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
Slide 4

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 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

Can you change -

Emotional change requires neural plasticity.

Pearlmutter’s father at dinner one day while he was growing up.

Slide 6

The Continuum...

Birth

development

decline

death

The continuum is predictable and may be influenced nutritionally. All of the systems move into a reduced efficiency and pause in their former vigor and status. It is possible to alter this decline by bolstering systems to decline less rapidly and less prematurely.

One is only as young as the oldest part.

These declines then signal the rest of the body and act to reduce general body function because of a local decline.
Dr. Stuart White  Mentoring the Mentors  11/15/2007

Eternal truth -

Clayton Williams ran his company like the legendary Christopher Columbus.

“When he left Spain he did not know where he was going. When he got there he did not know where he was. When he got back he did not know where he had been, and he did it all on borrowed money.”

---

The Pauses in Potency ...

The following are the general pauses which may be predicted for any aging person, and thus are the responsibility of each wholistic practitioner to encompass and support. Aging has to happen, but not prematurely.

Menopause – Loss of women’s hormones
Andropause – Loss of men’s hormones
Immunopause – Loss of ability to control infection
Osteopause – Loss of bone density and brittleness
Somatopause – Loss of muscle strength and tone
Cardiopause – Increased rate with less efficiency
Vasculopause – Blood vessel diameter decreases
Biopause – Loss of brain neurotransmitters
Electropause – Loss of brain processing speed
Dermatopause – Loss of skin collagen and elasticity

---

Eternal truth -

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 Kahner
The Laws of Energy Conservation in Nutrition, 1932
Slide 10

The Normal Miracle of Birth

- Torpedo babies
- Low Carb diets
- EFA’s and membranes
- Protein
- Walking
- Postpartum recovery
- Energy enhancement

Slide 11

Pregnancy

- Low carb diets less weight gain in mother and baby has reduced shoulder girth – this is the reason we seek to prevent gestational diabetes – “torpedo babies”
- Promote healthy membrane physiology with essential fatty acid support
- Support glandular system through gestation so that baby models upon a hormonally balanced chemistry
- Prevent exposure to toxic burdens during gestation and lactation, but do not support detoxification as intermediate metabolites could compete with the baby
- Provide Choline 3/day through pregnancy as it is proven to promote baby’s brain development
- If spotting occurs and threatens miscarriage use Chlorophyll 6-12/day and Utrophin 6/day
- To promote conception use White Peony 1 tsp/day

Slide 12

Rebecca’s Miracle of Birth

- Liz’s child that had caused the severe post partum depression 20 years ago
- Got pregnant out of wedlock with boy from church
- Parents devastated – I was purely excited for her/them – they were going to have a baby – no empty nest
- I took a constant brave stance – like the story of the kung fu master who accepted the blame for being the father
- After two months the young father and his father came in with Rebecca and her family for the appointments – they got it, and they got where to get it from
- She had a remarkable pregnancy – cancelled out the shame and curse of an unwanted child – it became divine – the whole church enrolled
- Perfect pregnancy, perfect delivery, perfect lactation, perfect neonatal period – she experienced pride in herself and pregnancy, instead of shame – so did the baby
- Family built a room on house where the father could live to be present with his child – still not married
- This summer when the baby was 18 months they were married in a spectacular event
- Supplements and Phase II diet made her strong for her personal marathon – the rest of her life will be different for the alternative to disgrace she chose
- When I offered that choice to her and her family the wind was blowing very powerfully through me – almost shouting and very sure – spirit uses us as needed
Rebecca’s Miracle of Birth

- Liz’s child that had caused the severe post partum depression 20 years ago
- Got pregnant out of wedlock with boy from church
- Parents devastated – I was purely excited for her/them – they were going to have a baby – no empty nest
- I took a constant brave stance – like the story of the kung fu master who accepted the blame for being the father
- After two months the young father and his father came in with Rebecca and her family for the appointments – they got it, and they got where to get it from
- She had a remarkable pregnancy – cancelled out the shame and curse of an unwanted child – it became divine – the whole church enrolled
- Perfect pregnancy, perfect delivery, perfect lactation, perfect neonatal period – she experienced pride in herself and pregnancy, instead of shame – so did the baby
- Family built a room on house where the father could live to be present with his child – still not married
- This summer when the baby was 18 months they were married in a spectacular event
- Supplements and Phase II diet made her strong for her personal marathon – the rest of her life will be different for the alternative to disgrace she chose
- When I offered that choice to her and her family the wind was blowing very powerfully through me – almost shouting and very sure – spirit uses us as needed

Slide 14

Kelly with perfect gestation, delivery, lactation – actually weighed less one month after delivery than before pregnancy

Slide 15

Pregnancy – Membrane Miracles
How do we live?

