

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

Mentoring the mentor:

- Each participant attends monthly teleconferences (1 hour in duration, 4th Thursday of every 2nd 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
- 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

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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

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Mentor Considerations
Inflammation as repair concepts
How to promote repair in organs and somatic components

Therapeutic Rationale -

Understanding, and action proceeding from understanding and guided by it, is the one weapon against the world's bombardment, the one medicine, the one instrument by which liberty, health, and joy may be shaped or shaped toward, in the individual and in the race.

James Agee

Therapeutic Rationale

- If we speak our rationale out loud and listen to ourselves we will always be rational
- If the medical profession were to describe the rationale behind its endeavors it would hold off
- We must be interested in the meaning of processes and the purpose of people's lives to find the rationale
- Peoples ;lives are too precious to waste on symptoms that are not speaking of deeper issues and only need suppressing
- The rationale dissolves the mystery, which is the only terror on our lives

Rationale as a map: Never lost

- The rationale is a combination of the patient's story and the doctors understanding
- Often times for myself there was fear while I stood without understanding in the midst of a process – then understanding would emerge – then confirmation of that understanding would show itself – then confidence would build

- Our patients must come to expect the therapeutic rationale in all their interactions – then they are protected from standard of care and malpractice

Building Rationale						
Patient complaints						
Therapeutic Rationale						
Elaboration of Meaning and Purpose						
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Correction, healing and more Lifetime patient						

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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

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Principles: Inflammation as repair

The following statement comes from a well-known sports medicine book that has gone through five printings. "In spite of the widespread use of NSAIDs there is no convincing evidence as to their effectiveness in the treatment of acute soft tissue injuries."

(Bruckner, P. Clinical Sports Medicine. New York City, NY: McGraw-Hill Book Company, 1995, pp. 105-109.)

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Say it clearly

This is a true statement, but definitely not strong enough.

More appropriate would be something like, -In spite of the widespread use of NSAIDs there is substantial evidence that they hamper soft tissue healing

Understanding shows itself

- NSAIDs have been shown to delay and hamper the healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage
- Anti-inflammatories can delay healing and delay it significantly, even in muscles with their tremendous blood supply.
- In one study on muscle strains, Piroxicam essentially wiped out the entire inflammatory proliferative phase of healing (days 0-4). At day two there were essentially no macrophages (cells that clean up the area) in the area and by day four after the muscle strain, there was very little muscle regeneration compared to the normal healing process. The muscle strength at this time was only about 40 percent of normal.

(Greene, J. Cost-conscious prescribing of nonsteroidal anti-inflammatory drugs for adults with arthritis. Archives of Internal Medicine. 1992; 152:1995-2002.)

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Another study confirmed the above by showing that at day 28 after injury the muscle regenerative process was still delayed. The muscles of the group treated with Flurbiprofen (NSAID) were significantly weaker. The muscle fibers were shown under the microscope to have incomplete healing because of the medication.

(Almekinders, L. An in vitro investigation into the effects of repetitive motion and nonsteroidal anti-inflammatory medication on human tendon fibroblasts. American Journal of Sports Medicine. 1995; 23:119-123.)

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Asking the right questions

- •The key question regarding the healing of sports injury is, "What exactly does any therapy do to the fibroblastic cells that actually grow the ligament and tendon tissue?"
- Treatments that stimulate fibroblast proliferation will cause ligament and tendon repair and will help the athlete heal.
- Therapies that kill or hamper fibroblastic growth will be detrimental to the athlete.

