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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

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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 month) creating a round table discussion/exploration of the dynamics and details of a nutrition-based holistic 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 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)

Easy vs. hard -
In the beginning disease is difficult to recognize but easy to cure. In the end, disease is easy to recognize, but difficult to cure.
Anton Mesmer, 1777

7 Pillars of Healing
- Genetic physiological genius
Dr. Stuart White  
Mentoring the Mentors  
July 27, 2006

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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 - Toxicity, Infection & Infestation
- Circulatory Status - Arterial, Venous & Lymphatic Competence
- Complete Tropho-Restorative Cycles - Uninterrupted Processes of Repair, Fortification & Synchrony

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Alignment

We must alter our lives in order to alter our hearts, for it is impossible to live one way and pray another

William Law

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The Endocrine Pillar

- Most powerful system to activate the rest of body
- 7 glandular levels
- PMG's first, liver support to detox conjugated hormones
- Second, lifestyle modification
- Third, herbs
- Fourth, HRT last

Tests & Analysis:
- Kinesiological
- Saliva tests – ASI, MHP, FHP, STP
- Endocrine Calculator
- Barnes Thyroid Test
- Ragland’s Adrenal Test, Sargeant’s White Line Test, Iris Contraction Test

Products of Choice:
- General – Symplex M/F, Black Currant Seed Oil, Cruciferous Complete (2), Livaplex (6)
- Hypothalamus – Hypothalmex (2), Hypothalmus PMG (2)
- Pituitary – Pituitrophin (3), Trace Minerals (6), E-Manganese (4)
- Thyroid – Thytrophin (4), Prolamine Iodine (2), Iodomere (2), Thyroid Complex (4), Motherwort, Bugleweed
- Thymus – Immuplex (6), Thymus PMG (6)
- Adrenal – Drenamin (6), Drenatrophin (4), Desiccated Adrenal (2), Withania Complex (2), Eleuthero (2), Rehmannia Complex (4), Licorice
- Pancreas – Pancreatrophin (4), Cataplex GTF (6), Paraplex (6), Diaplex (4), Gymnema (4)
- Gonads – Orchic PMG (4), Ovatrophin PMG (4), Ovex (4), Evening Primrose Oil (4), Chaste Tree (4), Tribulus (2), Wild Yam Complex (4)

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Primary Physiology – Endocrine

- Amino Acid based:
  - Symplex F, Hypothalmex
  - Black Currant Seed

- Steroid endocrine:
  - Cortisol, DHEA, Estrogen, Progesterone, Testosterone

- Fat based:
  - Autocrine – Eicosanoids, Prostaglandins

Hormones and neurotransmitters are the first control system for homeostasis response – lifestyle and dietary stress can cause system-wide breakdown in the hormonal balance.

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Endocrine physiology – Female

- 3 types of natural estrogen: estrone E1 (strongest), Estradiol E2, estriol E3 (weakest)
- Estriol E3 (cannot be patented) is high in women without cancer and pregnancy – it breaks down quickly and hence does not build-up – plant derived E1 and is highest in women without breast cancer and pregnancy
- Perimenopause (age 35-50) declines ratio of estrogen to testosterone and melatonin until after menopause hormonal makeup is like a man
- Symplex F, BCSO, WGO, E, ovatrophin, ovex, drenamin, thytrophin, utrophin, EPO, WYC, Tribulus prevent the decline
- Estrogen dominance is obvious in symptoms and ‘peach fuzz’ – can be reduced with calcium d-glucarate, Cruciferous Complete (DIM) and/or garlic.

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Endocrine physiology - Male

- Testosterone is a prohormone creating dihydrotestosterone and estrogen.
- Most attributes associated with testosterone are cortisol effects (violence, dominance).
- Midlife crisis is due to a hormonal shift in the type of testosterone - multiple effects in a second puberty.
- Libido starts in the brain with neurotransmitters igniting neurotestosterone receptors starting a hormonal cascade activating testosteron sites in nerves, blood vessels, muscles.
- Estimates are that 13% of America is sterile and 20% of men in their 40's are deficient in testosterone.

Symplex M, BCSO, WGO, drenamin, Orchic, WYC, Tribulus

Andro/Menopause

- Testosterone reduced
- Estrogen reduced
- Body fat increase
- Body fat increase
- Biological and emotional health decrease
- Osteoporosis increase
- Osteoporosis increase
- Cancer increase
- Breast cancer increase
- HGH decrease
- HGH decrease
- Hormone imbalance increases
- Hormone imbalance increases

Endocrine physiology - Sleep

- Cytochrome phototrophic skin cells receive direct light photons telling the hypothalamus/pituitary axis of light/dark phases - this switches on/off dopamine/cortisol and dark turn on melatonin and GH.
- Brain is 50% fat, much of it PUFA's - very prone to free radical hydroxyl damage - melatonin from pineal in center of brain is ideal position to quench hydroxyl buildup.
- Seratonin is precursor to melatonin.
- Melatonin supports most the body's functions and most physiological function.
- Melatonin decreases cortisol/dopamine and creates a hangover feeling (Chaste Tree increases Dopamine)
Endocrine pillar

