



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

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

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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)

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Concepts of Anti-Aging

Menopausal Decline as a model of the aging process

- ⌘ The aging process begins at birth and is matched by the anabolic/trophic processes which promote growth and repair through out our lives
- ⌘ Because of the strong culture to view only aberrant disease as an endstage event in the degenerative process we have been largely unaware of the continuum that results in disease
- ⌘ To see the degenerative process at work in everyone, regardless of age, opens the practitioner to a larger service and support that transforms the patient's experience into repair and growth
- ⌘ The most obvious model of the degenerative process lies in the study of menopause/andropause wherein physical, mental, emotional and spiritual status declines in a sudden and rapid process - Why?
- ⌘ How does menopause result in these changes in status? - to see the mechanisms grossly and subtly is to witness a degenerative process that is always at play but amplified in intensity during menopause
- ⌘ Also to conceptualize and describe the events of decline naturally leads to an evolution of specific care targeted at reducing or offsetting the degeneration with up-regulated restorative activity

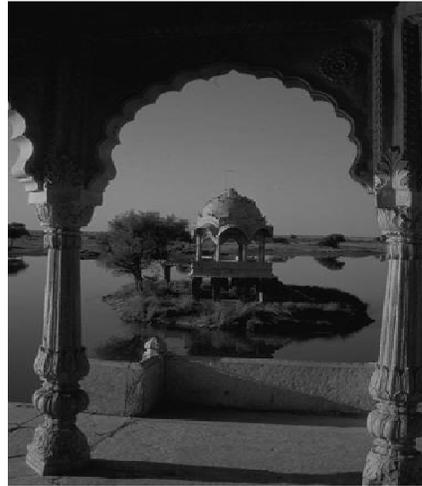
Eternal truth -

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

7 Pillars of Healing 7 Unified Mechanisms of Health

- ↻ Endocrine/Hormonal
- ↻ Glycemic Management
- ↻ pH Bioterrain
- ↻ Inflammatory status
- ↻ Immune burdens
- ↻ Circulatory Status
- ↻ Digestive Potency



7 Pillars of Healing

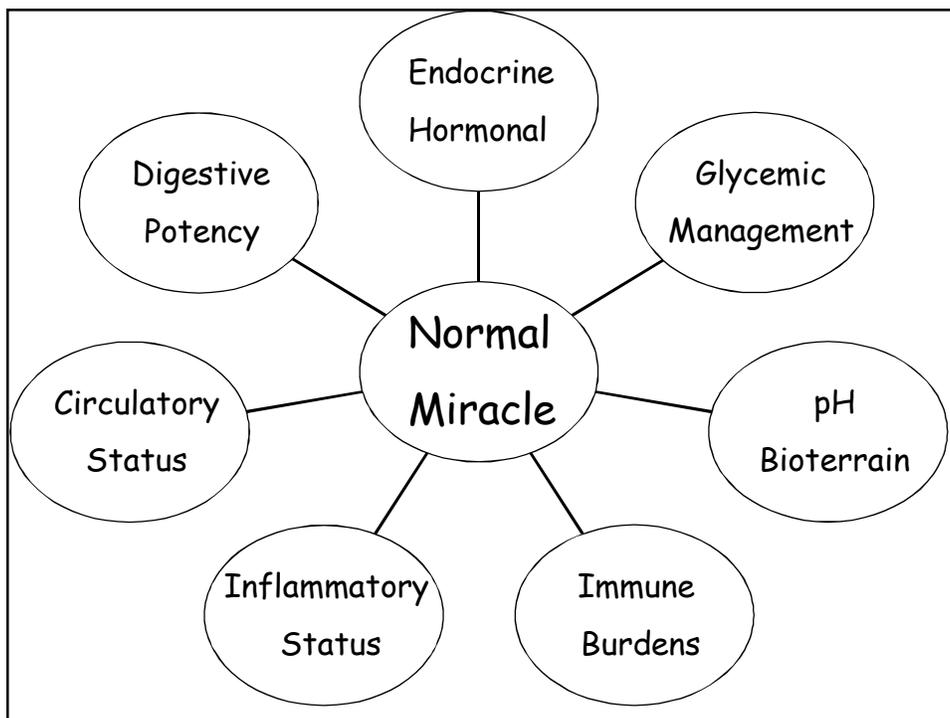
- ↻ Endocrine/Hormonal – Disruption & Depression
- ↻ Glycemic Management – Insulin/Cortisol Dysregulation
- ↻ pH Bioterrain – Net Acid Excess
- ↻ Inflammatory Status – Cumulative Repair Deficit
- ↻ Immune Burden - Toxicity, Infection & Infestation
- ↻ Circulatory Status – Arterial, Venous & Lymphatic Competence
- ↻ Digestive Potency – Fuel absorption, waste removal, Immune modulation

