentrated presence in cancer cells, liver, kidney, pancreas, intestines, brain, testes)
Phase I & II detoxification occur principally in the liver, while Phase I, II, & III occur in every cell – the liver determines the foundational capacity to cleanse.

Detox – Phase I & II

Hom. Needs
- Support, B2, B3, B6, Glutathione, AA, Flavonoids, Phospholipids

Cruciferous Complete (2), Folic Acid, B6 Niacinamide, SP Complete

H2O, Cysteine, Methionine, NAC

Review - Therapeutic Rationale

- This is the reason why we do and don’t do
- Therefore it is the reason why the patient will do or not what you recommend
- It is the source of hope and the starting place
- The functional practitioner serves from this rationale in all endeavors, and it becomes the practice style – making incursions into disease conditions based on a rationale and an accountable procedure
- This expands the practice and builds practitioner confidence
- Have a reason for what you recommend!

Sequential Intervention

- By giving hope through discussion of therapeutic rationale and then accountably determine if the therapy had efficacy it is possible to initiate activity that may assist a person to make the changes that result in healing
- Sequential intervention and accountable follow-up can show what has worked and what may still need to be employed
- Promote an understanding of estrogen dominance in both men and women and show the pathway to promote corrective management
- Allow every condition to become a strategic consideration of possible etiology and therapeutic rationale – people are in search of experts – reveal yourself
- The comprehensive nature of nutritional therapy means there is always more physiology to optimize and support leaving an individual constantly refining as long as they wish to further improve their status
- If the practitioner is accountable s/he will be allowed to experiment with reasonable ideas

Change the world

It wants to