- HPA axis is the key to health and resilience, which is another word for health
- It should be called the "HPTPAG" axis and in fact Royal Lee always understood it was the entire endocrine system that organized core health
- Foundational health rests upon this endocrine pillar as the most important element of a stable resilient system capable of modulation in response to need/stress

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Adrenals get the attention

Adrenal hormones/actions:

- **Medulla** - Epinephrine/Norepinephrine
  - fight/flight
- **Zona Reticularis** - DHEA, Pregnenelone, Progesterone, Estrogen, Testosterone, Androstenidione
  - Antioxidant, repair, sex hormones, cortisol balance, anti-aging
- **Zona Fasciculata** - Cortisol
  - glycemic regulation, anti-inflammatory, immune response, vasculature tone, CNS stimulation, stress reaction normalization
- **Zona Glomerulosa** - Aldosterone
  - Regulation of Na, K, and fluid

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Cortisol protects the cell from:

- Excess insulin
- Inflammatory reactions
- Electrolyte imbalance (Na, K)
- Cell dehydration
- Cell damage
- Auto-immune reactions
- Deficient blood glucose
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Adrenal Fatigue/Inadequate cortisol:
- Autoimmune reactions
- Deficient glucose
- Deficient energy production
- Deficient enzyme production
- Decreased cellular repair
- Increased cell damage
- Potassium excess
- Sodium loss
- Electrolyte imbalance
- Cell dehydration
- Insulin excess

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Adrenals - Known and as yet unknown:
- Adrenal fatigue AKA Sub clinical hypoadrenia, Hypoadrenia, Non-Addison's hypoadrenia, Subclinical adrenal exhaustion, Neurasthenia, Hypocortisolism, Functional Hypoadrenia
- Total depletion of the adrenals is called Addison's Disease and can be fatal
- When the adrenals cannot keep pace with the demands placed upon them by the total amount of stress, it produces a condition called Adrenal Fatigue
- Adrenal fatigue first observed and recorded in 1898 in France by Emile Sargent as a sequela to influenza

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Frequency of Adrenal fatigue -

For the sake of credibility we have previously stated that about 1.6% of the population has some moderate to severe degree of hypocortisolism with hypoglycemia, but in actuality, the figure should read 67%, if all the arthritics, asthmatics, and hay fever sufferers, alcoholics and other related groups were included.

J. Tintera, Hypocortisolism – Adrenal Metabolic Research Society of the Hypoglycemia Foundation, 1974
Adrenal fatigue incidence -
... hypocortisolism appears to be a frequent and widespread phenomenon

80% of Americans are suffering from adrenal fatigue, and the other 20% are in denial!
John Morganthaller, 2002 – author of Smart Drugs I & II

Hypoadrenia and disease
- Fibromyalgia
- Chronic Fatigue Syndrome
- Rheumatoid Arthritis
- All autoimmune diseases (3,000)
- Cancer survival
- Asthma, Respiratory ailments
- Influenza
- Most diseases for which corticosteroids are administered as treatment

Hypoadrenia and Clinical Conditions
- Immune down-regulation
- Cardiac myasthenia (inotrophic & chronotrophic)
- Loss of stamina/resilience
- Emotional paralysis
- Post Traumatic Disorder Syndrome (PTSD)
- Poor wound healing
- Increased susceptibility to infection
- Alcoholism & Drug addiction
- Burnout
- Hypoglycemia
- Thyroid problems
- Asthma, Environmental Sensitivities
- Unresponsive hypothyroidism
- Sexual dysfunction, Libido loss
- Increased perimenopausal/menopausal condition
- Premenstrual tension, especially depression
- Jet lag
- Altitude Sensitivity
- Declining athletic performance
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Adrenal Fatigue in PMS

- Women who were significantly more depressed premenstrually showed significantly lower cortisol levels on the premenstrual day as compared to the postmenstrual day.
- Across the menstrual cycle, women who were significantly more depressed premenstrually also had lower evening cortisols in their premenstrual phase.


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Cortisol & Cardiac Arrest

- The coronary patient shortly after his attack will have reactive hypoglycemia, the severity of which depends upon adrenal response to stress.

J. Tintera, 1974

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The Heart of Cortisol

- Cortisol concentrations after out-of-hospital cardiac arrest are lower than those concentrations reported in other stress states.
- There is an association between cortisol concentrations and short-term survival after cardiac arrest. Survivors have significantly greater increase in serum cortisol concentrations than non-survivors during the first 24 hours.
- Lower than expected cortisol concentrations for the extreme stress of cardiac arrest may have pathologic significance in the hemodynamic instability seen at the return of spontaneous circulation.
- The etiology of low cortisol concentrations may be primary adrenal dysfunction.