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• In 1993 at the University of North Carolina School of Medicine, Division of Orthopaedic Surgery, Sports Medicine section, Dr. Louis Almekinders and associates studied human tendon fibroblasts to determine the effect of exercise and the NSAID Indomethacin on fibroblasts. Group I was the control in which no treatment was done; Group II-the tendons were exercised and anti-inflamed with Indomethacin; and Group IVithe tendons were just anti-inflamed with the Indomethacin. All the tendons underwent injury through repetitive motion, similar to what would happen to an athlete in training. Seventy-two hours after the injury, it was noted that compared to controls the only group that showed increased levels of prostaglandins was the exercised group. The group that was exercised and received the NSAID, as well as the NSAID group, had statistically significant lower levels of prostaglandins (specifically Prostaglandin E2) in the tendons. This showed that the NSAID blocked the inflammatory healing of even the tendon injuries that were exercised or rehabilitated. The tendonitis that was treated with just the NSAID had almost no prostaglandins in the sample, signaling a complete inhibition of the inflammatory healing process. The effect was even more pronounced at 108 hours.

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Why interrupt the repair

•The researchers also measured DNA synthesis in the fibroblasts. This showed which fibroblasts were proliferating. Again, the exercised group was the only group that exhibited elevated levels of DNA synthesis in the fibroblasts. Compared to the control group there was 100 percent more growth of fibroblasts in the exercise group. The tendons treated with Indomethacin had no DNA synthesis noted.

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Counter culture

- •This showed there was no fibroblastic growth occurring. The group that exercised and took the NSAID showed a little bit of growth. The authors concluded, "Motion and prostaglandin release in Group II were associated with increased DNA synthesis. Inhibition of prostaglandin by Indomethacin also coincided with a decrease in DNA synthesis... Inhibition of prostaglandin synthesis, and thereby DNA synthesis, may not be desirable during the proliferative stage of a soft tissue injury, when DNA synthesis for cell division of fibroblasts is needed to heal the injury to the tendon."
 - The paper also stated a fact that many researchers in this field are wondering, "Despite the lack of scientific data, NSAIDs are widely used, often as the mainstay of treatment."

(Almekinders, L. An in vitro investigation into the effects of repetitive motion and nonsteroidal anti-inflammatory medication on human tendon fibroblasts. American Journal of Sports Medicine. 1995; 23:119-123.)

All making sense

· Another study was done on the use of perhaps the most popular antiinflammatory medication used in sports medicine, ibuprofen, in the treatment of tendon injuries. It was found that only thing the ibuprofen doses used in the study caused the strength of the flexor tendons to decrease. A decrease in strength of the flexor tendons of 300 percent was observed at four weeks. The peak force of the flexor tendons of controls was 12.0 newtons, whereas in the Indomethacin group it was an $\,$ average of 2.5 newtons. Extensor tendon analysis showed similar results, with controls having a breaking strength of 12.0 newtons and the tendons treated with the NSAID, 3.5 newtons. The authors noted, "Examination of the data reveals a marked decrease in the breaking strength of tendons at four and six weeks in the ibuprofen-treated animals....This difference was statistically significant.

(Kulick, M. Oral ibuprofen: evaluation of its effect on peritendinous adhesions and the breaking strength of a tenorrhaphy. The Journal of Hand Surgery. 1986; 11A:100-119.)

Principles at work

From the above studies, it is clear that NSAIDs inhibit the fibroblastic growth process and thus diminish an athlete's chance of healing. NSAIDs are used because they decrease pain, but they do so at the expense of hurting the healing of the injured soft tissue. A good example of this is a study on the use of Piroxicam (NSAID) in the treatment of acute ankle sprains in the Australian military.

Compared with the placebo group, the subjects treated with Piroxicam had less pain, were able to resume training more rapidly, were treated at lower cost, and were found to have increased exercise endurance on resumption of activity.

The conclusion of the study was that NSAIDs should form an integral part in the treatment of acute ankle sprains.

(Slatyer, M. A randomized controlled trial of Piroxicam in the management of acute ankle sprain in Australian regular army recruits. American Journal of Sports Medicine. 1997; 25:544-553.)

At first glance in reviewing this study, NSAIDs appear to be great, but the real question is did they help the ligament injury heal?

