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 holistic practice
- Each participant chooses how to convey the notes and information to their world and community – no information squandering

Learning wisdom -

A man is a method, a progressive arrangement; a selecting principle, gathering his like to him; wherever he goes.

Ralph Waldo Emerson

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 s/he 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.

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
2 - Glycemic Management

- Phase II diet limiting glycemic index
- Prevent insulin spikes
- Protein three times per day
- 40/30/30 CHO/protein/fat
- Starches are source of cravings
- Cravings mean insufficient protein and fat

#2 Core Physiologic Principal

- Glycemic balance
  - Introduce glucose – source in starch, alcohol, sugars
  - Increased blood glucose
    - Hunger – Sugar cravings
      - Insulin upregulation
        - Adaptation – Insulin Resistance
          - Cells absorb sugar – store as triglycerides
            - Anabolic weight/fat gain
          - Hypoglycemia – blood sugar too low
            - Stress – Increased Cortisol
              - Glycogen reserve depletion
                - Increased inflammation & anxiety
                  - Glycemic dysregulation
                    - Food dependency / fatigue
                      - Mitochondrial peroxisome
                        - Adrenal (Pancreas stress)
                          - Increased energy/stamina/productivity/independence

Carbs & Hormones


Anabolic Adaptation


Catabolic shift

PHASE II FOOD PLAN FOR BALANCING BODY CHEMISTRY

MEAT

- No Limit on Serving Size

FISH

- No Limit on Serving Size

FOWL

- No Limit on Serving Size

EGGS

- No Limit on Serving Size

FRUITS

- No Limit on Serving Size

VEGETABLES

Asparagus
Bamboo Shoots
Bean Sprouts
Beet Greens
Bok Choy Greens
Broccoli
Cabbages
Cauliflower
Celery
Chards
Chicory
Collard Greens
Cucumber
Endive
Escarole
Garlic
Kate
Kolrabi
Lettuces
Mushrooms
Mustard Greens
Parsley
Radishes
Raw Cob Corn
Salad Greens
Sauerkraut
Spinach
String Beans
Summer Squashes
Turnip Greens
Watercress
Yellow Squash
Zucchini

VEGETABLES

- 6% or less carbs
- Bell Peppers
- Bok Choy Stems
- Chives
- Eggplant
- Green Beans
- Green Onions
- Okra
- Olives
- Pickles
- Pimento
- Rhubarb
- Sweet Potatoes
- Tomatoes
- Water Chestnuts
- Yams

VEGETABLES

- 12 - 21% carbs
- On Limited Basis
- Celeriac
- Chickpeas
- Cooked Corn
- Grains, Sprouted
- Horseradish
- Jerus. Artichokes
- Kidney Beans
- Lima Beans
- Lentils
- Parsnips
- Peas
- Popcorn
- Potatoes
- Seeds, Sprouted
- Soybeans
- Sunflower Seeds

MISCELLANEOUS

- In Limited Amounts
- Butter, Raw
- Caviar
- Cottage Cheese, Raw
- Dressing - Oil / Cider Vinegar only
- Jerky
- Kefir, Raw (liquid yogurt)
- Milk, Raw
- Nuts, Raw (except Peanuts)
- Oils - Vegetable, Olive (no Canola) preferably cold-pressed

Fruits

- In Limited Quantity
- On Limited Basis (Snacks only)
- Apples
- Berries
- Grapes
- Papaya
- Pears
- Prunes, Fresh

BEVERAGES

- Beef Tea
- Bouillon - Beef, Chicken Herbal (Decaf f einated) Teas
- Filtered or Spring Water
- Red Wine only (3 glasses max)

DESSERT

- Plain Gelatin only

☺ FOODS EATEN CLOSEST TO THEIR RAW STATE HAVE THE BEST DIGESTIVE ENZYME ABILITY.

☺ TAKE FLUIDS MORE THAN ONE HOUR BEFORE OR MORE THAN TWO HOURS AFTER MEALS.

☺ LIMIT FLUID INTAKE WITH MEALS TO NO MORE THAN 4 OZ.
### Calorie restriction – Life Extension

- Phase II diet is in fact a form of calorie restriction and appetite reduction resulting in reduced insulin levels and activation of more basic survival mechanisms, including lipolysis to internally maintain blood sugar.
- All researchers studying aging agree that reduced calorie intake by 20–40% extends lifespan by up to 50%.
- No other known intervention has such a consistent and profound effect.