C.H. Schultz et al. Crit Care Medicine, 1993 Sep; 21(9): 1339-47
Adrenals & Survival

- Adrenal dysfunction is common in high-risk ER patients. Overall it has a frequency of 19% among a homogenous population of hemodynamically unstable vasopressor-dependent patients.
  
- These results indicate that adrenal dysfunction is common among a group of critically ill patients seen in this hospital ER.
  
- The greater the adrenal fatigue, the less likely one will survive cardiac arrest or other life-threatening situations.

Adrenals as symphonic

- Elevated cortisol suppresses TSH, inhibits the conversion of T4 to T3, and increases the conversion of T4 to rT3.
- Cortisol reduces progesterone levels in primates, impairs endometrial secretions, increases estrogenic stimulation of endometrium.
- Cortisol interrupts testosterone, progesterone, DHEA, T3 and estradiol.

Ingredients of success

Preventions
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Calsol
- Provides natural Calcium 225 mg, Magnesium, and Phosphorous 170 mg with a delivery helper called Carbimide (165 mg), starting dose 3 tablets BID

Originally introduced in 1947 for vegetarians needing Bone Calcium since they were unwilling to use Calcifood

According to Lee, Carbimide created a neutrality at the cellular level that allowed for effective translation of mineral exchanges and metabolic reactions

Seeking to achieve a Ca/P ratio of 2 this produce would be useful to anyone with too much calcium (too little phosphorous) as a way to decrease the ratio

This reduction of cellular penetrability is probably why this produce increases mineral abundance and thus immune up-regulation

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Drenamin
- Starting place for repairing adrenal fatigue
- PMG, cytosol adrenal extract, organic minerals, vitamins 120 mg, Riboflavin 2 mg, Niacin 12 mg, B6 0.3 mg
- Carrots and carrot juice provide beta carotene, C, thiamin, riboflavin, niacin, pantothenic acid, B6, folate, minerals including calcium, magnesium, phosphorous, potassium, sodium, zinc, copper, manganese, selenium, bioflavonoids

Product conceptually increases cellular membrane permeability to promote respiration and nutrient exchange

Observe initially if this product creates drowsiness – this means late stage adrenal fatigue

Starting dosage 3 tablets BID

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A Clinical Study – MS or is it?

Andrea (34 years old) recorded extensive case history, Calcium cuff test 85 mm, Ragland's reclining 110/70 (66) standing 95/60 (82), Muscle testing exam, determined to begin Endocrine Pill – Symplex F (3-3), BCSO (1-1), Essential Fatty Acid blend; Bio-terrain Pill – Calcifood (1Tbsp), L-Glutamine (1.5 g); Circulatory Pill – Vasculin (3-3); Immune Pill – Thymex (5-5), Sesame Oil (3-3), Folic Acid (2,2) for brain stem trauma

Returned in one month reporting less frontal headaches, less vertigo, sublingual dark veins gone, less sneezing, less thirst, no fever/chills, less halitosis, no cold hands/feet, less chest tightness/heaviness, pain, less sternal ache, less palpitations, tachycardia gone, shortness of breath gone, constipation gone, quit BC Pill, premenstrual headache gone, ankle edema less, recovery of 4 (8) lunas, insomnia gone, night sweats less, reduced CHO, slow AM start less, energy improved, after meals low gone, less bruising, quit Copaxin & Adderal

Full of hope and renewed in her work

Returned next month reported no sneezing, less sinus drainage, no frontal headaches, less dark circles under eyes, less allergies, no chest tightness, heaviness, pain, sternal ache gone, recovery of 5 (8) lunas, bruising gone, palpitations gone, less toenail fungus, less ankle fluid

Returned next month reported less sinus, TMJ grinding gone, dark circles under eyes gone, right posterior occipital lymph node swelling gone, ankle fluid gone, quit CHO, lost 4 lbs, less toenail fungus, less shoulder & knee tension

Patient’s question at the end of second month, “Do you think it is possible to misdiagnose MS as a brainstem injury – she feels too good, too fast, too easily – it either means this stuff is unbelievably powerful or we aren’t trying simple foundation measures before we go to elaborate ideation”
Functional Medicine

Functional medicine could be characterized, therefore, as upstream medicine or back-to-basics – back to the patient’s life story, back to the processes wherein disease originates, and definitely back to the desire of healthcare practitioners to make people well, not just manage symptoms.

Edward Leyton, MD, 2005

Action steps for tomorrow

- Establish a clear commitment to helping people where the sidewalk ends – publish that commitment – then talk about it
- Prepare to help people with endocrine axis support and awareness – see Adrenal fatigue as a real underlying reality in people and build the thinking of foundational repair for disease and conditions
- Increase the response to those who are ready for your services, consider Caladriol and Drenamin for everyone
- Employ the 7 pillars to enhance basic physiology and witness profound healing innately embedded in each person

Give generously
As you have received