How we fool ourselves - for years

• In reviewing the study, the answer is a resounding NO! To test ligament healing the ankles were tested via the anterior drawer test. During this test the ankle was moved forward to determine the laxity in the ligaments. This study was published in 1997, and the author stated that this was the first time the clinical measurement of the anterior drawer sign had been used in a clinical trial. It meant that all the studies done prior to this one, in assessing whether anti-inflammatories helped with ankle sprains, did not test whether the ligaments healed. In this study at every date of testing after the initial injury, days three, seven, and fourteen, the Piroxicam-treated group demonstrated greater ligament instability. At the time of the initial injury the ligament instability in the Piroxicam group and the control group were exactly the same. This study showed that the NSAID stopped ligament healing, yet the person felt better. The authors noted..."This result is of concern in that it may reflect a paradoxically adverse effect of the NSAID-derived analgesia in allowing subjects to resume activity prematurely."
(Slayer, M. A randomized controlled trial of Proxicam in the management of acute ankle sprain in Australian regular army recruits. American Journal of Sports Medicine. 1997; 25:544-553.)

This is true in all tissue repair

• Do you see the difference between pain relief and healing? The athlete needs healed tissue. Up until the present, too many studies were advocating NSAID use when it came to ligament injuries, because they were such great pain-relievers, when in fact they were and are stopping the healing mechanisms of the body. Any technique or medication that stops the normal inflammatory process that helps heal the body must have a long-term detrimental effect on the body.

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Learning wisdom -

Anything can cause anything!

Anything can effect anything!

Everything relates to everything!

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Body Circuits

- Relationships between body systems and parts is mysterious and challenging to determine
- This is a brief overview to consider the complexity and initial decoding that may help free the somatic system from some of it stubborn chronicity
- Many approaches describe the inter-relatedness between the musculoskeletal system and the visceral (eg. Applied Kinesiology)

The Circuit Board

- Often the complexity of our devices these days frustrate people when things don't work, like the cell phone or computer, and yet if one has the code and understanding of the background circuits it is almost magic and such relief to see how easily things can be corrected and remedied
- The following describe basic relationships between joints and muscles and organs or glands

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General coding

- The following describe well understood relationships between viscera and the somatic system, as well as less well known but clinically obvious connections
 - Sub-occipital upper cervical discomfort upper digestive stomach
 - TMJ hepatobiliary
 - Upper thoracic "rhomboids" hepatobiliary
 - Lowback lumbosacral lower intestine
 - Sacro-Iliac adrenals
 - Sacral and tailbone urinary tract and bladder
 - Elbows and knees hepatobiliary
 - Shoulders pancreas, prostate, lungs

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General coding

- Wrists Heart
- Thenar/thumbs hepatobiliary
- Hips lower intestine
- Quadriceps small intestine
- Hamstrings large intestine
- Adductors adrenals
- Knees hepatobiliary
- Calves (Gastroc & Soleus) Adrenals
- Achilles Adrenals
- Ankles Urinary tract and Bladder

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Building the story

- · Through multiple convergent findings by global interviewing it becomes obvious that there is an underlying event expressing itself through multiple faces and describing one circuit
- So for example someone with basal headaches, right knee pain and left rhomboid aching is clearly describing one circuit with multiple presentations - hepatobiliary
- Once a target is sighted sequential upregulation and accurate interviewing will reveal the potency of strengthening the deeper circuit instead of just treating the symptoms that are somatically 'barking'
- · As well it may be necessary to strengthen a circuit multiple times over months with multiple approaches to instill strength and tonal change in the tissue

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Find a chronic somatic problem.

Test for polarity – positive of negative.

Test for level of body relatedness, then test within level for specific weakness that correlates with somatic issue.

Find nutrient device(s) to strengthen that weakness.

With nutrient device in place recheck original somatic issue for additional visceral relations and strengthen accordingly. Continue until somatic issue stays strong.

