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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 Mentors

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- 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 their world to convey the notes and information—no information squandering.
- Issues/problems/questions are considered a learning process for everyone, although individuals 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).
Risk taking:
- We are raised to play it safe and avoid/minimize risks
- And yet self respect is only increased when risks are taken and we exceed what was formerly possible
- Eventually we become experienced at risk taking and we find that we want to live that way more and more
- Not crazy dangerous risks, but personal risks with a purpose and that make a difference to yourself, your family and loved ones, your friends, the community, and everyone in fact
- We take risks by telling the truth, stepping out to help another, asking for help, but especially by being willing to plan and try to live our dreams

Understanding
Shallow men believe in luck, Strong men believe in cause and effect.
Ralph Waldo Emerson

7 Pillars of Healing
The possibility of human greatness (all manner of healing)
Genetic physiological genius
Foundational parthenon of health
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Revisiting the parthenon of health

- 7 pillars of foundation strength and physiological potency
- Original parthenon represented the wholeness of Greek life - their math, science, art, sense of proportion, sacred geometry, and philosophy all together in one place and in perfect proportion
- The parthenon of health upon the foundational pillars of mammalian/human design is a place wherein possibilities are realized - healing, thinking, forgiveness, wisdom, leadership, spiritual fulfillment
- My practice experience has shown me that constructing the pillars is all that is needed - the elegance, power, and design of greatness follows in people facilitated this way

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5 - Immune Burdens

- Hidden cavitated infection/infestation constantly up-regulates the immune system fatiguing bone marrow and adrenals
- Infections: Congaplex (15), Thymex (15), Immuplex (9), SSO (9), Allerplex (15), Echinacea (6), Golden Seal (6), Astragulus (4) for bone marrow depression, Cat’s Claw (6)
- Infestations: Zymex II (6), Multizyme (6), Lact Enz (6), Wormwood (6)
- Heavy metal toxicity – Homocysteine pathway variable protocols

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5 Core Physiologic Principal
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**Innate & Acquired Immunity**

- Primary roles of the healthy immune system are:
  - Identify potentially injurious and infectious substances
  - Distinguish self antigens (non-threatening) from non-self (threatening)
  - Assess the potential level of threat posed by infectious, toxic, or non-self antigens
  - Mount a response that is appropriate to the level of threat
  - Repair any damage that ensues from adversarial encounters
- Too much response = inflammatory cascades
- Too little response = tolerance of danger

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**Immune Burdens**

- Subclinical & cavitated infection creating chronic immune burden
- Food allergies creating chronic adrenal stress and immune burden
- Toxicity interfering with biochemical pathways
- Infestations & dysbiosis creating chronic immune burdens, exotoxic burdens, nutrient depletion and intestinal wall damage
- Stress increasing adrenal activity and reducing immune functions

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**Immune Tolerance**

- Don’t be so Reactive
- If we were not tolerant we would constantly fighting war with the foreignness everywhere
- Complex feedback system developed through reactor and moderator substances activating and suppressing immune/inflammatory response creating immune capacity of tolerance
- Net reactor chemistry x net moderator chemistry = immune tolerance
- Especially strategic to the autoimmune circumstance – goal is to reduce immune burdens and promote immune tolerance and thus reduce immune reactivity
- Infections, infestations, toxicities, allergens, irritants, vaccinations, etc. create a burden teasing out intolerance and excessive reactivity
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Why change?
Change is inevitable
Growth is optional

John Maxwell

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Immune TLR’s – Innate immunity
Speculation that Thymex and PMG’s act directly on the innate immune system because of the immediacy of the responses seen and resultant cytokine inflammatory activity

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Immune mechanisms – schematic
Cell Membranes
Nuclear Membrane
Gene Activation
Foreignness Tolerance
Reactor mediators
Activate acquired immune responses

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Cavitated infections
- Especially under the teeth, diverticulosis, intestinal infections, near or in bone, body cavities like sinus, ears, pelvic.
- Up regulate immune system gradually beginning with Sesame Oil Perles (6/day), followed by Thymex (10/day), then Kelpita (6/day), Congaplex (5/day), Allerplex (15/day), Echinacea (4/day), Astragulus (4/day).
- Clear infections with Zymex II (6/day), Multizyme (4/day), Wormwood Complex (4/day) - also treats mycoplasmic infections.
- Finally use Chaparral with high concentration of NDGO (strongest known antioxidant) - will clear systemic infections including bowel dysbiosis and infections.

