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 Mentors

Slide 4

- Each participant attends monthly teleconferences (1 hour in duration; 4th Thursday of month) creating a round table discussion/exploration of the dynamics and details of a nutrition-based wholistic practice.
- Each participant chooses a colleague in his/her world to convey the notes and information — no information squandering.
- Issues/problems/questions are considered a learning process for everyone, although individual’s remain anonymous.
- All questions, comments, case studies to be directed through email to SP rep who will compile and include in next teleconference (must be submitted 10 days prior).

Slide 5

Overtaken with meaning -

It is your Work in life that is the ultimate seduction.

Pablo Picasso

Slide 6

The Shift is Happening -

- Kilmer McCully recently wrote: “There is an urgency to this matter. There are 500,000 people dying yearly from heart disease, and millions more suffering” – the daily consumption of a well-balanced multivitamin and mineral supplement now makes sense from a number of lines of research.
- This time is characterized by a imminent paradigm shift, with everyone having a foot somewhat in both paradigms.
- Diagnosis resulting in a name and codification of imbalance is not denied, but also is not the end of a diagnostic road, rather the first step to exploring why it has happened.
- Inquiry rests on two questions of need: Does this person have an unmet individual need? Does the person need to rid of something toxic, allergic, or infectious?”
Slide 7

Old paradigm vs. New

Old Paradigm:
- The fundamental subject of medical concern is disease
- The inquiry as to health rests first on the naming of the patient’s disease
- Treatment is prescribed for the disease
- Based on Normal vs. Abnormal with no definition of normal

New Paradigm:
- How is the person approaching normal radiant health?
- What are the unique needs and burdens on this person’s life?
- What are the progressive patterns in the individual and family?
- How can the lifestyle and environment be transformed to optimize genetic potential?

Slide 8

Genotype to Phenotype

- Investigators from Karolinska Institute, Sweden reported in 2002 on 44,788 pairs of twins – study showed identical twins do not experience cancer at the same rate – the study reported that inherited genetic factors made a minor contribution to susceptibility to most types of cancer, indicating that the environment is the principal factor in causing sporadic cancer.

- Roger Williams in 1950 wrote a paper “The Concept of Genotrophic Disease” (Lancet) advancing the concept that a number of diseases whose origins were not understood at that time could be associated not with malnutrition, but with under-nutrition based on the individual's unique genetic needs. He postulated that heart disease, cancer, diabetes, arthritis, obesity, and alcoholism could be considered genotrophic, meaning that under-nutrition would result in suboptimal metabolisms with a susceptibility to develop diseases.

- He predicted that understanding the individual's genetic needs could lead to a transition in medicine from a meta-science largely empirical to a predictive science based on unified mechanisms of disease.

- His conclusion is “nutritional interventions to improve health are likely to be a major benefit in the genomics era.”

- Genetic uniqueness may cause some individuals to require 100 times more of a particular vitamin, mineral, or accessory nutrient than another individual in good health.

- Now we’re talking! What’s the RDA, again, and why is it relevant?

Slide 9

Dietary Reference Intake (DRI)

- Ames et al. in 2002 in landmark paper reported “as many as one third of mutations in a gene result in the corresponding enzyme having an increased Michaelis constant, or K_m (decreased binding affinity), for a coenzyme resulting an slower rate of reaction” – this means some people carry unique polymorphisms that are critical in determining the outcome of their health and administration of higher than DRI vitamins and minerals and cofactors to these unique polymorphic genes can restore activity to near-normal or even normal levels.

- The conclusion is “nutritional interventions to improve health are likely to be a major benefit in the genomics era.”

- Genetic uniqueness may cause some individuals to require 100 times more of a particular vitamin, mineral, or accessory nutrient than another individual in good health.

- Now we’re talking! What’s the RDA, again, and why is it relevant?
Slide 10

**Boldness has Genius in it**

- Can you determine clinical response in your approach, or is it just the high points and gross symptoms that catch all the attention?
- Can you document the progress to enroll people in their own possibility of realized potential?
- 21st century doctors will need to understand how to assess patient’s genotypes, how to personalize treatment for their individual needs, configure interventions to improve lifestyle and environment to minimize age-related chronic progression.

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Slide 11

**Establishing the scope**

- Patient initially has no awareness of the scope of nutritional purpose or potency, even the doctor is not fully aware.
- Primary way to convey scope of practice is through the interview process, pausing upon each abnormality to explain the capacity for functional measures to correct this.
- Average patient has never heard of functional approaches—they come to complementary practitioner to continue the symptom-based therapies, natural thought they may be.
- This declaration begins the first visit.