### Compressing morbidity

- Not only does calorie restriction extend life but also reduces morbidity by activating stress responses that are hard-wired into the gene code.
- These stress responses activate biochemistry that is designed to increase functionality and promote survival.
- The activation of these survival mechanisms also act to promote wellness, if not only activated or survival.
- In other words, it is good to live somewhat inside our survival mechanisms as a way of life, and this reduces morbidity, disrepair, and decline.
- Can we promote these mechanisms biochemically?

### Hormesis

- A term originally coined by toxicologists to describe a biphasic dose-response curve wherein an agent has a stimulatory effect at low doses and a toxic effect at high dose.
- Now this term has been adopted by medicine to portray the beneficial adaptive responses of cells to moderate stress.
- In other words, moderate stress promotes health, wellbeing, and mental and physical performance.
- So gain Nietzsche as accurate when he said, “What does not kill you makes you strong.”
Hormesis – Some known mechanisms

- In response to stress the body calls up defense molecules – once present these molecules not only effect the perceived threat, but also increase resistance to other threats and repair existing damage.
- HSP (Heat Shock Proteins) are produced to protect and chaperone other proteins by binding to them and shielding them from attack.
- SIRT1 (Sirtuin 1) is a bodyguard that activates multiple genes to produce antioxidants and cell membrane stabilizers.
- Growth factors are generated to promote repair.
- Cellular kinases are produced to promote motility.

America is facing an epidemic

The U.S. is the fattest nation in the world.

The average adult gains 7 lbs. in December during the holidays.

64.5% of Americans are overweight or obese. Source: JAMA. 2002;288:1723

Obesity is the second largest preventable cause of death in the U.S. (Smoking #1.) Source: JAMA 1996; 276: 1907-1950.

Overweight Adults in the U.S.

1988

DATA SOURCE: 1988 BRFSS, CDC

<table>
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<th>Not Available</th>
<th>Less than 30%</th>
<th>30-35%</th>
<th>More than 35%</th>
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Overweight Adults in the U.S. 2000

Research – Ketogenic Diet

- In 12 men (mean age 36.7 years) who switched from diet of protein/CHO/fat 17-47-32 to 30-8-61 (compared with 8 control subjects)
- 33% reduction in fasting triglycerides
- 29% reduced post-prandial lipemia after fat rich meal
- 34% reduction in fasting insulin levels
- 11.5% increase in HDL cholesterol

Normal CHO Consumption
- Sanity dictates that we consume CHO’s with lower glycemic indices
- Americans eat a high CHO diet, we recommend a normal CHO diet, not low
- There are no essential CHO’s
- Energy increases, body sculpting ensues, weight reduction of fat only, lean muscle mass increases, food cravings recede, insulin resistance reverses – What’s to argue over?

The Cost of More Protein
- Higher protein acidizes – this is offset by utilizing alkalizing supplementation (needed to exist in this acidic world anyway)
- Excess protein increases kidney stress – therefore regular kidney repair, cleansing programs address this metabolic burden
- Constipation for those of digestive inadequacy – enzyme, bile and acid supplementation
Recent Research

• Like high density detail, it is more and more apparent that low glycemic lifestyles are even more vital to long and vibrant lifespan
• The research is even more compelling as it rolls out in every field revealing more plainly the impact of basic wisdom in our living
• The following studies show the profound impact glycemic index and insulin up-regulation may exert of degenerative or regenerative activity in the body
Recent Research

- 15 year study on 1,017 dementia-free subjects over 60 years old compared risk of dementia in normal vs. abnormal GTT and Diabetes Mellitus.
  - In all cause dementia impaired GGT showed 45% greater likelihood (DM was 75% greater) than normal GTT group.
  - Alzheimer’s was a little worse showing 55% increased risk with abnormal GTT and 85% with DM over normal group.
  - Vascular Dementia showed most profound of all impact with 95% increase with abnormal GTT and 100% more with DM compared to control with normal GTT.


Recent Research

- The Rotterdam Study published in 1999 followed 6,370 patients over time and revealed that Alzheimer’s Disease was increased incidence by 1.9 times with DM.
  - Dementia was increased incidence by 4.3 times if using insulin.
  - This showed that in more severe DM with long term insulin use created a longer history of hypoglycemic events and more glycosolated protein effects from blood sugar variances.