Foundation

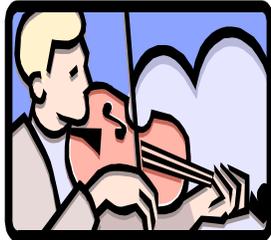
Give me a place to stand
on and

I can move the world

Archimedes



1 -The Endocrine Axis

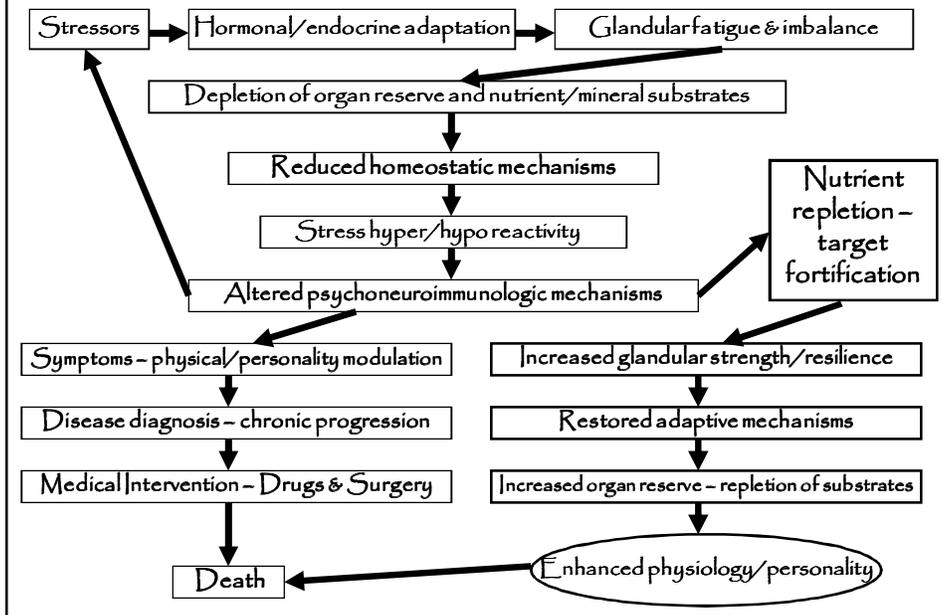


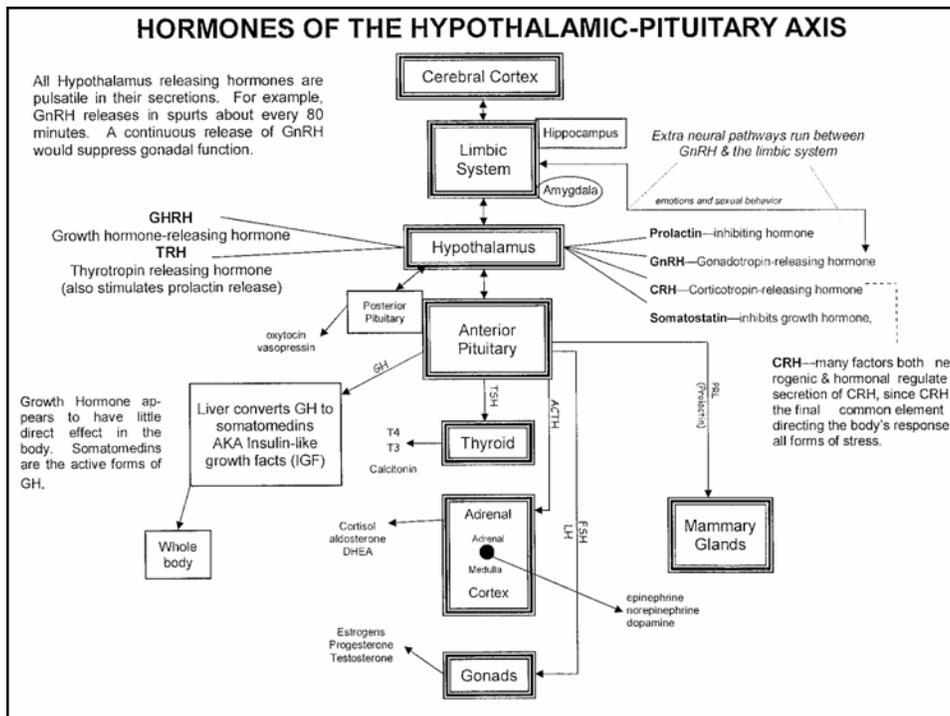
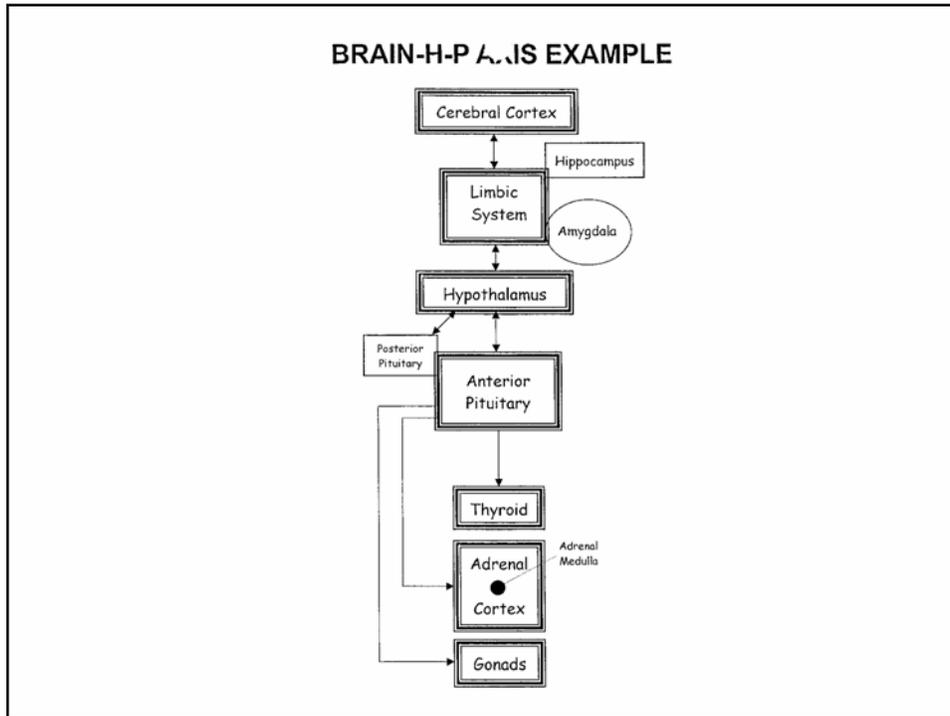
- ⌘ Systemic activation of healing and repair
- ⌘ 7 glandular levels
- ⌘ Estrogen dominance is due to deficient liver cleansing – promote Phase I & II detoxification
- ⌘ PMG’s first, liver support second, lifestyle modification third, herbal support fourth, HRT final step