Without belittling the courage with which men have died, we should not forget the courage with which men... have lived. The courage of life is often a less dramatic spectacle than the courage of a final moment; but it is no less a magnificent mixture of triumph and tragedy. A man does what he must - in spite of personal consequences, in spite of obstacles and dangers and pressures - and that is the basis of all human morality.

John F. Kennedy

Slide 17

Death

- We all do it - why not support it
- HPA maintains greater presence and conscience, Symplex, Hypothalmex, EFA
- Many people have a vision of how and where they would like to pass - help them achieve it
- Balanced physiology equals less inflammation and less pain and less psychosis
- Sleeping like a baby may be the greatest gift you can offer - proper mineral repletion especially Calcium & magnesium will accomplish this
- Many people feel abandoned and thrown away with terminal diagnoses - the policy is simple 'you get air, water, food, and supplements until you leave your body
- To shamelessly support the body as it progresses along its path also engages the conversation to assist people to change and develop their paradigm of death and dying
- As physiologic competence declines the seven pillars have more impact on strength not less - much of the morbidity of death can be prevented, so that in fact hospice can improve the separation
- When death is supported the whole family can have a new experience

Slide 18

Death

- Primary needs of dying (4):
  - You have done a good job - merits
  - I will be alright without you - you have taught me well
  - I will continue to care for things you have cared about
  - God will greet you - reduce disorientation
- For survivors prepare for the confusion of bereavement due to absence of presence for 6 months to 4 years - preventions
- Encourage expressions of eternal significance that last and last for the survivors - perhaps it brings the same comfort to those who pass knowing that certain things got said
- Rest in peace
- Don Quixote said "When people die by the lash in Africa or fall by the sword in Athens, that look in their eyes is not staring up wondering why they are dying, but rather questioning why they had ever lived"
VisceroSomatic Relationship
Find a chronic somatic problem.
Test for polarity – positive or negative.
Test for level of body relatedness, then test within level for specific weaknesses that correlate with somatic issues.
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.

SomatoLimbic Relationship
The body is a circuit board for the flow of spirit wherein exchange and system specific device to interface vibrational reality into physical function.
When we say chemical imbalance impair psychologically and spiritually it is because we recognize that biochemistry and physiology are the mechanism have to translate external reality (spirit) into temporal expression and experience a unique synergy.
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.

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
Flexible - Colon - Dominant Positioning
Containment - Uterus - Histrionic
Assertive - Prostate - Aggressive
Creativity - Gonads - Barren & Unimaginative
Basic Lab Principles

A discussion of basic lab principles and concepts with protocols for balancing less than optimal findings, with correlation to symptomatology and clinical presentation.

Basic Lab Principles

The argument against lab studies has always been that they represent a 'snap shot' of a broadly more dynamic system and as such cannot be trusted as well as be misleading. Remembering this lab values can be interpreted to suggest more than a static depiction, hormonal, and functional physiology. When values and comparative values create impressions of imbalance nutritional rationales for supporting the imbalance can be developed. The following are starting points for the clinician to discover foundational balance to offset acute and degenerative processes.

Basic Lab Principles

The seven pillars of health bring balance to the abnormal values. In addition the following are specific lab values, optimal lab values and the nutritional mechanisms to influence these values open the way into functional physiology. Lab values include serum, urine, saliva, and hair samples. Serum is the Model T of lab testing, as good for disease identification, not as good for functional assessment—99% of hormones are protein bound. Free physiological forms of hormones are expensive to test, but much easier accomplished with saliva. Urine tests show metabolites after liver breakdown, not free forms. Hair analysis revealing intracellular mineral patterns represent how effectively the hormones are delivering the message showing the degree of receptor sensitivity and cellular response.
Slide 25

**Basic Lab Principles**

- Differentiate what is measured:
  - Serum tests bound hormone levels
  - Saliva Free Fraction tests free active hormone levels
  - Urine tests show metabolized hormones
  - Hair analysis shows receptor sensitivity and cellular responses

- All represent efforts to maintain physiological control and balance with its biochemical messengers as they move through the system.

- It is possible to test the same person and get different answers.

- Normal values typically represent the entire average performance range.

- Optimal values were designed to depict trends, patterns, or early warning signs of future disease.

---

Slide 26

**Basic Lab Principles**

- In the 19th century physicians began to examine the properties of blood.

- Antoine Beauchamp (1816-1908) made revolutionary discoveries in late 19th century with discovery of microzymas (little bodies).

