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

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

**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
Mentoring the Mentors

Mentor Considerations

HPA Axis and Immune Cytokine Signaling

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
Eternal truth -

Fulfillment is not a goal to achieve,

But always a by-product of sacrifice

1 - The Endocrine Axis

Most powerful system to activate the rest of 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 → Depletion of organ reserve and nutrient/mineral substrates → Reduced homeostatic mechanisms → Stress hyper/hypo reactivity → Altered psychoneuroimmunologic mechanisms → Nutrient repletion – target fortification

Symptoms – physical/personality modulation → Increased glandular strength/resilience → Disease diagnosis – chronic progression → Restored adaptive mechanisms → Medical Intervention – Drugs & Surgery → Increased organ reserve – repletion of substrates → Death → Enhanced physiology/personality

BRAIN-H-P & JS EXAMPLE

HORMONES OF THE HYPOTHALAMIC-PITUITARY AXIS
The Stress Model

- The HPTA is at the heart of the body’s ability to respond to the environment.
- Cortisol elevation is the result of Corticotrophin Releasing Hormone (CRH) arising from the parvocellular neurons of the paraventricular nucleus (PVN) - this is the ‘master’ stress hormone released in response to the perception of stress.
- Stressful stimuli are generalized as:
  - Physical – pain, trauma, infection, hypotension, exercise, hypoglycemia
  - Psychological – bereavement, fear, personal loss, anger (the perception that God is not in control – something is wrong)
- CRH is released into the portal circulation of the Median Eminence and is carried by venous blood to the corticotrophs of the anterior pituitary where it binds to the cell surface receptors stimulating the release of Adrenocorticotropic Hormone (ACTH).
- ACTH reaches the adrenal cortex stimulating the synthesis of Cortisol (glucocorticoid) and also androgenic hormones like androstenidione and DHEA (both may convert to testosterone and DHT in peripheral tissues).

The Stress Model

- Cortisol maintains blood glucose during stressful ‘fight or flight’ challenges so that as more metabolic fuel is consumed a critical amount is maintained for brain function and to support the activated survival organs such as the heart, lungs, and skeletal muscle with renewable supply of fuel.
- Cortisol also participates with Aldosterone (mineralocorticoid) in driving sodium reabsorption from the renal tubules conserving electrolytes and water within the vasculature to provide blood and perfusion pressures to vital organs.
- Cortisol concentrations rise until it effects negative feedback on the CRH neurons and the pituitary corticotrophs to return blood levels to normal preventing prolonged elevations of CRH, ACTH and cortisol.
- Chronic stress and maladapted responses to stress alters this mechanism and causes long term cortisol dysregulation and even ‘cortisol resistance’.

Hormones of the Hypothalamic-Pituitary Axis

Symplex E/M(3,3)

Hypothalamex/us(1,1)

Black Currant Seed(1,1)
Modulating Cortisol

- Symplex, Hypothalmex/us – HPA general support
- Androgen up-regulation
- Adrenal Complex – 2-4/day licorice & rehmannia
- Allergen removal
- Drenamin – 6/day
- Dessicated Adrenal – 2-4/day for acute activation
- Eleuthero – 2-4/day
- Withania Complex – 2/day
- Vitanox 2-4/day
- Detoxification
- Change of thinking
- Neuro-emotional release

Modulating Cortisol

- Adrenal Complex (1-2) has exploded on the scene and represents another MediHerb homerun
- Introduced in 02/09 it has backordered multiple times as Americans have grasped its value as an idea whose time has come
- Licorice (250 mg of 7:1 extract) contains 25 mg of glycyrrhizin the active component that assists cortisone (a less active storage form of cortisol) to convert to cortisol (more active form)
- Rehmannia (150 mg of 5:1 extract) provides immune modulation
- Expect modulation in WHR, concentration, sleep quality, reduced muscle tension, relaxability, reduced anxiety
- Contraindicated when hypertension results
Gut Brain Interface

The Bidirectional Gut-Brain Axis

Lymph Tissue

- 70% of our immune cells reside in the GI tract.
- The development of the intestinal immune system is largely dependent upon exposure to microorganisms.
- The gut produces ¾ of the body's neurotransmitters.
- The gut has greater metabolic activity than the liver.
Microbiota Regulate HPA-Axis Development

- Commensal microbiota regulate the development of the HPA axis.
- "The series of events in the gastrointestinal tract following postnatal microbial colonization can have a long-lasting impact on the neural processing of sensory information regarding the endocrine axis."
- This concept, based on in vivo findings [in mice], provides evidence of a novel link between indigenous microorganisms and the nervous system and shows a new aspect of the brain-gut axis.


