Mentoring the Mentor

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 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 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
Mentor Considerations

Basic Digestion concepts as a primary health issue

Practice architecture considerations

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
Tradition & Science

- The wholistic model includes both whole foods and whole herbs – which is exactly why SP and MediHerb fit together so well inside the modern day clinical setting
- Whole Foods – Fuel
- Whole Herbs – Activation
- The SAD is missing both and the food substrates and soils are depleted resulting in pandemic deficiencies
- Science is using folk medicine and remedies to find its way back to proving and understanding health

How we developed

- Indeed when you consider that all life evolved by including lower forms of life and integrating them into higher forms it becomes apparent why we are so programmed to understand and respond to whole food and whole herbs
Digestion and Dysbiosis

The Five Tastes

Bitter Taste Receptors

- Bitter taste receptors: TAS2R
- TAS2Rs are distinct from taste receptor cells mediating responses to other taste qualities
- Cells with TAS2R are wired to elicit aversive behaviour

The Upper GIT is a Tasting Organ!


Bitter Herbs - Bitter Receptors

- Amarogentin from Gentian: TAS2R1, 4, 39, 43, 46, 47 and 50
- Absinthin from Wormwood: TAS2R10, 14, 46 and 47
- Hop bitter acids (humulones): TAS2R1, 14 and 40
- Parthenolide from Feverfew: TAS2R1, 3, 8, 10, 14, 44 and 46
- Bitter isothiocyanates from Brassicas: TAS2R38

Bitters Help Regulate Metabolic Function

- Alcohol dependency
- Adiposity (TAS2R38)
- Eating behaviour disinhibition
- Body-mass index
- Colon cancer risk
- Altered glucose and insulin homeostasis (TAS2R9)
- Insulin resistance

References from previous slide

2. Tepper BJ et al. Obesity (Silver Spring) 2008; 16(10): 2289-2295

MediHerb and SP Bitters

- Digest, 3 to 4 tablets per day
- Wormwood Complex, 3 to 4 tablets per day
- Golden Seal, 2 to 3 tablets per day
- Livton, 3 to 4 tablets per day
- Cruciferous Complete, 3 to 6 capsules per day
- SP Green Food, 3 to 6 capsules per day
## MediHerb Liquid Bitters

- Digest Phytosynergist liquid, 5 mL 3 times daily
- Wormwood 1:5
- Golden Seal 1:3
- Globe Artichoke 1:2
- Dandelion Root 1:2

## DiGest

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dandelion root 4:1 extract from <em>Taraxacum officinale</em> root</td>
<td>125 mg</td>
</tr>
<tr>
<td>Chen Pi fruit peel 5:1 extract from <em>Citrus reticulata</em> fruit peel</td>
<td>100 mg</td>
</tr>
<tr>
<td>Milk Thistle fruit 70:1 extract from <em>Silybum marianum</em> fruit</td>
<td>30 mg</td>
</tr>
<tr>
<td>Containing flavanolignans calc. as silybin</td>
<td>24 mg</td>
</tr>
</tbody>
</table>

Dose: 1 tablet 15 to 30 minutes before each meal.
Digest: Indications

- Sluggish digestion
- Poor appetite
- Dyspepsia
- Flatulence
- Constipation
- Inflammation of the digestive tract
- Cholecystitis, gallstones
- To improve tone of the digestive tract

“Failing the Acid Test”

- Alarming concerns over the long-term safety and appropriate use of the most common PPIs

“The benefits do not justify the risks for many users1”

1 Katz MH. Failing the acid test: benefits of proton pump inhibitors may not justify the risks for many users. Arch Intern Med 2010; 170(9): 747-748

The Gastric Acid Barrier

- A 2012 Meta-Analysis examined the relationship between proton-pump inhibitors and Clostridium difficile infection in elderly patients1
- Risk is increased (1.74 times) by concomitant use of antibiotics
- 42 studies and 313,000 participants

Incretins

- Incretins are gut derived hormones that stimulate insulin secretion from β cells after eating
- Regulate glucose homoeostasis, gut motility, appetite and adiposity

Diakogiannaki E, Gribble FM, Reimann F. Nutrient detection by incretin hormone secreting cells. Physiol Behav 2012; 106(3): 387–393

GIP
- Glucose-dependent insulino tropic polypeptide

GLP-1
- Glucagon-like peptide-1

Incretins

- GIP is secreted from enteroendocrine K cells mostly located in the duodenum and upper jejunum
- GLP-1 is secreted from enteroendocrine L cells found along the length of the intestinal tract, from duodenum to colon

1 Diakogiannaki E, Gribble FM, Reimann F. Nutrient detection by incretin hormone secreting cells. Physiol Behav 2012; 106(3): 387–393
Incretins

- Effect of GIP and GLP-1 combined, accounts for up to 60% of the insulin secreted after a meal in healthy humans
- Play a crucial role in postprandial glucose homoeostasis
- Patients with long-standing T2DM and poor glycemic control have deficient GLP-1 secretion

