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

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).
Suzanne - Shape Shifter

- Presented 9/23/08 for support of conception (no success for 1 year) and energy level deficiency with bouts of depression
- Symptoms included grinding teeth at night, swollen and coated tongue, salivary pH of 6.0, occ. eye tearing, leg cramps, nocturnal urination, difficulty falling asleep, emotional episodes of sadness, depression, moodiness, irritability, nervousness, frustration, anxiety, memory & concentration difficulty, diminished libido, bruising, left thumb pain, afternoon low at 4 pm, 139 lbs, 5'7",
- Regular menses with PMS including breast tenderness, clots and fluid retention, lymphatic congestion in lower legs secondary to severe burns bilaterally as a child, and subsequent multiple skin grafts, WHR of .85, medication Clomid
- Began endocrine pillar with Symplex F(6), Hypothalmex(2), Trace Minerals(4), White Peony (1 tsp), L-5-HTP: Bioterrain pillar with multiminerals: immune pillar with immuplex (6), Sesame Seed Oil (6), Cataplex AC (10), and digestive pillar with S. Boulardi probiotic, L-Glutamine (1.5g), turmeric
- 2nd visit showed grinding teeth gone, tongue coating gone, swollen tongue less,
Changing the shape of things to come

- To change body shape is to be a wizard
- Proven endocrine shape influence for arms, legs, and trunk
- Projected influence for shape of face, posture, attitude as expressed in body language, gesticulations
- Hormone level is a snapshot view – the shape of the body reveals the summary chronic nature
- Demonstrate shape change to establish wizard level status
- Endocrine status equals hormonal concept of age – the key is to keep the glandular system young

WHR

- Waist to hip ratio is WHR is the comparison of the circumference of the waist (belly fat) to the circumference of the hips (hip fat), finding that those with more fat deposited around the middle are at higher risk for heart disease and diabetes
- A waist measurement of over 35 inches in women and 40 in men also describes an increased risk
- WHR is not accurate for children under age 12 and those who are less than five feet tall or who have a BMI of over 35
- When WHR is used to predict heart risk the risk pool increases 300% over the traditional risk predictors
- Central obesity is associated with heart disease, hypertension, insulin resistance, diabetes type 2, and metabolic syndrome
- The hip measurement also includes the large muscle mass of the buttocks and thus as it describes is describes muscular wasting with increased fat deposition
WHR

- Waist is measured at the thinnest point around the middle, usually at the umbilicus.
- Hips are measured at the largest area around the hips, usually at the widest part of the buttocks.
- If WHR exceeds 1.0, the CDC consider this at risk for heart disease and other problems associated with obesity.
- Studies suggest a moderate correlation between WHR and intelligence of offspring. Findings showed children's performance on cognition tests was linked to their mother's WHR (an indication for how much fat she stores on her hips). Children whose mothers had wide hips and low WHR scored highest, suggesting that fetuses benefit from hip fat rich in polyunsaturated fatty acids essential for fetal brain development.
- Higher WHR suggests more fat stored around the belly, giving the apple shape, whereas more fat around the hips gives the pear shape.
- Middle abdominal weight is associated with heart disease and diabetes.
- This ratio is an excellent demonstration of the transformative process the patient is moving through and enrolls the patient in a degree of sobriety about their health status.
**Protocol - Endocrine Pillar**

- **General HPA endocrine repair:**
  - Symplex F/M (6)
  - Hypothalmex (2)
  - Black Currant Seed (2)

- **Address Estrogen/Xeno Dominance (Phase I/II detox):**
  - Cruciferous Complete (6)
  - Greenfood
  - Livaplex (6)
  - Transulfuration - Folic Acid (6), Fortil (6), B6 (4)
  - SP Complete (2 Tbsp)

- **Individual Gland Support: after general up-regulation for 3 months**
  - Pituitary - Pituitrophin (4), Trace Minerals (6), E-Manganese (2)
  - Thyroid - Thytrophin PMG (4), Thyroid Complex (2)
  - Adrenal - Drenamin (6), Eleuthero (4), Withania (4)
  - Gonads - Ovex (4), Ovatrophin (4), Orchic (4)
  - Uterus - Utrophin (6)
  - Prostate - Prostate PMG (4), Prost-x (6), Prostaco (4)