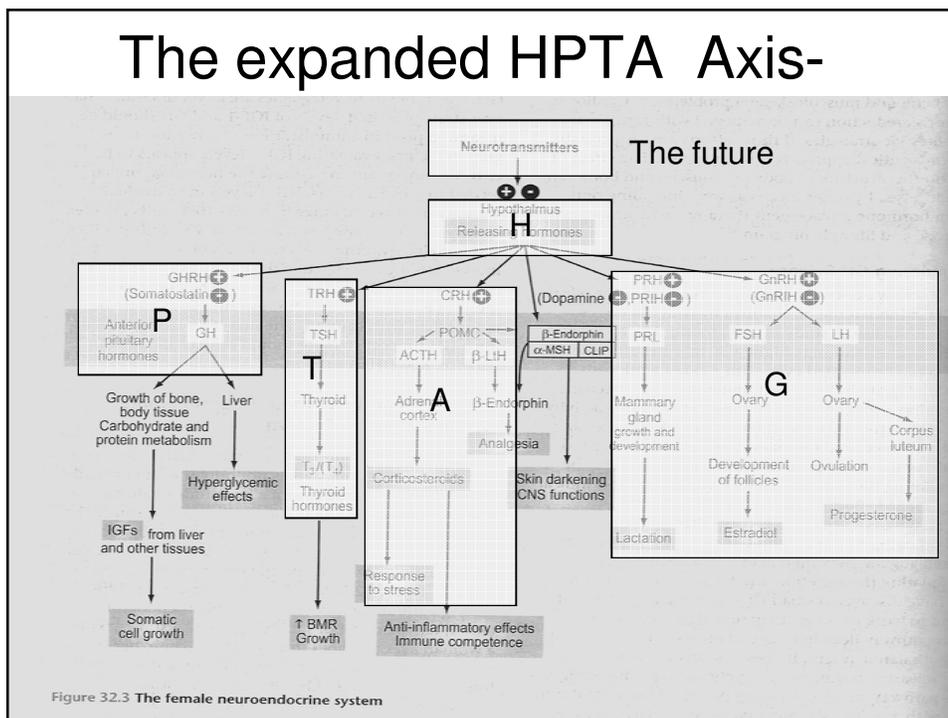
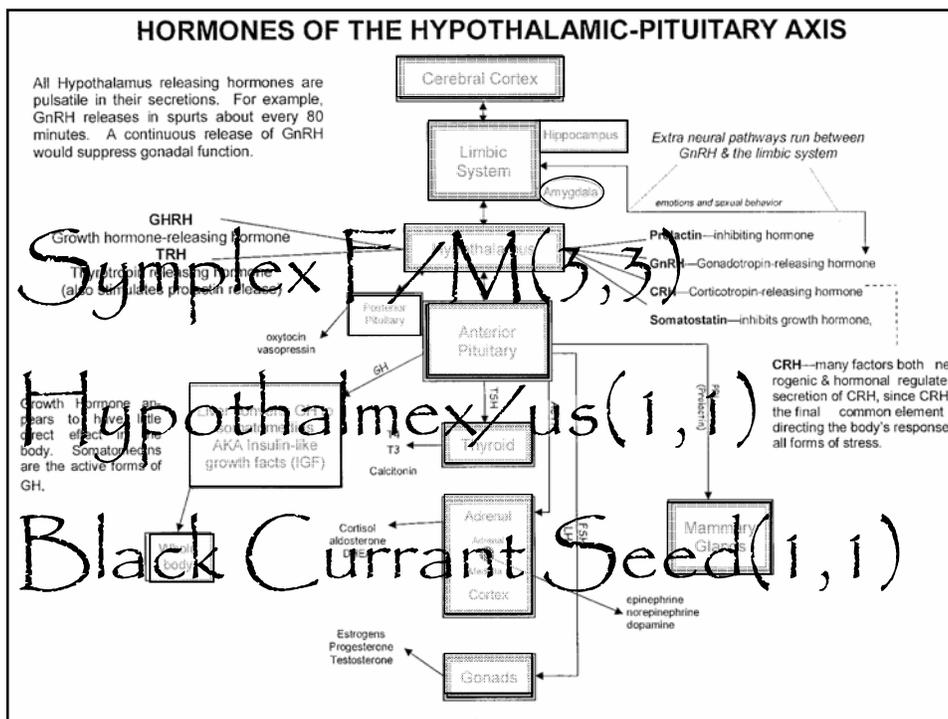
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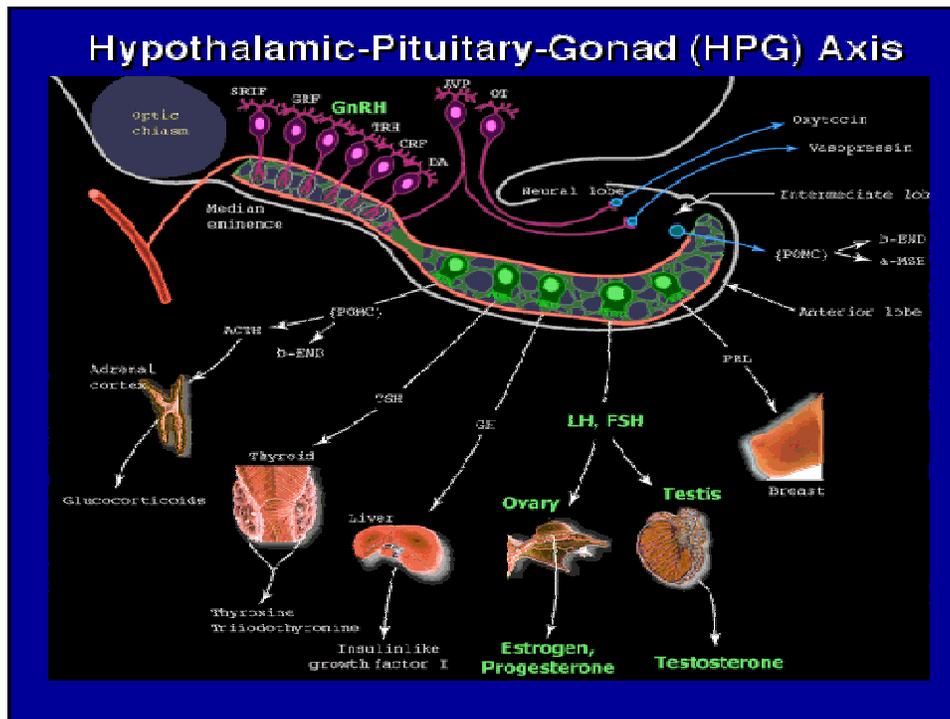