All chronic weaknesses have a persistent inherent circuitry that reinforces the musculoskeletal issue.

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SomatoLimbic Relationship

The body is a circuit board for the flow of spirit wherein each organ and system represent specific devices to translate vibrational reality into physical function.

When we say chemical imbalances impair psychologically and spiritually it is because we recognize that biochemistry and physiology are the means we have to translate eternal reality (spirit) into temporal expression and experience (body & ego).

Each disease relates to a pattern of thinking and difficulty that is as much part of the healing as the physiology. Likewise health creates a pattern of thinking and wisdom. We are the 'feng shui' experts of the physical body.

Although strictly physical in our approach we are impacting the thinking and emotional development and even the spiritual realization, just as Jesus did in the wilderness fasting for 40 days before he began his outward ministry and many eastern traditions direct as a path to enlightenment. 33

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Passionate - Liver - Anger & Frustration

Forgiving - Gallbladder - Resentment

Connection - Lungs - Grief & Separation

Peace - Heart - Troubled

Self loving - Spleen - Low Self Esteem

Abundance - Pancreas - Complaining

Unmoved - Stomach - Triggered & Reactive

Confidence - Kidneys - Fear & Regret

Flexible - Colon - Dogmatic Positioning

Containment - Uterus - Histrionic

Assertive - Prostate - Aggressive

Creativity - Gonads – Barren & Unimaginative

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Looking to the source -

Upstream circuitry takes us to sources that are far less impressive that the downstream events compelling action.

The source of the Nile River is far less impressive that the river as it winds through Egypt.

Yet introducing change in a more subtle source can meet much less resistance and be more far reaching on multiple levels than struggling with the impressive downstream imbalances.

As well upstream changes will reveal more global changes and thus show the intricacy of relationships to the practitioner.

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Nutritional Paradigm Principles

- To practice nutrition effectively the practitioner requires a paradigm that explains and supports his clinical experience
- There are many principles that comprise this new paradigm with the following representing an overview of unique principles to this approach
- Without principles one's ethics may be questioned with principles one can only be accused of being consistent and adhering to different ideas
- When we understand these principles we will see them in practice – then we should teach them
- Principles will keep you out of trouble and guide you when cases are confusing

Nutritional Paradigm Principle #1 Complete Tropho- Restorative Cycles



- Healing responses play like a movie – equilibrium, crisis, resolution, equilibrium.
- Most allopathic approaches are not only against the disease but also against the physiology – interruption
- Fever, catarrhal symptoms, inflammation, diarrhea, etc.
- Re-wounding

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Tropho-Restorative Principle

Homeostasis

Inability to maintain homeostasis—loss of health

Stages of degeneration — steps of descent

Disease diagnosis

Restored physiology
Commitment to not interrupt

End stage treatment — Symptom management and suppression

Chronic progression of disease

Initial detox / repair / fortification

Resistant dynamics—physiologic failure

Chronic management — Non-healing

Uninterrupted completed tropho-restoratives

Disillusioned, unrenewed, waiting to die

Healed, renewed, ready to help others

Eternal truth - .

 One of the biggest tragedies of human civilization is the precedence of chemical therapy over natural, of poison over food, in which we are feeding people poisons trying to correct the reactions of starvation.

Dr. Royal lee

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Nutritional Paradigm Principle #2 Trophology

ৰুThe study of that which promotes growth. It is derived from the Latin word Trophos, which means growth.

≪Royal Lee combined the words Applied Trophology to refer to the study and application of nutritional principles which promote growth in specific tissues, organs, and systems.

 ${\it \backsim} {\it The}$ new term for this is 'tropho-restorative'. All nutrients and some herbs are trophic in their nature.

◆One of the principle drivers of this is the Protomorphogen (PMG) which was first extracted and identified by Lee. The PMG is a protein-mineral complex which is primitively similar in all mammalian life forms.