Chia CW, and Egan JM. Role and development of GLP-1 receptor agonists in the management of diabetes. Diabetes Metab Syndr Obes 2009; 2: 37

GLP-1

- Increases insulin secretion from beta cells
- Suppresses glucagon secretion from alpha cells in the presence of hyperglycaemia but not hypoglycaemia
- Delays gastric emptying and gut motility which in turns delays absorption of ingested nutrients and dampens postprandial glucose uptake
- Increases the duration of postprandial satiety therefore suppressing appetite and decreasing food intake which eventually leads to weight loss

Chia CW, and Egan JM. Role and development of GLP-1 receptor agonists in the management of diabetes. Diabetes Metab Syndr Obes 2009; 2: 37

GLP-1 demonstrates significant trophic effects (in-vivo)

- Increases islet size
- Regulates islet growth
- Enhances β cell proliferation
- Inhibits β cell apoptosis

Chia CW, and Egan JM. Role and development of GLP-1 receptor agonists in the management of diabetes. Diabetes Metab Syndr Obes 2009; 2: 37
Metabolic Disease and Dysbiosis

L cell viability and GLP-1 production is negatively affected by dysbiosis

Reference for Previous Slide

Akkermansia muciniphila
- A. muciniphila is a mucin degrading bacteria
- The dominant bacterium that resides in the mucus layer of the gut (3 to 5% of the gut microbiota)
- Abundance inversely correlates with body weight and T2D
- Prebiotics (inulin) increase A. muciniphila by ~100 fold
- Higher L cell activity and increased antimicrobial peptides


Prebiotics
“Non-digestible food ingredients that confer health benefits to the host by selective stimulation of growth and/or activity of beneficial bacteria in the gut microbiota”
Prebiotics

- Non-digestible carbohydrates
  - glucans, galactans, resistant starch, pectins, hemicellulose, arabinoxylans
- Inulin-type fructans
- Galacto-oligosaccharides

Non conventional prebiotics

- Plant phenolic compounds from herbs, fruit, vegetables, chocolate, nuts, green tea, coffee, red wine, peanuts

Dysbiosis Protocol

<table>
<thead>
<tr>
<th>Pre-Biotic Inulin</th>
<th>Gut Flora Complex</th>
<th>Vitanox</th>
<th>ProSynbiotic</th>
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<tr>
<td>• ½ to 1 teaspoon twice per day or WholeFood Fibre or Gastro Fibre</td>
<td>• 1 capsule BID all week or • 3 capsules BID Sat and Sun only</td>
<td>• 2-3 tablets per day, if required</td>
<td>• 3 capsules per day, if required</td>
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Gut Flora Complex

- Anise (*Pimpinella anisum*) fruit ess. oil 125 mg
- Oregano (*Origanum vulgare*) leaf ess. oil 75 mg
- Andrographis herb 10:1 extract from *Andrographis paniculata* herb 1.0 g containing andrographolide 10 mg
- Phellodendron stem bark 20:1 extract from *Phellodendron amurense* stem bark 1.6 g containing berberine 36 mg

Suggested Dosage: 2-6 capsules per day
Phellodendron and Berberine

- The Chinese herb *Phellodendron amurense* is a rich source of berberine.
- Berberine has a broad antimicrobial activity against bacteria, fungi and protozoa at concentrations of 10 to 25 mcg/mL (or mg/L).
- Berberine exhibits poor absorption from the gut. Hence the majority of any administered dose will remain in the gut, having an effect on these organisms.

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Berberine’s Activity is Selective

IC$_{50}$ values of berberine $^1$

- 75 mcg/mL for *Bacillus shigae*
- 101 mcg/mL for *E. coli*
- 806 mcg/mL for *Bifidobacterium adolescentis*$^1$

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**Dysbiosis Protocol**

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**Practice Architecture**

- 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.

Formula for change:

- Always create formula for patient each time to understand why the gained weight and why they lost weight.
- No criticism or sharing or pressure – just pure formula showing itself to the practitioner and patient.

Leaning In: Listening

- Active listening dispels judgment and shame.
- The ingredients of active listening are:
  - Relatedness
  - Compassion
  - Hope
  - Open probe questions
  - Demonstrated understanding
- Many patients will tear up when this occurs because they have literally never had anyone listen to them before in this way.
- It is like listening to a young child tell of their experience – and of course the young child is always present in all of us.
- Eventually the practitioner will discover and adopt a unique and specific posture and approach to active listening and this will become architecturally part of every consultation.
Accountability:

- The number one factor that permits the practitioner to initiate nutrition therapy with the patient is creating accountability to clinical response and outcome.
- One of two responses, however worded, are:
  - I’m not satisfied with these results
  - I’m pleased with these results
- Every visit after the first must have either one or both of these statements made.

Learning wisdom -

Anything can cause anything!

Anything can effect anything!

Everything relates to everything!

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
- See the concept of micro circulation dynamics as a unified mechanism of disease and a source to health
- 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