Commensal Microbiota Drives Immune Homeostasis

- This tissue has the dual task of selectively absorbing nutrients from the intestinal lumen, while preventing microbial entry, infection, or immune activation.
- We are so focused on the immune system responding to things, that we forget that 99.9% of the time, its job is NOT to respond to things.

"The gut handles more antigenic material in a single day than the rest of the immune system processes its entire lifetime."

Michael Ash

Handley C. Should auld acquaintance be forgot... EMBO Reports Vol 5, No 12, 2004

A Closer Look
Paracelllar Transport

Transcellular Pathways

The Gut in Action
Food Allergens

Determining Food Allergies

- Blood type sensitivities
- Most food allergies are delayed sensitivity reactions – difficult to objectively determine
- Elisa Act lymphocyte response assay
- Elimination is the most accurate and labor intensive - 2 week elimination then reintroduce and watch for 4 days for reactions
- Histaminic Reactions (rash, red eyes, serous secretions) vs. Immune Activity (fever, catarrhal, lymphatic congestion, aching)
- Basic 4 allergies that most complicate healing process – wheat (gluten), corn, soy, milk (casein)
  - Additionally suspect chocolate, peanuts, tomatoes, beef

Food Allergies – Now & Later

<table>
<thead>
<tr>
<th>Immediate response within hours or next day</th>
<th>Delayed response onset 2-7 days later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histaminic</td>
<td>Immunological – viral, bacterial, parasitic</td>
</tr>
<tr>
<td>Red, burning eyes, serous secretions (clear)</td>
<td>Colds &amp; Flu – WBC mediated response</td>
</tr>
<tr>
<td>Tiredness, sleepiness</td>
<td>Achiness</td>
</tr>
<tr>
<td>Headaches</td>
<td>Catarrhal, phlegm (colored)</td>
</tr>
<tr>
<td>Mood changes, irritability</td>
<td>Fever</td>
</tr>
<tr>
<td>Rashes, hives</td>
<td>Eczema</td>
</tr>
<tr>
<td>Nausea, cramps, diarrhea</td>
<td>Emesis</td>
</tr>
<tr>
<td>Loss mental acuity</td>
<td>Elevated C-reactive protein, SED rate, AA/EA ratio</td>
</tr>
</tbody>
</table>
Generalization of allergen

- Milk allergy is primarily casein protein intolerance commonly seen in respiratory and atopic symptoms
- Wheat allergy is primarily a gluten protein intolerance commonly effecting GI symptoms and hyper tension & siderosis
- Corn allergy is primarily a zein protein intolerance commonly effecting neurological symptoms
- Soy allergy is more acquired and therefore can be unlearned commonly effecting acne rosacea and paranasal rashes
- Zypan or Betaine HCL (2-3/meal) will reduce food allergen effects

Plenty of Mediators to Measure

Many nutrients & botanicals inhibit the activation of NF-KappaB inflammatory gene activation.

- Omega 3 EFA’s & GLA
- Vitamin D
- Propolis
- Curcumin/Turmeric
- Resveratrol
- Lipoic Acid
- Cholagogues
- Green Tea
- Vitamin C Complex
- Rosemary

Innate & Acquired Immunity

- Primary roles of the healthy immune system are:
  - Identify potentially injurious and infectious substances
  - Distinguish self antigens (non-threatening) from non-self (threatening)
  - Assess the potential level of threat posed by infectious, toxic,
    or non-self antigens
  - Mount a response that is appropriate to the level of threat
  - Repair any damage that ensues from adversarial encounters
- Too much response = inflammatory cascades
- Too little response = tolerance of danger
- WBC is optimal 6-8, outside optimal range may suggest acute or chronic immune burden, under 4 indicates bone marrow fatigue
Immune System – 2 Parts