#1 Core Physiologic Principle









Primary Physiology - Endocrine

- ⌘ Amino Acid based:
 - ⌘ Endocrine – Insulin, Glucagon, Somatotrophic hormone, Insulin-like growth factor (IGF), Thyroxin
 - ⌘ Paracrine (pineal) & neurotransmitters – Melatonin, Acetylcholine, Dopamine, Sertonin
- ⌘ Cholesterol based:
 - ⌘ Steroid endocrine – Cortisol, DHEA, Estrogen, Progesterone, Testosterone,
- ⌘ Fat based:
 - ⌘ Autocrine – Eicosanoids, Prostaglandins

Symplex F/M(3,3)

Hypothalmex/us(1,1)

Black Currant Seed(1,1)

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

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

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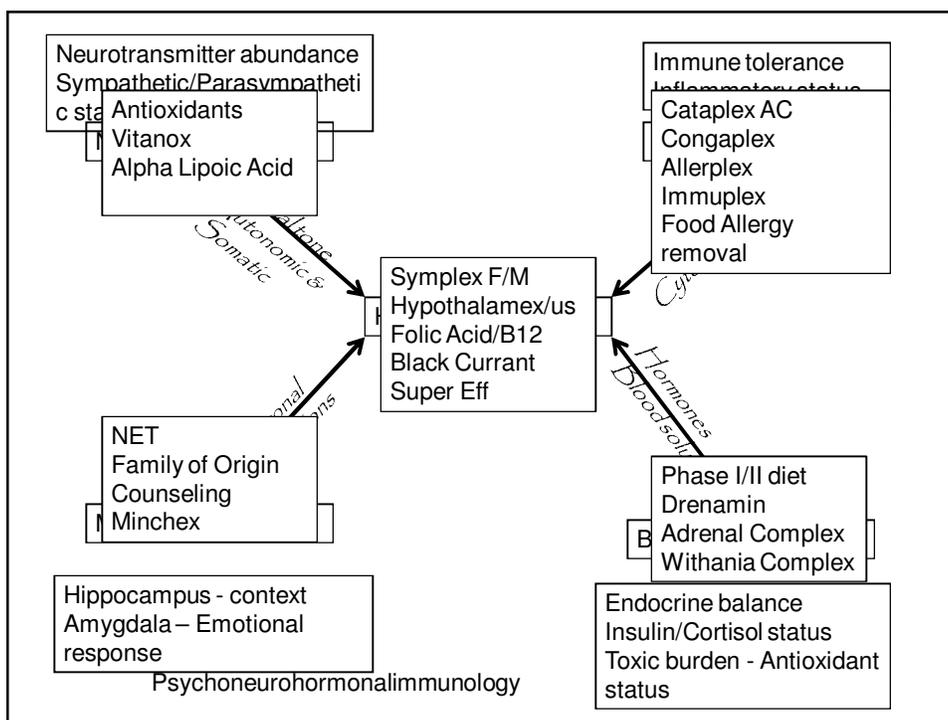
Endocrine Axis Support

- ☞ 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)
 - Posterior - Pituitrophin(6), Trace Minerals/B12(6)
 - Thyroid Hypo - 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 - Bugelweed (1-2 tsp), Motherwort (1-2 tsp with heart arrythmias)
 - Thymus - Thymus PMG(6), Immuplex(6)
 - Pancreas - Pancreatrophin (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), Fortil B12 (4)
 - Male - Orchic PMG, Super EFF (4), Prost-x (6)
 - Female - Ovex (6), Ovatrophin (6), Dong Quai (4), Utrophin (6)

Psychoneuroimmunology -

Immune, nerve and endocrine cells all talking with each other through cytokines, hormones, neurotransmitters creating the biochemical background for spiritual, emotional, mental and physical states of being.

This is the body/mind connection!



Hypothalamus- Basis of Mind/Body Connection

- ⌘ The hard wiring of the Hypothalamus to other brain structures via neuronal projection pathways provides avenues for communicating conscious thought, emotions and memories to the hypothalamic integrator and governor
- ⌘ Median Eminence (ME, Organum Vasculosum of the Lamina Terminalis (OVLT), Posterior Pituitary (Neurohypophysis) - Three components of the hypothalamus lie outside of the blood brain barrier and thus can sample blood-borne solutes such as glucose, electrolytes (especially sodium), fatty acids, amino acids, hormones, neurotransmitters, peptides, cytokines, etc.
- ⌘ Factual information from hippocampus which records new information as longterm memory couples with emotional responses from the amygdala and is then projected into the hypothalamus via the fornix, stria terminalis and amygdalo-fugal pathways