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Slide 12

**Establishing the scope**

- Reality check – can we determine the physiologic impact of certain lifestyles? “Flat tire, so puncture the other three.”
- Our job is to create learning from the positive and negative experiences we choose.
- Learning must be facilitated and completed, helping people live their lives without repeating lessons a second time because they were forgotten or never learned the first time.
- If you feed a man a fish you feed him for a day, if you teach him to fish you feed him for life, and if you teach him to fish he will probably allow you to teach him other things.
- This permanent role of teacher and coach in a person’s life is the new paradigm position we are seeking as practitioners.
- 4 Stage process: Tell them what you are going to teach, teach, check for comprehension, celebrate the teaching.
Slide 13

The times we are in -
It was the best of times.
It was the worst of times.

Charles Dickens

Slide 14

7 Pillars of Healing
The possibility of human physiological genius

1. Genetic physiological genius
2. Genetic physiological genius
3. Genetic physiological genius
4. Genetic physiological genius
5. Genetic physiological genius
6. Genetic physiological genius
7. Genetic physiological genius

Slide 15

Complete Tropho-Restorative Cycles

1. Circulatory Status
2. Endocrine/Hormonal
3. Glycemic Management
4. Immune Status
5. Immune Burden
6. Inflammatory Status
7. pH Bioterrain
Slide 16

7 Pillars of Healing

- Endocrine/Hormonal - Disruption & Depression
- Glycemic Management - Insulin/Cortisol Dysregulation
- pH Bioterrain - Net Acid Excess
- Inflammatory Status - Cumulative Repair Deficit
- Immune burden - Toxins, Infections, & Infestations
- Circulatory Status - Arterial, Venous & Lymphatic Competence
- Complete Tropho-Regenerative Cycles - Uninterrupted Processes of Repair, Fortification & Synchrony

Slide 17

Common questions about pillars

There is no order to the pillars – accomplish them by discretion and by aligning with the primary concern that has brought the person into your office.

The goal of therapy is to accomplish gradual modification of their general and specific health while being able to document that change and then systematically move into the next evolution of their transformation to complete health.

Eventually, no one should be considered “healthy” until all the pillars have come degree been cared for.

No pillar ever completely gets done – all pillars need support and renovation over time.

Slide 18

Common questions about pillars

Endocrine Pillar #1

- Start with Symplex F/M, Hypothalmex, BC50

After 3 months general support begins supporting individual glandular levels for adrenals (Drenamin, Drenatrophin, Protefood); thyroid (Thytrophin, Thyroid Complex); kidneys (Renaline); pancreas (Phase II diet, SP Purification program, Paraplex, Cataplex GTF, Prostate); liver (Cysto-Q-10) and gonads (Ovex, Ovatrophin, Utrophin, Orchic, Prostx)

Consider objective assessment – blood, saliva testing

Explores lifestyle modification (sleep patterns, stress management)
Common questions about pillars

**Glycemic Management Pillar #2**
- Start with Phase I diet and lifestyle (consider Phase I with health crisis events)
- After 2-3 months consider removing the stimulants and primary food allergens that act as anabolic stimulants — continue to achieve balanced body weight
- Begin supplementation to assist in glycemic control
- Consider objective assessment — blood, saliva testing
- Explore lifestyle modification (sleep patterns, stress management)

**Ph Bioterrain Pillar #3**
- Start with calcium repletion and general mineral support to neutralize acidosis from internal metabolic activity and environmental contamination (Calcium Lactate, Calsol, Calamo)
- After 3 months general support begin assessing individual mineral status (calcium cuff test, iodine patch test, basal thyroid temperature test)
- Support subtle mineral backgrounds like Trace Minerals
- Consider objective assessment — blood, saliva testing
- Explore lifestyle modification (food and environmental exposure resulting in acidifying tendencies)

**Immune Burden Pillar #4**
- Start with sequential immune up-regulation until all the primary immune products have been employed: Thymex, SSO, Echinacea Premium, Congaplex
- After general support begin supporting individual cavitated infection burdens like teeth, chronic sinus using more specialized tools (Cyruta Plus, Prolamine Iodine, Astragalus Complex, Cat's Claw Complex, Burdock Complex, Golden Seal)
- Consider objective assessment — blood, urine, stool
- Explore lifestyle modification (sleep patterns, stress management)
- Consider vital force influences (scars, accessories)
Slide 22

**Inflammatory Status Pillar**

- Start with elimination of food allergens to down-regulate the inflammatory engines.
- After 3 months if inflammation persists in the form of rashes/skin problems and skeletal discomfort, histamine symptoms consider anti-inflammatory supplementation (Cortisporin, Cataplex, Cyruta Plus, Cyndrical, Albizia Complex, Silymarin, Euphrasia, Salvia). Consider objective assessment – blood, saliva testing (CRP, Secretory Iga).
- Explore lifestyle modification (exercise patterns, athletic gear, rest).