- Generally recognized that there are 2 parts of the immune system
- Innate Immune System – Inborn initial response to eliminate microbes and
  - Functions immediately or within hours – it is not in any
    locale or organs, it is in the WBC
  - Each cell is equipped with different mechanisms that allow it to attack and eliminate pathogens from the body demonstrating immune versatility
  - Non-specific defense against pathogens, activates the complement system of inflammatory response
  - Identifies self vs. non-self, complement system triggers inflammation and identifies foreign substances, and activates the adaptive immune system
- Innate Immune Cells include:
  - Mast Cells
  - Natural Killer Cells
  - Phagocytes – Monocytes, Macrophages, Dendritic cells
  - Reticuloocytes – Neutrophils, Eosinophils, Basophils
- Adaptive Acquired Immune System – Learned response precisely addressing threat requiring 5-7 days for adaptive immune modulation to reach full activity and specific lymphocyte presence
  - Results in TH1 cellular phagocytosis or TH2 humoral antibodies
  - TH1 responds to living things (bacteria, fungus, virus)
  - TH2 responds to non-living things (and parasites) including food, pollens, bad fats, heavy metals

Common TH1 & Th2 Cytokines

- TH1
  - IL-12
  - IFN – gamma
  - TNF – alpha
  - IL-2
  - GM – CSF
- TH2
  - IL-4
  - IL-5
  - IL-10
  - IL-13
- IL-1 and IL-6 (and others) can show both TH1 and Th2 influences

Efflux pumps and bacteria

- Milk thistle and Berberine have been found to inhibit the active efflux pump in certain bacteria (Staph) and thus inhibit the germ’s resistance to remediation by drugs and theoretically host immune response as well
Cytokines – Immune Messages

- Immune response results in the release of cytokines meant to direct local and distant immune function
- These cytokine messenger molecules also drive HPA status and thus determine global brain status
- Cytokines subsequently cause the release of WBC inflammatory mediators to direct the inflammatory process of repair
- Therefore immune status and activity determine HPA/brain settings
- Hypervigilant or depressed immune states reflect in brain states

Immune Tolerance

"Don't be so Reactive"

- If it weren't for tolerance we would constantly fighting a war with the foreignness everywhere
- Complex feedback system developed through receptor and moderator substances activating and suppressing immune/inflammatory response creating an immune capacity of tolerance
- Net reactor chemistry x net moderator chemistry = immune tolerance
- Especially strategic to the autoimmune circumstance – goal is to reduce immune burdens and promote immune tolerance and thus reduce immune reactivity
- Infections, infestations, toxicities, allergens, injuries, inoculations, etc. create a burden teasing out intolerance and excessive reactions
Sequential Immune Up-Regulation

- Especially under the teeth, diverticulosis, severe infections near or in bone, body cavities like sinus, ears, pelvic, intestinal
- Sequential immune bolstering protocols for one month each at therapeutic dosage – “deep cleaning”
- Up regulate immune system gradually beginning with Sesame Oil Perles (6/day), followed by Thymex (10/day), then Immuplex (6/day), Congaplex (15/day), Allerplex (15/day), Echinacea (4/day), Astragulus (4/day)
- Clear infestations with Zymex II (6/day), Multizyme (4/day), Wormwood Complex (4/day) – also treats mycoplasmic infections
- Finally use Chaparral with high concentration of NDGO (strongest known antioxidant) – will clear systemic infection including bowel

The bad news is...you have Lyme disease. The good news is, I don't believe in that disease so you're fine!
source?
### Establish a Differential Diagnosis: Table 2.1: Symptoms and Associated Medical Conditions on the MSIDS Map, page 68 “Why Can’t I Get Better?”

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Possible Medical Conditions</th>
<th>Laboratory Testing to Consider</th>
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</table>
| Unexplained fevers, sweats, chills, or flushing | • Lyme disease (chronic and other bacterial, viral, parasitic, and fungal infections)  
• Babesiosis  
• Malaria  
• Brucellosis  
• Hyperthyroidism  
• Hormonal failure (early menopause)  
• Tuberculosis*  
• Non-Hodgkin’s lymphoma*  
• Panic disorders  
• Autoimmune disorders  
• Inflammation | • CBC with a white cell count  
• CMP with liver functions  
• Giemsa stain and malarial smears  
• Babesia IFA  
• Babesia WA-1/duncani titers  
• Babesia FISH and PCR  
• Thyroid function tests (TFTs)  
• Sex hormone levels  
• Chest X-ray/PPD  
• Antinuclear antibody (ANA), Rheumatoid factor (RF)  
• Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP)  
• Cytokine panel |