---

**HPA Regulation of Cortisol**

- Pituitary gland
- ACTH
- Adrenal glands
- Cortisol
- Hypothalamus
- CRH
Racial Variation Tells a Story

<table>
<thead>
<tr>
<th>INDIAN</th>
<th>AFRICAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (n=66)</td>
<td>Male (n=53)</td>
</tr>
<tr>
<td>Female (n=48)</td>
<td>Male (n=44)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GREEK</th>
<th>EGYPTIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female (n=46)</td>
<td>Male (n=30)</td>
</tr>
<tr>
<td>Female (n=45)</td>
<td>Male (n=34)</td>
</tr>
</tbody>
</table>

Hypothalamic-Pituitary-Gonad (HPG) Axis
Leptin – Hormones, Peptides, & Weight

Leptin is a hormone secreted by adipose tissues that acts to regulate long-term appetite and energy expenditure by signaling the state of body fat reserves.

Leptin – Physiological Effects

- Regulation of food intake, energy expenditure, and body weight
- Thermogenesis
- Reproductive Function
- Suppressed bone formation
- Directly act on cells of liver and muscle
- Related to inflammatory response
- Contribute to early hematopoiesis
NPY – Neuropeptide Y

- There is an increased secretion of Neuropeptide Y (NPY) in the presence of a high-carbohydrate, high-fat diet.

- NPY secretion inhibits the actions of catecholemines (autonomic nervous system function) which increases fat cell proliferation and vascularization.

NPY (continued)

- NPY is a major neurotransmitter in the central and peripheral nervous system, hormone and immunomodulator.

- Activities of NPY include appetite stimulation, obesity, anxiety reduction, & modulation of certain endocrine functions including secretion of insulin and the pituitary-adrenal hormones (especially in response to leptin)
Feedback Loop

- Food intake triggers output of glucocorticoids and insulin
- Fat accumulation increases Leptin production
- Leptin travels to hypothalamus
- Regulates body mass & controls body energy intake and expenditure
- NPY also regulates body fat mass

Leptin ~ Regulation of food intake & body weight

- Decrease hunger and food consumption – inhibition of neuropeptide Y synthesis
- Food intake linked to its ability to regulate the neuroendocrine system
**Leptin – Role in reproduction**

- Fertility influenced by stored body fat
- Signals onset of puberty
- Regulates hypothalamic-pituitary-ovarian function

**Cortisol**

- Melatonin increases Cortisol levels in postmenopausal women. Aging and hypoestrogenism are believed to impair the regulation of the hypothalamic-pituitary-adrenal axis.
Cortisol (continued)

- Cortisol receptor cells are activated in the presence of the “helpless” kind of stress, increasing the storage of fat in the belly.
- “Eu-stress” does not increase the cortisol levels.

Glucocorticoids

- Animals become fat when exposed to increased amounts of glucocorticoids and certain kinds of stress.
- Animals lose muscle and gain fat, especially in the abdomen.
Glucocorticoids (continued)

- The actions of glucocorticoids require increased insulin secretions.

- When under stress, animals secrete norepinephrine which melts fat in the presence of glucocorticoids.

Gender Bias in Fat Distribution

Estrogen & Testosterone
**Estrogen**

- Estrogen is the major hormone contributor for the deposit of fat in hips and buttocks.
- Fat stored in the hips and buttocks is difficult to remove through exercise or diet.
- Hip and buttocks fat is stored long term and is particularly in demand during the last trimester of pregnancy and the first three months of lactation.
- Lack of estrogen will begin to shift body fat to the abdomen. (Use of birth control pills can cause increase of belly fat due to its function of mimicking pregnancy)

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**Effect of FEMALE Abdominal Obesity**