- Weston Price (1870-1948) recognized the ratio of calcium to phosphorus as a valid indicator of homeostasis.

- By using the optimal range for assessment, imbalances may be identified before they develop into named disease.

- Biochemical analysis has been building into functional assessment and predictive potential.

---

Slide 27

**Basic Lab Principles**

- **Albumin** - Synthesized from dietary protein in the liver, creating osmotic force in the plasma holding fluid volume in the vascular space (low albumin is a poor prognosis).

  - Reference Range 3.5-5.5 g/100ml (Optimal 4.5-4.8)

  - Increased in liver dysfunction, congestive heart failure, dehydration, glucocorticoid excess, lymphatic congestion - Employ Protefood (3), Livaplex (6).

  - Decreased in malnutrition, serum dilution, dehydration, renal or hepatic dysfunction, hypothyroidism, skin losses - Employ Protefood (3), Livaplex (6), Albaplex (6), Symplex M (6).

- **Globulin** - Synthesized from diet in liver and by plasma cells, the majority are gamma globulin (antibodies) and additionally a variety of enzymes and carrier/transport proteins (low globulin suggests immune depression).

  - Reference Range 2.2-4.2 g/dl (Optimal 2.8-3.0)

  - Increased in chronic infections, hepatic dysfunction, autoimmune disease, osteoporosis, Periodontitis (S), Lupus (5).

  - Decreased in malnutrition, rheumatoid arthritis, lymphoma, osteoporosis, scurvy, hypothyroidism, skin losses, hypochlorhydria, autoimmunity, mini-encephalopathy - Employ Protefood (3), Livaplex (6), Thymex (10).
Basic Lab Principles

- **A/G Ratio (Albumin/Globulin)**: An index for liver disease and blood viscosity and buffering capacity
  - Reference Range 1.5-2.5
  - Increased in excess glucocorticoids, high CHO consumption, high CHO diet, high protein intake, liver disease, blood toxicity, lymph congestion, hypothyroidism
  - Employ Protefood (3), Immuplex (6), Symplex F/M (6)
  - Decreased in liver dysfunction, chronic hepatitis, inflammation
  - Employ Livaplex (6), Profood (6) drops

Basic Lab Principles

- **Alkaline Phosphatase**: An enzyme derived from osteoblasts (bone), hepatobiliary ducts, and placenta, but the primary importance of ALP is biliary obstruction and gallbladder function
  - Reference Range 50-115 mg/DL
  - Increased in liver congestion, Mono, CMV, Shingles, parasites, bile duct obstruction, compromised heart function, and contraception, osteoblastic bone disease
  - Employ Livaplex (6)
  - Decreased in zinc deficiency, hypothyroid, hypoparathyroid, pernicious anemia, folic acid anemia, hypophosphatemia, hypochlorhydria, incomplete protein assimilation
  - Employ Zinc Liver (6), Symplex M/F (6)

Basic Lab Principles

- **BUN (Blood Urea Nitrogen)**: By-product of nitrogen (protein) utilization and is converted to ammonia with water. Fasting recommended since protein increases BUN
  - Reference Range 5-25 mg/DL
  - Increased in starvation, dehydration, diarrhea, high protein, congestive heart failure, liver obstruction, toxic anesthetics, and drugs.
  - Employ Arginex (6), Renafoid (6), Cardioplus (6)
  - Decreased in malnutrition, inadequate protein, liver dysfunction, alcohol, scurvy, anemia, normal pregnancy, anabolic hormone therapy
  - Employ Zypan (6), Profood (6)
Basic Lab Principles

Calcium – Serum calcium is not all reflective of total body stores of calcium, but reflects metabolic and hormonal states of the individual. Ionic free calcium reflects the amount of albumin and blood pH. Because in academia, the calcium is liberated from serum proteins, whereas the reverse happens in alkalosis. To assess:

- Adjusted Calcium = Serum Calcium – Serum Albumin
- Calcium to phosphorus ratio Ca/P should be 2.5 and shows subtle hormonal/metabolic imbalances

Reference Range 8.5 - 10.8 mg % (Optimal 9.5 - 10.2)

- Increased in malignancy, parathyroid imbalance, endocrine disruption, drug use (lithium, digitalis, cyclosporin, diuretics), excessive magnesium intake
- Employ Symplex F/M (6), Cataplex F tablets (6), Calma Plus (6), Circuplex (6)

- Decreased in acidosis, magnesium deficiency, surgical or autoimmune hyperparathyroidism – Employ Calcium Lactate (6), Zypan (6), Cataplex D (6) Calcium Pan (6)