Recent Research

- Advanced Glycosylation End Products result in post-translational modifications of proteins wherein the amino acid group of protein reacts with the monosaccharide.
  - 920 elders without dementia, mean age 74 – 495 with DM and 425 with normal glucose compared for cognitive decline using urine pentosidine over 9 years (pentosidine reveals degree of glycation).
  - Low glycation events showed half the decline as diabetes, while high glycation brought both groups normal and DM to equal and double severity of cognitive decline.

Recent Research

• Another study compared the degree of brain volume reduction in relation to the indicator of glycocalyx (HbA1c)
• Review demonstrated that the presence of the APOE4 allele associated with Alzheimer’s increased the risk of onset of the disease by 20% over the non-presence of this gene
• In contrast same study showed HbA1c between 4.4-5.2 was half as likely and the lower risk group to not show disease, and 60% less likely that the genetic predisposition
• As the HgA1c increased from 5.3-5.5 incidence increased to equal onset associated with non-genetic predisposed individuals
• HgA1c 5.6-5.8 increased to within 10% of genetic variant
• HgA1c 5.9-9.0 increased to the very same incidence of AD as the genetic variant demonstrated

* Enzinger, C., et al., Neurology 64, May 24, 2005, 1704-11

Recent Research

• The PATH Study reported last year that Higher normal fasting plasma glucose is associated with hippocampal atrophy - Yikes!
• 266 cognitively healthy adults were followed over 4 years and comparative MRI volumetric analysis of hippocampal and amygdala atrophy and decrease revealed an evident relationship between HgA1c and brain size reduction
• HgA1c in excess of 5.0 significantly increased the rate of atrophy, whereas under 5.0 (from 3.0 to 5.0) inversely promoted an increase in brain size loss
• The published report stated “Plasma glucose levels were found to be significantly associated with hippocampal and amygdalar atrophy and accounted for 6-10% in volume change after controlling for age, sex, body mass index, hypertension, alcohol, and smoking.”

* The PATH Study, Neurology 2012; 79:1019-1026

Take Away

• Advanced Glycosylated End Products are more than just markers of aging since they can exert adverse biological effects on tissues and cells including the activation of intracellular signal transduction pathways, leading to the up-regulation of cytokines and free radical production (oxidative stress)
• There is an increase in the half life of beta amyloid as HgA1c increases significantly over 6.0 thus resulting in its accumulation and eventual contribution to decline of the brain status
• What we thought before was good enough to live within (under 5.8 HgA1c) is not good enough to actually promote brain health and longevity
Glycemic Management – How to steward transformation

- Step One: Phase II Diet, SP Complete, Enzymor (6) L-Glutamine 1.5 g
- Step Two: Phase I Diet, fruit elimination, 6 meals per day, Prosfood (6), Nutrimere (4)
- Step Three: Stimulant Elimination, Food Allergy removal
- Step Four: Thyroid Support - Barnes Thyroid Temperature Monitoring, Iodine Patch Testing, Prolamine Iodine (1-6)
- Step Five: Insulin Receptor Sensitivity Recovery - Gymnema (6) minimal dose, Zinc Liver Chelate (6), Chezyn (6)
- Step Six: Adrenal Balance - Adrenal Complex (2), Drenamin (6), Withania Complex (4), Eluthero (6)
- Step Seven: Fructose Burden Assessment (less than 25 g./day)

Absolute starch elimination must be present throughout this process or each increment will be invalidated – only go to whatever step achieves 4 to 10 lbs per month weight loss.
Principles at work

- Pillar 2 concerning glycemic management is vital to age-related decline and longevity objectives
- The high density effect of research creates more and more commitment to this lifestyle as a sound way to live life and reduce morbidity
- Standards are higher than we formerly though – HgA1c should be targeted under 5.0 and will only be achievable with very deliberate efforts

Screening is seeing - Believing

- Screening is obvious and automatic when one knows what to look for
- The primary signs of elevated HgA1c are:
  - Increased body fat concentrations in women over 25% and men over 18%
  - Increased waist to hip ratio over 1.8 in men and 1.9 in women
  - Increased cognitive decline
  - Increased oxidative stress – inflammation, skin aging, stiffness
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 building 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 glycemic management and show the effect of 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

Practice Aging -

Be glad of life, because it gives you the chance to love and to work and to play and to look up at the stars; to be satisfied with your possessions; to despise nothing in the world except falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than your disgusts; to covet nothing that is your neighbor’s except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends … and to spend as much time as you can with body and with spirit.

These are little guideposts on the footpath to peace.

Henry Van Dyke
Change the world
It wants to