**Risk of Various Disorders In Women With Lower WHR (<0.8) Than Women With Higher WHR (≥0.8)**

<table>
<thead>
<tr>
<th>Area of Investigation</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Physical Health</td>
<td>LOWER RISK for</td>
</tr>
<tr>
<td></td>
<td>• Cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td>• Adult-onset (Type 2) diabetes</td>
</tr>
<tr>
<td></td>
<td>• Gallbladder disease</td>
</tr>
<tr>
<td></td>
<td>• Lung function impairment</td>
</tr>
<tr>
<td></td>
<td>• Carcinomas (endometrial, ovarian, breast)</td>
</tr>
<tr>
<td></td>
<td>• Lower all-cause mortality</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>HIGHER LIKELIHOOD of</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Physical Health</td>
<td>Efficient stress coping (based on cortisol release)</td>
</tr>
</tbody>
</table>

| II. Psychological/Mental Health | LOWER RISK for |
|                                | • Anxiety (including phobic social anxiety) disorders |
|                                | • Depression |
|                                | • Hypossexual function |
| II. Psychological/Mental Health | HIGHER LIKELIHOOD of |
|                                | Efficient stress coping (based on cortisol release) |

| III. Reproductive Potential/Outcome | LOWER RISK for |
|                                    | • Hyperandrognism and hirsuitism |
|                                    | • Menstrual irregularity, anovulatory cycles |
| III. Reproductive Potential/Outcome | HIGHER LIKELIHOOD of |
|                                    | • Optimal sex hormone profile (higher 17-b- estradiol level, lower level of bioavailable testosterone) |
|                                    | • Normal endocervical mucus pH (facilitates sperm viability) |
|                                    | • Greater probability of successful pregnancy outcome in artificial insemination and IVF embryo transfer programs |
## Testosterone

- **Testosterone** is the major hormone contributor for the deposit of fat in the abdomen.
- Stored belly fat is easy to eliminate, especially through exercise.
- Belly fat is used as an immediate source of energy: fight-flight syndrome, physical demands, exercise, etc. These needs may be seen as immediate.

## Effect of MALE Abdominal Obesity
(Waist-to-Hip Ratio 1.0 or greater)
As an Independent Predictor for Various Health Conditions

<table>
<thead>
<tr>
<th>Area of Investigation</th>
<th>Population Tested</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. General Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Adult Onset Diabetes</td>
<td>Jamaica (n=290)</td>
<td>Greater incidence of diabetes</td>
</tr>
<tr>
<td>b. Cardiovascular</td>
<td>52 Countries (European, Middle East, South Asia, Australia, China) (n=27,098)</td>
<td>Independent precursors for heart attack</td>
</tr>
<tr>
<td>c. Chronic Inflammation</td>
<td>Greek (n=1514)</td>
<td>Higher incidence of inflammatory markers (c-reactive protein, tumor necrosis factor alpha, interleukin-6)</td>
</tr>
<tr>
<td>d. Stroke</td>
<td>U.S.A. (n=28,643)</td>
<td>Increased risk of chronic stroke</td>
</tr>
<tr>
<td>e. Respiratory Function</td>
<td>British (n=2744)</td>
<td>Diminished expiratory volume; inverse link with lung function</td>
</tr>
<tr>
<td>f. Renal Function</td>
<td>Dutch (n=8,592)</td>
<td>Impaired kidney function</td>
</tr>
<tr>
<td>g. Depression</td>
<td>Finnish (n=4029)</td>
<td>Higher risk for physician diagnosed depression</td>
</tr>
<tr>
<td><strong>II. Neurological Function</strong></td>
<td>Mexican-American (n=112)</td>
<td>Increase in age-relation Dementia; 27% decrease in hippocampal volume</td>
</tr>
<tr>
<td><strong>III. Reproductive Function</strong></td>
<td>British (n=511)</td>
<td>Negative relationship with androgen levels</td>
</tr>
<tr>
<td></td>
<td>Japanese-American (n=110)</td>
<td>Lower testosterone levels</td>
</tr>
<tr>
<td></td>
<td>Norwegian (n=1565)</td>
<td>Variation of testosterone</td>
</tr>
<tr>
<td></td>
<td>Hungarian (n=81)</td>
<td>Linked with WHR variation</td>
</tr>
<tr>
<td></td>
<td>Canadian (n=127)</td>
<td>Lower testosterone levels; lower sperm count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lower testosterone levels</td>
</tr>
</tbody>
</table>
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
Digestive Potency – Fuel absorption, waste removal, Immune modulation