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Autoimmunity is early immune signaling
- Autoimmune conditions are nothing more than undifferentiated immune failure, ultimately leading to defined cancers, infections, and degeneration.
- Natural tissue antibodies are the first seen up-regulation where the immune system is attempting to confront the burden of unmethylated DNA (nuclear proteins) in the blood.
- Lack of methylation, inability to accomplish Phase I and Phase II detoxification results in failure of the methylation process and subsequent accumulation of nuclear proteins in the blood compelling an immune response.
- The primary factors that contribute to autoimmunity are genetic predisposition to methylation difficulty, toxic burdens, psychological stress, and immune dysregulation due to immune burdens chief of which is leaky gut syndrome.

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Pervasive Pathological Process
- The Antecedents for Autoimmunity
  - Glycation (Browning - Caramel)
  - Oxidative Stress (Rusting)
  - Hypomethylation (Defoliation)
  - Psychological Conflict (Distress)
  - Endocrinopathy (Signal Disruption)
  - Immune Dysregulation (Inflammation)
  - Toxic Injury (Intoxication)
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The Inflammatory Process (A Model)

Environment

- Allergens
- Toxins
- Stress
- Infection
- Trauma
- Hypoxia
- Drugs
- Alcohol

Polymorphisms which render individual susceptibilities

Macronutrients, Micronutrients, Accessory Nutrients, Phytonutrients

Physiological shift into alarm reaction characterized by inflammatory process

"Osis becomes itis with increasing severity

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Autoimmunity – Estimated US prevalence

- Psoriasis - 7 million cases
- Crohn’s Disease - 3.5 million cases
- Ulcer - 8.5 million cases
- Rheumatoid Arthritis - 2.1 million cases (50-50K children
- Celiac Disease - 2 million cases (1 in every 133 people)
- Hashimoto’s Thyroiditis - 1.5 million cases
- Inflammatory Bowel Disease - 800,000 cases (2/3 colitis, 1/3 Crohn’s)
- Type 1 Diabetes - 50,000 cases
- Multiple Sclerosis - 250,000 cases
- Systemic Lupus Erythematosus - 150,000 cases

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Do something about it

The fruit of silence is prayer
The fruit of prayer is faith
The fruit of faith is love
The fruit of love is service
The fruit of service is peace

Mother Teresa
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**Autoimmunity - Is it increasing?**

1. Chronic inflammatory disease is clearly increasing worldwide (atopic syndrome, asthma, metabolic syndrome, arteriosclerosis)
2. Corresponding epidemiological data on autoimmune disease is limited because AD not reportable
3. Estimates of incidence and increase are much lower than actual, many estimates on incidence is decades old and based on small sample size, apparent increase in incidence could be due to improved diagnostics
4. Despite poor reporting it appears AD increases, especially: 30,000 new cases annually of Type 1 Diabetes, Crohn’s Disease has more than tripled in last 30 years, MS has doubled in Europe, US data shows significant increase in women

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**Trophology**

1. PMG’s have been nicknamed “nuclear vitamins” because they activate and support the repair mechanisms of DNA/RNA synthesis.
2. Tissue repair requires adequate supply as well as PMG to repair target tissue.

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**Respecting Autoimmunity:**