### Overview: Lyme & Chronic Disease in the US

- 1) According to the CDC, chronic disease accounts for 70% of the deaths and 75% of the health care costs in the United States
- 2) Lyme disease is the number one spreading vector borne epidemic worldwide, and mimics other chronic diseases accounting for an increased burden of those suffering with chronic illness (CDC figures 2103:10 fold increase in cases)
- 3) There is confusion regarding the diagnosis and treatment of LD due to 2 standards of care in the US
- 4) Defining Chronic Lyme Disease: What is it?- the difference between the “surveillance” definition and “real life” in the doctors office. Proposing a new definition: Lyme-MSIDS (Multi-Systemic Infectious Disease Syndrome)
- 5) Diagnosing Lyme Disease: Problems with serology and seronegative infection

### Overview: Lyme & Chronic Disease in the US

- 6) Treating Lyme disease: evidence of persistent/chronic borrelial infection & the need for longer treatment courses
- 7) Chronic infection from Lyme and associated tick-borne diseases drives inflammation.
- 8) Inflammation is the number one common denominator in all chronic disease.
- 9) Diagnosing and treating the 3 I’s: chronic infection, inflammation and immune dysfunction helps individuals recover their health.
- 10) Detoxification also plays an important role in improving clinical outcomes.
- 11) A multifactorial model for chronic disease called MSIDS (Multiple Systemic Infectious Disease Syndrome) will be discussed, showing how multiple factors on the MSIDS map can be addressed to help decrease inflammation and reduce disabling symptoms.
Defining Chronic Lyme Disease: Lyme-MSIDS

1) Infections: Bacterial Lyme
   - E. coli, Bartonella, Mycoplasma, Chlamydia, RMSF, Typhus, Q Fever, Tick paralysis
2) Immune dysfunction: ANA+, RF+ HLA DR 4
3) Inflammation: IL-1, IL-6, TNF-alpha – “Sickness syndrome”
4) Toxicity: Multiple Chemical Sensitivity, Environmental Illness, Heavy Metals, Mold, and Neurotoxins
5) Mitochondrial dysfunction
6) Psychological disorders
7) Sleep disorders
8) ANS dysfunction + POTS
9) GI disorders
10) Elevated LFT’s
11) Pain syndromes
12) Deconditioning

Protocol for stealth pathogens

- Sequential Immune Up-Regulation – graduated immune sparing due to reduction of immune burdens
- Neuro-endocrine support – HPA support – Symplex F 3 bid, Hypothalamex 1 bid, Black Currant 1 bid
- Ongoing hemopoietic and lymph support to assist in the processing of cellular debris and infection remediation
- Final amplification of nutritional therapy to promote immune aggression toward sequestered stealth pathogens
- This would include the following possibly:
  - Cat’s Claw Complex 2 bid
  - Immuplex 3 bid
  - Sesame Oil 3 bid
  - Ostrophin 2 bid
  - Whey Pro Complete 2 scoops daily (source of IgG found in colostrum)
  - Berberine 2 bid or sourced from Gut Flora or Golden Seal
  - Myrrh tincture twice daily from Weed Botanical
  - Enzymes to promote cellular cleansing – Multizyme 2 tid, Zypan 2 tid
  - Ongoing liver support – Livco 2 bid, betacol 2 bid

How do we think without proof -

It would be possible to describe everything scientifically, but it would make no sense; it would be without meaning, as if you described a Beethoven symphony as a variation of wave pressure.

Albert Einstein
Principles at work

- Sufficient clinical observation allows mechanisms to be revealed that will remove the idiopathic mystery of hypertension and return it to a simple physiological modulation and resultant augmentation in function, balance, tissue fortification and promotes healthy genetic expression.
- This allows the symptom resolution to occur as a result of system ‘mosaic’ change, and then of course the downstream events occur.
- The longing in the public is for this sort of detective work to find the cause and make the correction – increasingly food is seen as medicine and people are asking more and more for what foods will change their health patterns.

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 intervention that creates evolutions in individual physiology and show the effect of that intervention.
- 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