The possibility of human greatness (all manner of healing)

Genetic physiological genius

Foundational parthenon of health – homeostatic optimization
1. The Endocrine Axis

- Most powerful system to activate the rest of the body
- 7 glandular levels
- PMG's first, lifestyle modification second, herbs third, HRT last

#1 Core Physiologic Principle

Stressors → Hormonal/endocrine adaptation → Glandular fatigue & imbalance → Depletion of organ reserve and nutrient/mineral substrates → Reduced homeostatic mechanisms → Stress hyper/hypoactivity → Altered psychoneuroimmunologic mechanisms → Nutrient repletion → target fortification

Symptoms - physical/personality modulation → Increased glandular strength/resilience

Disease diagnosis - chronic progression → Restored adaptive mechanisms

Medical Intervention - Drugs & Surgery → Increased organ reserve - repletion of substrates

Death → Enhanced physiology/personality
Mentoring the Mentors

Dr. Stuart White

11/20/2008

BRAIN-H-P A..IS EXAMPLE

Cerebral Cortex

Limbic System

Hypothalamus

Hippocampus

Amygdala

Anterior Pituitary

Thyroid

Adrenal Cortex

Gonads

HORMONES OF THE HYPOTHALAMIC-PITUITARY AXIS

Cerebral Cortex

Limbic System

Hypothalamus

Thyroid

Adrenal Cortex

Gonads

Growth Hormone releasing hormone (GHRH)

Thyrotropin releasing hormone (TRH)

Growth Hormone (GH)

Liver converts GH to somatotropins AKA insulin-like growth factors (IGF)

Somatotropins (SOM)

Extra neural pathways run between GHRH & the limbic system

GHRH—many factors both neural, endocrine & hormonal regulate secretion of GH, since CRH is the final common element directing the body's response to all forms of stress.

CRH—many factors both neural, endocrine & hormonal regulate secretion of CRH, since CRH is the final common element directing the body’s response to all forms of stress.
HORMONES OF THE HYPOTHALAMIC-PITUITARY AXIS

All Hypothalamic releasing hormones are pulsatile in their secretions. For example, GHRH releases in spurts about every 80 minutes. A continuous release of GHRH would suppress gonadal function.

GHRH
Growth hormone-releasing hormone
Thyrotropin-releasing hormone (also stimulates prolactin release)

Prolactin
Stimulates lactation

Thyroid hormones
Control metabolism

Growth Hormone
Stimulates growth

Ovarian hormones
Control fertility

Pituitary stimulants
Regulate gonadal function

Cerebral Cortex

Extra neural pathways run between GHRH & the limbic system

Anterior Pituitary

Somatostatin—Inhibits growth hormone,

Growth Hormone—many factors both neurogenic & hormonal regulate secretion of GHRH, since GHRH is the final common element affecting the body’s response to all forms of stress.

The expanded HPTA Axis-

The future

Growth of bone, liver, brain, Carbohydrate and protein metabolism

Hypoglycemic effects

Insulin
Liver, Glucose, and protein

Gonadotropins
Ovarian hormones

Anti-inflammatory effects

Somatic cell growth

Tumor growth

Figure 32.3 The female neuroendocrine system
Endocrine Axis Support

- **Symplex F/M:**
  - Pituitrophin PMG
  - Thytrophin PMG
  - Drenatrophin PMG
  - Orchic PMG

- **Hypthalmex:**
  - Hypothalamus cytosol extract

- **Hypothalmus:**
  - Hypothalamus PMG

- **Black Currant Seed Oil:**
  - Omega 6 fatty acids (19 times more Gamma Linoleic Acid)

- **Folic Acid/B12:**
  - Folic Acid support and detox support, DNA/RNA transcription

Start with general HPTA support for 2-3 months and then target individual glands for further strengthening.