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Trophology

- The discovery of the physiological mechanism of the automatic regulation of growth and repair
- Initial "histamine reaction" indicates accuracy and effectiveness of therapy
- PMG is a protein/mineral complex that can act as a decoy to the natural tissue antibodies, thus reducing the catabolic load of a tissue
- Use of PMG is clinically observed within two weeks of onset of therapy

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<u>Tro</u>

- PMG's have been nicknamed "nuclear vitamins" because they activate and support the nuclear DNA/RNA repair synthesis mechanisms
- Tissue response requires vitamin/mineral supply as well as PMG to repair target tissue
- Always start with PMG and general nutrition before employing herbal stimulants/depressants or hormone precursors or HRT

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NIXXXXXXX, M.D. NIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Dear Dr. XXXXXXXXXXXX		
This is in reply to your post	card of December 7 on	Cardiotrophin.
Chemically this product is the heart tissue with sodium child mately 3% sodium childride. The cific antigenic factors of be- phonocardiograph or electrocau- cated. In fact, most heart put within 10 or 15 minutes after by sublingual absorption, oth- dosage of mutritional protein	ride uped as a preservi- he purpose of it is to of heart and its effect rdiograph recordings what tients show an improv- a tablet or two have to erwise it would represe from beef heart.	ntive approxi- provide the spe- can be shown by ere it is indi- d heart function seen administered ent only a 3-grain
The patient who responds is as of the antigenic proteins that wise inhibit the heart function develop after some lesion of a proteins into the blood atreas antibodies is well established	t combine with antibodi on. These antibodies a the heart that permits	es that other- irt assumed to

Royal	Lee,	President	

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July 24, 2014

Protomorphagen

- Royal Lee suggested in his book Protomorphology that the protomorphagen (PMG) was not an isolated factor found external to the body, but rather was any substance that promoted a trophorestorative action
- This it is possible to have intrinsic PMG events be activated in and around the cell
- Elutagen was a term he used to name any substance that would activate the PMG (innate healing response)

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Protomorphagen / Elutagen

PMG	EMG
Intrinsic factors that promote repair	Intrinsic factors that activate PMG
Extrinsic factors that promote repair	Extrinsic factors that activate the PMG
Animal glandular extracts	Minerals, phospholipids
Hormones & Prohormones	HRT & endocrine modulation
Inflammatory cytokines	Detoxification & antioxidant sparing Progesterone for detox
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Protomorphagen / Elutagen

PMG	EMG
Animal source PMG's	Super Eff, Circuplex, e Poise
Animal source cytosol extracts – Hypothalmex, Thymex, (Drenex)	Immuplex, Congaplex, Thymex, Allerplex, Cataplex AC, Zymex, Gut Flora Cx, Zymex II, Multizyme, Wormwood, Livaplex
Hgh, Precursors	SP Purification Program21 days, Detoxification
Protein, Amino Acids, EFAs	Omega 3 fatty acids – Tuna, Linum/B6
	Antioxidants - Vitanox Circulation increase – Gingko, Bilberry, Cyruta Plus, Collinsonia Root

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Nutritional Paradigm Principle #3 Post Biological Development

- The completion of normal biological cycles that have been interrupted at a time later than is naturally intended
- Cycles are interrupted by insulted endocrine, neurological and nutritional processes
- Insults can be physical and metaphysical
- Idea first introduced by Joseph Chilton Pierce



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 The complicated mechanism of the body must be taken into consideration, and the ways it takes to reach its goals are not always the straight paths envisioned in our calculations.