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Hypothalamus- Basis of Mind/Body Connection

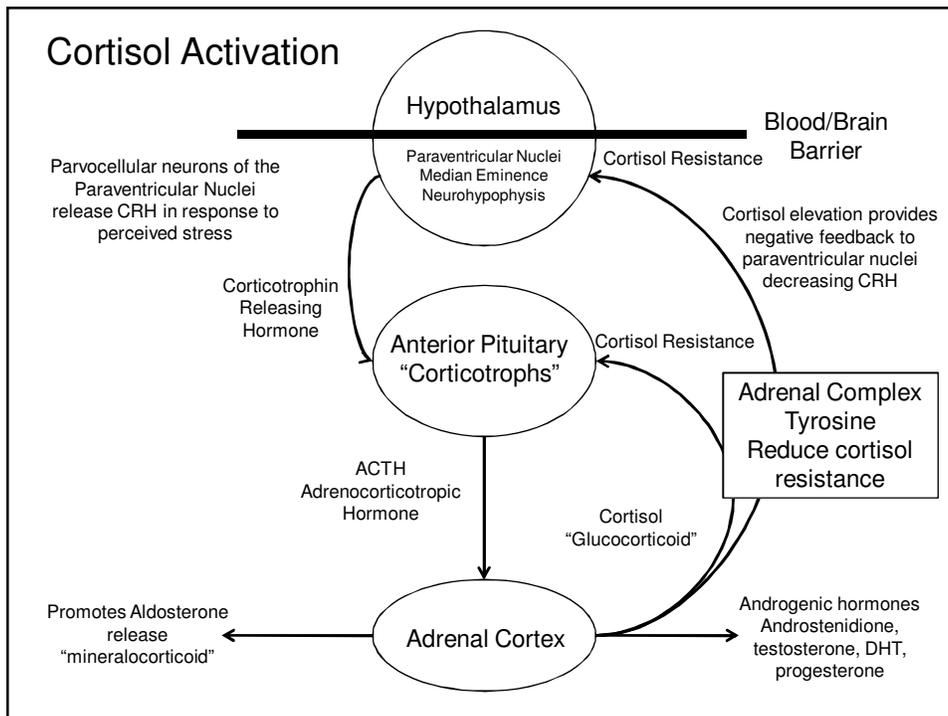
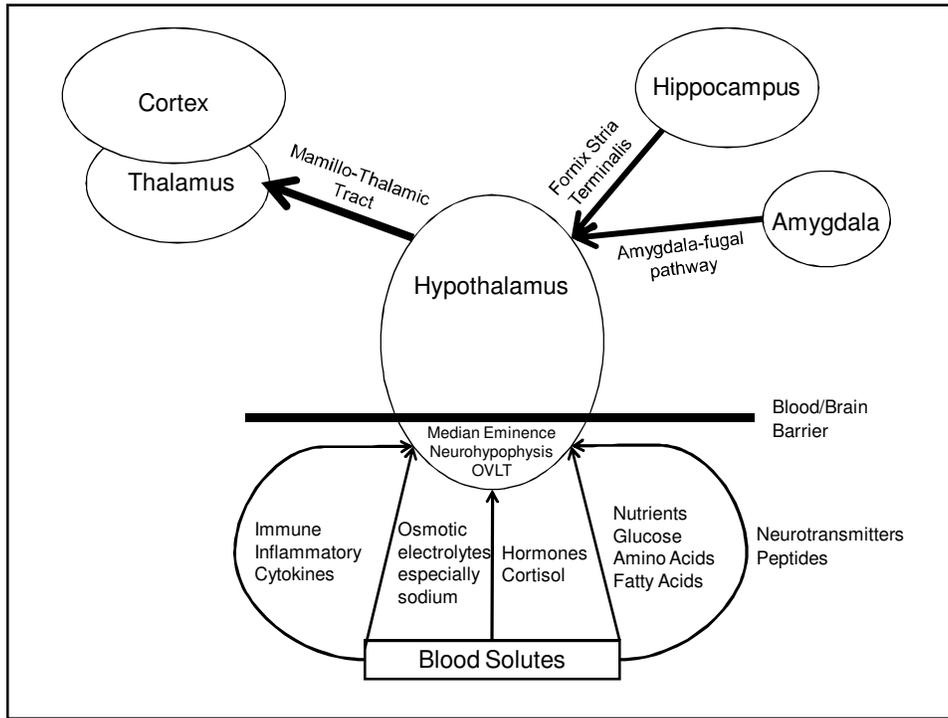
- ⌘ Upon summation of integrated information in hypothalamus and its various intercommunicating nuclei uses releasing factor neurons to release hormonal responses to elicit hormonal, autonomic, metabolic and behavioral changes that are appropriate to the physical/emotional events at hand
- ⌘ Mostly we are unaware of the visceral autonomic alterations, but the Mamillo-Thalamic Tract exits from the hypothalamus and relays information to the thalamus and cortex thus we become aware of physiological responses to stress
- ⌘ Arousal may manifest changes in respiration rate, muscular tone due to release of sympathetic catecholamines, mentation and alertness, body temperature, perspiration, cold hands, dry mouth, the hard wiring of the
- ⌘ These neuronal and humoral pathways are the connectivity between perception and response, between inside and outside
- ⌘ This is the stage for the mind-body/self-nonsel approaches
- ⌘ A person may choose to act upon or modulate these responses