Symplex F/M typically reduce to maintenance minor sustaining dosage (1-2/day).

Individual gland strengthening:

- **Pineal**
  - Folic Acid (6)

- **Pituitary Anterior**
  - Pituitrophin PMG (6), E-Manganese (6)

- **Pituitary Posterior**
  - Pituitrophin (6), Trace Minerals/B12 (6)

- **Thyroid Hypothalamus**
  - Thytrophin PMG (6), Thyroid Complex (4), Prolamine Iodine (1/2/3/4) or other source of iodine; Cataplex E (6) or other source of selenium

- **Hyper-Thymus**
  - Bugelweed (1-2 tsp), Motherwort (1-2 tsp with heart arrhythmias)

- **Thymus**
  - Thymus PMG (6), Immuplex (6)

- **Pancreas**
  - Pancratrophin (6), Paraplex (6), Cataplex GTF (6)

- **Adrenals**
  - Drenamin (6), Drenatrophin PMG, Whole Dessicated Adrenal (4), Eleuthero (4), Withania (4)

- **Gonads**
  - Wheat germ Oil Fort (4), Wild Yam Complex (4), Tribulus (4), T and B 12 (4)

- **Male**
  - Orchic PMG, Super EFF (4), Prost-xx (6)

- **Female**
  - Ovex (6), Ovatrophin (6), Dong Quai (4), Utrophin (6)
### Brain chemistry — Neurotransmitters (Neurohormonal)

- **Serotonin** — Tryptophan dependent feeds Melatonin formation
  - Well stocked: Positive, confident, flexible, easy-going
  - Poorly stocked: Negative, obsessive, irritable, low confidence, sleepless
- **Catecholamines** — Tyrosine dependent forms Dopamine, Norepinephrine, Adrenaline
  - Well stocked: Energized, upbeat, alert, focused
  - Poorly stocked: Lethargic, flat, ‘blahs’
- **GABA** — GABA dependent
  - Well stocked: Relaxed, Stress-free
  - Poorly stocked: Uptight, overwhelmed, stressed
- **Endorphins** — Phenylalanine dependent
  - Well stocked: Comfort, pleasure, euphoria
  - Poorly stocked: Overly sensitive, crying easily

General protein increase will downstream more amino acid fuel for neurotransmitter formation and greater reserve stores for supply through stressful demands (Minchex 2-6, Protefood 2-6).

---

### On-task -

**Mastery in life is the opposite of control.**

Eckhart Tolle
2 - Glycemic Management

- Phase II diet limiting glycemic index
- Prevent insulin spikes
- Protein three times per day
- 40/30/30 CHO/protein/fat
- Starches are source of cravings
- Cravings mean insufficient protein and fat

Carbs & Hormones

Modified from Life Without Bread.
Allan & Lutz, Keats Publishing 2000
Anabolic Adaptation

Catabolic shift

Modified from Life Without Bread.  
Number One Stress in the world

The primary way to increase cortisol (stress hormone) is:

Blood Sugar Variations
inducing hypoglycemia and
activating cortisol up-regulation

### PHASE II FOOD PLAN FOR BALANCING BODY CHEMISTRY

<table>
<thead>
<tr>
<th>MEAT</th>
<th>FISH</th>
<th>FOWL</th>
<th>EGGS</th>
<th>VEGETABLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Limit on Serving Size</td>
<td>No Limit on Serving Size</td>
<td>No Limit on Serving Size</td>
<td>No Limit on Serving Size</td>
<td>No Limit on Serving Size</td>
</tr>
</tbody>
</table>

**VEGETABLES**

- Asparagus
- Bamboo Shoots
- Bean Sprouts
- Beet Greens
- Black Currant
- Blood Orange
- Colander
- Chard
- Chicory
- Collard Greens
- Cucumber
- Endive
- Escarole
- Garlic
- Kate
- Kolrabi
- Lettuces
- Mushrooms
- Mustard Greens
- Parsley
- Radishes
- Raw Cob Corn
- Salad Greens
- Sauerkraut
- Spinach
- String Beans
- Summer Squashes
- Turnip Greens
- Watercress
- Yellow Squash
- Zucchini