Magnesium – Plays roles in CHO and protein metabolism existing two thirds free and one third protein bound, excreted through GI, lungs, sweat. Occurs in serum at 5:1 ratio with serum calcium. (high cholesterol may reflect magnesium elevation)

Reference Range 1.8 - 2.22 mg/DL (Optimal 2.0 - 3.0)

- Increased in parathyroid, thyroid, adrenal imbalance, renal dysfunction, drug use (lithium, digitalis, cyclosporin, diuretics)
- Employ Cataplex ACP (6), Renafood (6), Albaplex (6), Livaplex (6)

- Decreased in renal dysfunction, hypercalcemia, hypophosphatemia, pregnancy, hypothyroidism, hyperaldosteronism, diarrhea – Employ Magnesium Lactate (6), Renafood (6), Livaplex (6)

Phosphorus – Constituent of all tissues essential to muscle, RBC, ATP, acid buffering, reducing blood viscosity, nerve function. Responds to calcium, magnesium, potassium levels.

Reference Range 2.5 - 4.5 mg/DL

- Increased in endocrine imbalance, magnesium deficiency, high calcium, bone degeneration, kidney disease, pregnancy, drug use (lithium, digitalis, cyclosporin, diuretics), support base reposition
- Employ Renafood (6), Cataplex D (6), Cataplex F (6), Cataplex Pan (6)

- Decreased in alcoholism, inadequate protein, diuretics, beta blockers, agents, diarrhea – Employ Zyan (6), Pintofood (6), Complex (6), increase protein intake 15%
Basic Lab Principles

Potassium – Intracellular electrolyte must be in balance with its counterpart sodium and play the major role of controlling cardiac rhythm. (Be aware of delayed potassium elevation artifact as blood is allowed to sit too long)

- Reference Range: 3.5 - 5.3 mg/DL
- Increased in adrenal cortical hyperfunction, Addison’s disease, insulin, angiotensin-converting enzyme inhibitors, beta blockers, hypoparathyroidism, hypothyroidism
- Decreased in adrenal cortical hypofunction, acidosis, hemolyzed blood due to improper handling, drugs (insulin, beta blockers, arginine, digitalis)
- Employ Drenamin (6), B6/Niacinamide (6), Calcium Lactate (6), support alkalinization

- Increased in adrenal cortical hyperfunction, acidosis, hemolyzed blood due to improper handling, drugs (insulin, beta blockers, arginine, digitalis, Florinef)
- Decreased in alkalosis, diarrhea, hypoparathyroidism, acute liver disease, sweating, insufficient potassium intake, mineralocorticoids (mineralocorticoid excess), diuretics
- Employ Organic Minerals (6), Cataplex B (6), Cataplex G (6)

Basic Lab Principles

Sodium – Principal extracellular cation balances potassium, chloride, pH, osmolality, adrenal function, nerve function

- Reference Range: 135 - 147 mEq/L
- Optimal range: 142 - 145 mEq/L
- Increased in dehydration, diarrhea, diabetes, excess intake from salt tablets, sea water, aldosterone effects
- Decreased in hyperproteinemia, renal losses, hyperglycemia, mannitol, glycerol, diarrhea
- Employ Drenamin (6), B6/Niacinamide (6), Cataplex B (6), Cataplex G (6)

Eternal Truth

Experience is what you get when you don’t get what you wanted.

Quote from a dying man
Slide 37

A Clinical study – Supporting Physiology

Eddie and his inflammation

Slide 38

Cheat yourself -

To cheat myself out of love is the most terrible deception.

It is an eternal loss from which there is no reparation, neither in time nor in eternity.

Kierkegaard

Slide 39

Digestive Potency

Circulatory Status

Inflammatory Status

Immune Burden

Endocrine Hormonal

Glycemic Management

pH Bioterrain
Slide 40

7 Pillars of Healing
The possibility of human potential (four pillars of healing)

Genetic physiological genius

Slide 41

Visit after visit — Start Monday

- See each patient for the stage of evolution that they are presently completing, matching for the healing principles that apply to them at this time in their process.
- Teach every mother the principles that make for a remarkable pregnancy.
- Begin to use the principles to be the engine of your own success and others as you navigate by your principles/motivations until things clarify and the way is clear.
- Commence the lifelong project of the seven pillars of health and constantly improve them.
- Consider basic lab values and work to optimize with nutrient devices.
- Change outcomes, stop progression, reverse scarring and damaging terms related to both the healing potential and adversity by using products and procedures that follow applications that have not been dreamt of yet in allopathic mindsets.
- Tune in, tune on.. Enjoy!

Slide 42

Give generously
As you have received