Max Rubner

The Laws of Energy Conservation in Nutrition, 1902

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Nutritional Paradigm Principle #4 <u>Adaptogenic</u> -

- Unique to nutrients and some herbs
- The ability to bring to center, to promote homeostasis - if it's hypo it will encourage and increase, if it's hyper it will reduce it
- All nutrients generally are adaptogenic

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Nutritional Paradigm Principle #5 Whole Food Concentrates -



- Unique combinations of nutrients occur consistently by genetic design to which we have evolved genetically to use
- Function collectively better than individually (eg. B6, B12 and Folic Acid together lower blood homocysteine significantly even though each one has a limited effect
- Greater nutrient density a leaf of spinach contains over 10,000 different chemical components
- MediHerb believes in herbal complexes with whole spectrographic integrity

Natural vs. Synthetic

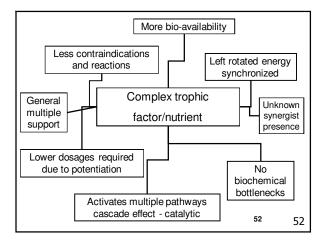
- More potent nutrient with left rotated body of light intact
- Factors known and as yet unknown present
- Less biochemical bottlenecks running out of pathway supply
- Cascade multiple system support - shotgun results
- Synergists increase potency thus reducing dosages
- Simultaneous multiple general
- Less contraindications and reactions
- More bio-availability

- Right rotated foreign to living systems – lacking body of light
- Missing synergistic factors as yet undiscovered
- Creates biochemical bottlenecks by using up cofactors upstream
- Single event results work at first then stop
- No synergistic support leading to less potency and higher dosages
- Isolated specific results
- Better to do research with limited variables
- More potential for reactions

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Less available omore foreign 50

Isolated chemical/nutrient Narrow precise physiological pathway Single physiological outcome



Our task -

The suppression of inconvenient evidence is an old trick in our profession... but ignoring difficulties is a poor way of solving them.

Raymond Greene In a letter to Lancet, 1953

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Nutritional Paradigm Principle #6 Wound Intelligence -



- The inherent tendency of wounds is repeat the trauma and repair
- Physical, emotional and spiritual wounds will try to repeat in a new way original experiences
- The healing process will eventually encourage these deep processes to surface – re-wounding₄

Eternal truth -

 It is incredible that in twentieth century America a conscientious physician should have his hard-won prófessional reputation placed on the line for daring to suggest that an obesity victim might achieve some relief by cutting out sugars and starches.

Robert Atkins Testifying before Congress, April 12, 1973

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Nutritional Principle #7 Instant results -

- One of the best ways to enroll people in long term corrective care is through short term palliative
- No patient comes to our office already believing in tropho-restorative care
- Short term results open the way to chronic care

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<u>The red carpet approach</u>

- Try supporting normal physiology first and then drugs/intervention as needed
- Fever Sesame Seed Oil Perles (6-15)
- <u>Vertigo</u> Thymex (10-20), Echinacea Premium (6-12)
- Nausea/Diarrhea Cataplex AC (12-18), Lact Enz (6-10)
- <u>Kidney/Bladder</u> Arginex (6-12), Albaplex (6-12), Cranberry Complex (4-8)
- Sinus headache Thymex (10-20), Antronex (9-15)

- <u>Sore throat</u> Congaplex (15-25), Echinacea Premium (6-12), SSO (6-12)
- Low back/hip pain(recurrent non-traumatic origin) Zymex (9-12), Lact Enz (6-10)
- Mastitis Albaplex (6-12)
- <u>Infant fever</u> slice of tofu over sacrum
- <u>Hemorrhoids</u> AF Betafoo (12-18), Choline (6-9), Collinsonia (6-9) 57

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Nutritional Principle #8 The Use of Rationale

The therapeutic use of rationale refers to the use of conscious concepts to amplify the clinical effectiveness of treatment measures

For example

The Nutritional Process of Healing includes 3 steps:

1 - Detoxification/ Cleansing/ Purification

2 – Fortification/ Repair/ Strengthening/ Trophic

3 - Balancing/ Harmonization/ Symphony

«Each product dispensed with rationale for why and how they work and how long it will be required

- ≪No "doctor's orders"
- ≪Establish rationale as what the patient expects from your office
- ≪Rationale is where CAM leaves traditional medicine behind
- «Rationale causes your patients to educate on your behalf."