The Stress Model

- ⌘ The HPTA is at the heart of the body's ability to respond to the environment
- ⌘ Cortisol elevation is the result of Corticotrophin Releasing Hormone (CRH) arising from the parvocellular neurons of the paraventricular nucleus (PVN) - this is the 'master' stress hormone released in response to the perception of stress
- ⌘ Stressful stimuli are generalized as:
 - ⌘ Physical – pain, trauma, infection, hypotension, exercise, hypoglycemia
 - ⌘ Psychological – bereavement, fear, personal loss, anger (the perception that God is not in control – something is wrong)
- ⌘ CRH is released into the portal circulation of the Median Eminence and is carried by venous blood to the corticotroph cells of the anterior pituitary where it binds to the cell surface receptors stimulating the release of Adrenocorticotrophic Hormone (ACTH)
- ⌘ ACTH reaches the adrenal cortex stimulating the synthesis of Cortisol (glucocorticoid) and also androgenic hormones like androstenidione and DHEA (both may convert to testosterone and DHT in peripheral tissues)

The Stress Model

- ⌘ Cortisol maintains blood glucose during stressful 'fight or flight' challenges so that as more metabolic fuel is consumed a critical amount is maintained for brain function and to support the activated survival organs such as the heart, lungs, and skeletal muscle with renewable supply of fuel
- ⌘ Cortisol also participates with Aldosterone (mineralocorticoid) in driving sodium reabsorption from the renal tubules conserving electrolytes and water within the vasculature to provide blood and perfusion pressures to vital organs
- ⌘ Cortisol concentrations rise until it effects negative feedback on the CRH neurons and the pituitary corticotrophs to return blood levels to normal preventing prolonged elevations of CRH, ACTH and cortisol
- ⌘ Chronic stress and maladapted responses to stress alters this mechanism and causes longterm cortisol dysregulation and even 'cortisol resistance'



Modulating Cortisol

- ⌘ Adrenal Complex (1-2) has exploded on the scene and represents another MediHerb homerun
- ⌘ Introduced in 02/09 it has backordered multiple times as Americans have grasped its value as an idea whose time has come
- ⌘ Licorice (250 mg of 7:1 extract) contains 25 mg of glycyrrhizin the active component that assists cortisone (a less active storage form of cortisol) to convert to cortisol (more active form)
- ⌘ Rehmannia (150 mg of 5:1 extract) provides immune modulation
- ⌘ Expect modulation in WHR, concentration, sleep quality, reduced muscle tension, relaxability, reduced anxiety
- ⌘ Contraindicated when hypertension results

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Modulating Cortisol

- ⌘ Symplex, Hypothalmex/us – HPA general support
- ⌘ Androgen up-regulation
- ⌘ Adrenal Complex – 2-4/day licorice & rehmannia
- ⌘ Allergen removal
- ⌘ Drenamin – 6/day
- ⌘ Dessicated Adrenal – 2-4/day for acute activation
- ⌘ Eleuthero – 2-4/day
- ⌘ Withania Complex – 2/day
- ⌘ Vitanox 2-4/day
- ⌘ Detoxification
- ⌘ Change of thinking
- ⌘ Neuro-emotional release

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New Product Alert – Read All About It!

❑ Adrenal Complex released February, 2009 is brilliant for reducing cortisol resistance and dysregulation (one of the main contributing factors to energy mismanagement and increased waist to hip ratio or waist thickening and food dependency) and seems to reduce cortisol burden as a secondary effect to increasing cortisol sensitivity in the regulatory mechanisms. Most physicians are not even thinking about cortisol resistance and its signs and so anxiety and depression go unchecked.