**VEGETABLES**

- Bell Peppers
- Bok Choy Stems
- Chives
- Eggplant
- Green Beans
- Green Onions
- Okra
- Olives
- Pickles
- Pimento
- Rhubarb
- Sweet Potatoes
- Tomatoes
- Water Chestnuts
- Yams

**VEGETABLES**

- Celeriac
- Chickpeas
- Cooked Corn
- Grains, Sprouted
- Horseradish
- Jerus. Artichokes
- Kidney Beans
- Lima Beans
- Lentils
- Parsnips
- Peas
- Popcorn
- Potatoes
- Seeds, Sprouted
- Soybeans
- Sunflower Seeds

**VEGETABLES**

- Acorn Squash
- Artichokes
- Avocado
- Beets
- Brussel Sprouts
- Butternut Squash
- Carrots
- Jicama
- Leeks
- Onion
- Pumpkin
- Rutabagas
- Turnips
- Winter Squashes

**VEGETABLES**

- Apples
- Berries
- Grapes
- Papaya
- Pears
- Prunes, Fresh

**BEVERAGES**

- Beef Tea
- Bouillon - Beef, Chicken Herbal (Decaffeinated) Teas
- Filtered or Spring Water
- Red Wine only (3 glasses max)

**DESSERT**

- Plain Gelatin only

**FOODS EATEN CLOSEST TO THEIR RAW STATE HAVE THE BEST DIGESTIVE ENZYME ABILITY.**

**TAKE FLUIDS MORE THAN ONE HOUR BEFORE OR MORE THAN TWO HOURS AFTER MEALS.**

**LIMIT FLUID INTAKE WITH MEALS TO NO MORE THAN 4 OZ.**

**NO PROCESSED GRAINS, WHITE FLOUR, SUGAR, SUGAR SUBSTITUTES.**
Overweight Adults in the U.S.

1996

DATA SOURCE: BRFSS, CDC

Not Available 0-35% Less More than 35%

1999

DATA SOURCE: BRFSS, CDC

Not Available 0-35% Less More than 35%
Eternal Truth

I want to warn you not to copy me, but work out your own method. Our people tell us to be original. If you can watch the method, though, and the way I go about it, maybe that would give you some thoughts about what to follow, what it’s all about. Then you work out your own substance, your own songs, your own prayers and things to go with it...

Rolling Thunder
Detoxification:

- Every cell in the body has detoxification processes at the membrane entry levels and within the cell, as well as certain systems/organisms in the body, devoted to the larger global detoxification required to prevent toxicity and biochemical strangling.
- Selenium and glutathione have received a lot of attention as essential roles in the detox process, and they are certainly embedded in a complex cascade of eventual increments designed to move foreign substances out of the body in a safe way.
- Whole food concepts do not fractionate to the glutathione and selenium levels of focus, but they do included this level of function by supporting the global pathways that cause glutathione up-regulation and selenium repletion.
- SP Greenfood is a remarkable product making these contributions—3/day maintenance provides great sulfur donors and detox pathway support, and greater dosages (10/day) can be employed to strongly support detox during stressful periods.
- Cataplex E as a selenium contribution can help address cold extremities and supply selenium for heavy metal issues (T4 to T3 conversion).
- Every disease will respond to these efforts, and requires such.
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

Proliferative tendencies as a foundation concept in Cancer

Increased vascular supply created increased fertility for cell growth, just as reduced vascularity creates cell degeneration and ultimately death

Perhaps the body has a balance about its own vascular state that creates proliferative stability

Factors that increase vascularity chronically may increase the soil conditions for proliferative events

Cherry hemangiomas may signal a tendency towards vascular proliferation

Inflammation may promote vascularity
Eternal truth -

Wisdom arises through the simple act of giving someone or something your full attention. Attention is primordial intelligence, consciousness itself. It joins the perceiver and the perceived in a unifying field of awareness. It is the healer of separation.

Eckhart Tolle

Give generously
As you have received