Nutritional Paradigm Principle #9 Completing Processes

- ≪ Take products until they test weak, or if you don't muscle
 test at least 1 to 3 months
- Do not reduce dosage when the symptoms resolve, but continue straight on through the silent reparative processes to accomplish tissue strengthening
- Over time when weaknesses and symptoms return chronically it is due to two reasons:

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Nutritional Paradigm Principle #10 Detoxification -

- Every cell in the body has detoxification processes at the membrane entry levels and within the cell – as well certain systems/organs in the body are devoted to the larger global detoxification required to prevent toxicity and biochemical strangling
- Selenium and glutathione have received a lot of attention as essential roles in the detox process, and they are certainly embedded in a complex cascade of eventual increments designed to move foreign substances out of the body in a safe way
- Whole food concepts do not fractionate to the glutathione and selenium levels of focus, but they do include this level of function by supporting the global pathways that cause glutathione up-regulation and selenium repletion
- SP Greenfood is a remarkable product promoting glutathione production 3/day maintenance provides great sulfur donors and detox pathway support, and greater dosages (10/day) can be employed to strongly support detox during stressful periods
- Cataplex E as a selenium contribution can help address cold extremities and supply selenium for the heavy metal issues (T4 to T3 conversion)
- Every disease will respond to these efforts, and requires such

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Nutritional Paradigm Principle #11 Bio-Accumulation -

- It seems mysterious why some become toxic and others don't when many have similar toxic exposure
- Bio-accumulation is for 2 reasons: 1) Inability to excrete toxin, 2) Biochemical/electro-magnetic resonance with toxin
- Limit to excretion due to biochemical pathway bottleneck or genetic limitation to direct pathway – employ whole food concentrates to replete and fortify the genetic insufficiency
- Resonance is addressed with strengthening the individual toward making evolutions toward wholeness and taking spiritual steps

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Nutritional Paradigm Principle #12 Sequential Immune Up-Regulation -

- Immune bolstering sequentially in different directions leading ultimately to global reduction of body's immune burdens
- Each aspect of immune activity nurtured and encouraged will result in initial strengthening, increase in energy, subsequent cleansing, tissue fortification, and usually emotional/spiritual enhancement
- Start with pervasive immune up-regulation with bone marrow support of hemopoeisis using Sesame Seed Oil Perles (6) and Echinacea Premium (2) for 2 months
- More precise immune targeting can be achieved in any order sequentially as follows: Thymex (10) for 2 months, Congaplex (12) for 1 month, Allerplex (12) for 1 month, Immuplex (6) for 1 month, Zymex (6) for 1 month, Zymex II for 2 months adding Multizyme (4) after the first month, Wormwood (4) for 2 months

Nutritional Paradigm Principle #13 Therapeutic Dosage -

- Essential Concept of the professional nutritionist squirt gun to put out fire is not enough of the right idea
- Larger dosages up-regulate the nutrient to a nutraceutical device which in turn creates therapeutic results and healing inertia
- Using larger dosages usually creates immediate physiological results and thus confirm he doctor's accuracy
- Determine therapeutic dose with cookbook formulae or bio-acceptability resonance muscle testing

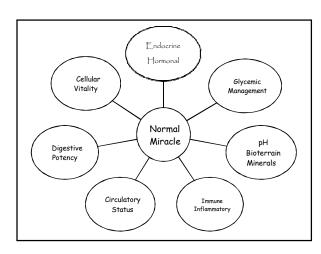
Seven Pillars Unified Mechanisms of Health

Promoting Physiology

7 Pillars of Healing 7 Unified Mechanisms of Health

- ≪Endocrine/Hormonal ≪Glycemic Management
- ≪pH Bioterrain
- ≪Immuno-Inflammatory
- ≪Circulatory Status
- ≪Cellular Vitality





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

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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