❑ This product is another grand slam product introduced by Kerry Bone, which immediately began to work and has ever since. Licorice increases conversion of cortisone (inactive form) to cortisol (active form), and Rehmannia modulates the immune system and cytokine messengers impact on endocrine function. The country has grabbed the clinical concept and it back orders regularly. America is more ready than we think!

❑ Adrenal Complex:

- ❑ Licorice 250 mg providing 25 mg of active glycyrrhizin
- ❑ Rehmannia 150 mg

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Mentoring -

☞ To name a thing is to control that thing

Aristotle

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Women's Hormonal Questionnaire

Menopause is a profound modulation and transformation of metabolic and hormonal complexion. It is a process that requires 10 to 15 years to complete, just as puberty began at 13 and completed at 25. Because of the shift in metabolic and hormonal activity many underlying imbalances become exaggerated and create symptoms. This questionnaire helps to assess these basic levels of imbalance so that menopause maybe facilitated and more graceful.

Instructions: 0=Never; 1=mild; 2=moderate; 3=severe

Increased Inflammation:	
Body Joint Aches/Backache	0 1 2 3
Sigh frequently	0 1 2 3
Acne/Itching	0 1 2 3 Total for this section
<hr/>	
Hormonal Disruption:	
Mood swings	0 1 2 3
Anxiety/Nervousness	0 1 2 3
Overly Reactive/Short fuse	0 1 2 3
Depression	0 1 2 3
Lowered self-esteem/self image	0 1 2 3
Sadness/Crying	0 1 2 3
Difficulty Falling Asleep/ Difficulty Staying Asleep	0 1 2 3
Constant hunger	0 1 2 3
Sweet cravings (sugar/chocolate)	0 1 2 3
Caffeine/ Stimulant cravings	0 1 2 3
Salt cravings	0 1 2 3
Weight gain	0 1 2 3
Hirsutism (abdominal, facial, or nipple hair)	0 1 2 3
Lowered libido	0 1 2 3
Hot flashes (Daytime)	0 1 2 3
Vaginal dryness	0 1 2 3
Flank/intercourse	0 1 2 3
Body/Head hair loss	0 1 2 3 Total for this section
<hr/>	
Deep Toxicity:	
Fatigue	0 1 2 3
Water Retention	0 1 2 3
Dry Skin/ Brown Spots (melasma)	0 1 2 3
Night sweats	0 1 2 3 Total for this section
<hr/>	
Antioxidant Issues:	
Foggy thinking	0 1 2 3
Memory difficulties	0 1 2 3
Do you find that circumstances are overwhelming?	0 1 2 3
Do loud noises/music disturb you?	0 1 2 3
Does the world intimidate you or scare you?	0 1 2 3
Do you feel like spinning away?	0 1 2 3 Total for this section
<hr/>	
<small>Overall Total: 5-20 mild; 21-40 moderate; 41 and above is severe</small>	

Four Stage Hypothalamic Process and Support

- ☞ Inflammation and immune signaling – What can be done to reduce inflammatory burden
- ☞ Hormonal Disruption – What can be done to increase hormonal sensitivity and therefore reduce hormonal amplification
- ☞ Toxic Burdens – What can be done to reduce toxic burden and therefore disruption
- ☞ Antioxidant Depletion – What can be done to reduce antioxidant wasting due to secondary cleansing pathways burden

Foundations

I learned this, at least, by my experiment: that if one advances confidently in the direction of his dreams, and endeavors to live the which he has imagined, he will meet with success unexpected in common hours. He will put some things behind, will pass an invisible boundary: new, universal and more liberal laws will begin to establish themselves around and within him; or the old laws be expanded, and interpreted in his favor in a more liberal sense, and he ill live with the license of a higher order of beings. In proportion as he simplifies his life, the laws of the universe will appear less complex, and the solitude will not be solitude, nor poverty poverty, nor weakness weakness. If you have built castle in the air, your work need not be lost: that is where they should be.

Now put the foundations under them.

Henry David Thoreau

Visit after visit — Start today

- ☞ See each patient for the issues they reveal
- ☞ Teach every patient the principles that give them potency and process in their living
- ☞ Employ the principles of the seven pillars as a way of seeing the human in the process of manifestation - Application of pillars is sequential and at the discretion of the doctor – always start with caring for the chief complaint, the pillars that relate to that issue, and the deemed physiological priority (eg – immune)
- ☞ Take some risk - safely
- ☞ Document, then declare success
- ☞ See the aging process, no matter the age
- ☞ Be a practitioner who is always developing the patient beyond their request
- ☞ Change outcomes, stop disease progression, reveal the inherent healing potential by using principles and products that express The Law (the way it was made to work)
- ☞ Care for the four stage hypothalamic issues and reverse the degenerative process