- Understanding that all people have some degree of autoimmune activity and that individual methods for our own physiological normal autoimmune activity must be understood. Everyone should have vitamin/mineral supplements and PMG therapy.
- Essential Fatty Acid support - Tune Omega (2-8/day), Linum/B6 (1-6/day), Black Currant Seed Oil (1-3/day), and Sesame Seed Oil (2-8/day).
- PMG therapy targeting primary autoimmune known sites, when the disease has no tissue localization use pneumotrophin PMG for its powerful immunomodulatory actions (1-3/day).
- Use Rehmannia Complex (1-4/day) to modulate adrenal activity to less reactive mode and down regulate inflammatory codes.
- Spleen PMG (1-6/day) supports the brain of the lymphatic system and can assist in achieving immune tolerance.
- Methylation can be encouraged with Cruciferous or Greenfood (1-6/day) and liver support with AF Betafood (6-12/day).
- Cat’s Claw Complex (1-4/day) can be used to inhibit free radical cascades and strengthen DNA function and down regulate autoimmune activity in Crohn’s and Rheumatoid conditions.
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Unmethylated Nucleoprotein:
- How can we promote methylation?
- Sulfur forming foods contributing methyl donor groups – protein and amino acid forming foods contributing methionine
- Membrane
- T cell burden reduction
- PMG target tissue therapy
- Immune down regulation and promotion of tolerance
- Pro-inflammatory diets can promote autoimmune activity (diet and exercise are the two primary modulators of the inflammatory responses)
- Cytokines (interferon, interleukins, tumor necrosis factor, etc.) and eicosanoids (prostaglandins, prostacyclins, leukotrienes, thromboxanes) are messenger molecules that up or down regulate the immune system and shifted diet towards inflammatory states in the presence of high glycemic loads, food allergens, inflammatory fats and absence of other balancing factors (Omega 3 fatty acids and exercise).

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Determining Food Allergies
- Blood type sensitivities
- Most food allergies are delayed sensitivity reactions – difficult to objectively determine
- Elisa Act lymphocyte response assay
- Elimination is the most accurate and labor intensive 2 week elimination then reintroduce and watch 4 days for reactions
- Histamine Reactions (red, edema, hives, intestinal, immune Activity: fever, catarhal, hypothermic, itching)
- Basic 4 allergies that most complicate healing process – wheat (gluten), corn, soy, milk (casein)
- Additionally suspect chocolate, peppers, tomatoes, beef

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Food Allergies – Now & Later

<table>
<thead>
<tr>
<th>Immediate response</th>
<th>Delayed response onset 2-7 days later</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histamine</td>
<td>Immunological, non-histaminergic, possible</td>
</tr>
<tr>
<td>Red, hives, hives, mucous, sneezing, cold</td>
<td>Cold &amp; Flu, WBC, mediator response</td>
</tr>
<tr>
<td>Tiredness, diarrhea</td>
<td>Anorexia</td>
</tr>
<tr>
<td>Headache</td>
<td>Cariotic phlegm (colored)</td>
</tr>
<tr>
<td>Mood changes, irritability</td>
<td>Fever</td>
</tr>
<tr>
<td>Keel, heart</td>
<td>Exanes</td>
</tr>
<tr>
<td>Nausea, cramps, diarrhea</td>
<td>Exanes</td>
</tr>
<tr>
<td>Loss of mental acuity</td>
<td>Elevated C-reactive protein, SED rate, AAMA rate</td>
</tr>
</tbody>
</table>
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Allergic Events schematic

Blood/lymph fluids
Tissue/cell structures

Gut lining
Gut lumen
Allergens

Foreignness
Immune response
Viron
Infectious process
Irritation leading to infestation

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Believe in Possibility

Man often becomes what he believes himself to be. If I keep on saying to myself that I cannot do a certain thing, it is possible that I may end by really becoming incapable of doing it. On the contrary, if I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning.

Mahatma Gandhi

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Visit after visit ~ Start Monday

- Specially selected for the stages of autoimmunity that they are matching for the healing principles that apply to them at this stage of expression
- Teach patients about the principles that give them control over immune dysregulation
- Begin to use the principles to down regulate immunofunction and decrease inflammation so you comfortably manifest resolution of autoimmune conditions
- Application of pillars is sequential and at the discretion of the practitioner – always check with your chief complaint, the pillars that relate to that issue, and the chronology of physiological timing (e.g. vitamin?)
- The purpose of the pillars is to create a conceptual framework organize the diverse methodologies of nutritional care so that method can emerge
- Change outcomes, stop progression, reverse scarring and damage long-term, reveal the inherent healing potential and miracle by using principles and products that follow applications that have not been dreamt of yet in allopathic symptom obsessed paradigms – namely bolster, unburden, repair and evolve
- Tune in, Turn on .. Enjoy!
Change the world
It wants to

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