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**Circulatory Status Pillar**

- Start with Garlic, Cayenne, Hawthorne, Horse Chestnut for 3-6 months.
- After general support begin individual endeavors like coronary arteries, cerebral vasculature, varicose veins/circulation (Collinsonia Root, Cyruta Plus, Circuplex), and lymphatic cleansing with Spanish Black Radish (Congaplex, Spleen PMG).
- Consider objective assessment – blood, saliva testing, stress testing, body scans.
- Explore lifestyle modification (exercise patterns, stress management).

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**Complete Tropho-Restorative Pillar**

- Always supplement any program at least three times as long as symptoms are present.
- If healing symptoms create too much suffering, do not discontinue, simply reduce dosage to one per day and incrementally build up.
- Most processes will eventually yield a symptomatic detox, indicating the threshold effort was accomplished.
- Consider objective assessment – functional assays to assess system vitality and age.
- Educate about the healing process – to learn on simple processes means we are ready for the really grand challenges of our lifetime.
Slide 25

Our only fulfillment -

God ... will not forget your work and the love you have shown Him as you have helped His People and continue to help them.

Hebrews 6:9-10

Slide 26

Ingredients of success

- Products
- Process
- Protocols
- Preventions

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Steps to success

1st – Undergo personal healing initiative
2nd – Share it with any who are interested
3rd – Generalize the aspect of Truth that has been revealed to you on your path
4th – Globalize the principals to include everyone, when a person is unable to be included consider changing the principals
5th – Teach anyone who will possibly listen, as long as you are enthused about it

When you finally awaken to what it takes to be fulfilled you want to get started as soon as possible.
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Doing the most good ...

Slide 29

A Clinical Study – Slow but sure!

- Tommy (48 years old) preacher
- Extensive case history
- Calcium cuff test: 85 mm
- Blood pressure: 160/105 (82) standing, 135/115 (60)
- Muscle testing exam
- Baseline: Endocrine Pillar – Symplex M (3-3), Hypothalmex (1-1), BCSO (1-1), Essential Fatty Acid blend; Bio-terrain
- Baseline: Calcium Lactate (3 bedtime), Immune Pillar – Sesame Seed Oil (3-3), Zymex II (3-3), Thymex (4-4)
- Baseline: Drenamin (3-3), Phase II Diet
- Returned in one month, reporting no more TMJ grinding, tongue coating gone, sublingual dark veins gone, hoarseness gone, loss of taste improved, less gum bleeding, hemorrhoidal bleeding gone, difficulty falling asleep gone, restless sleeping reduced, energy improved, quit Crestor (statin)
- Returned one month later, less floaters, no bleeding gums, less tinnitus, less nocturnal urination, less worry, nervousness, anxiety, crying
- Returned next month, reported less left ear lobe crease, palpitations gone, hair loss gone, less slow start in the morning, hair re-growth, quit CHO & sodas
- Patient’s question at the end of third month: “Do you really think it is possible for me to lose weight and get well? I feel good, but is it too good to be true?”
- The ability to document changes and show improvement is what will stabilize this person to achieve the long term results

Slide 30

A Clinical Study – Acne gone!

- Austin (17 years old) had severe disfiguring facial acne for many years
- Refused to come to see me for at least four years while he tried every drug in the world and Accutane twice
- Finally agreed to try supplements
- Baseline: Endocrine Pillar – Symplex M (3), Essential Fatty Acid blend; Bio-terrain
- Baseline: Chlorophyll (1-1) and Gastrofiber (3 bedtime), Wormwood (1-1) to promote gut lining proliferation
- Returned one month later less acne, added Multizyme (2-2) to formula
- Returned next month, reported less acne, complained looking pinker:
- Patient’s question at the end of third month: “Why do you think I resisted doing this for so many years when it would have worked so well sooner?”
- The cause of suffering cannot be understood from the level of the rational mind – something was learned by looking so bad on the face for so long and feeling powerless over it by having no drugs work, and something was learned deep down that it is no longer necessary to be afflicted to learn
- This person is ready for future challenges instead of being drug-oriented
Slide 31

Change is upon us

Most men would rather die, than think. Many do.

Bertrand Russell

Slide 32

Action steps for tomorrow

1. Establish a clear commitment to moving into the new paradigm while respected that part of you is still in the old – begin to tell people of the changes that are taking place.
2. Prepare to help people with seven pillars of health support and awareness – see all people as various stages of depletion and stop saying you’re healthy or sick, (old paradigm ideas that confuse our thinking)
3. Increase the use of interview and symptom surveys – technology as a way to monitor the progress through the nutritional program – commit to complete symptom free states as a starting place to define health. Use symptoms as conversations to discuss the scope of practice and the achievements your intend.
4. Employ the 7 pillars to enhance basic physiology and innately embedded in each person.

Slide 33

Give generously
As you have received