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

Each participant attends monthly teleconferences (1 hour in duration, 4\textsuperscript{th} 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)
Approach to wisdom

Throughout history the really fundamental changes in societies have come about not from the dictates of governments and the results of battles, but through vast numbers of people changing their minds, sometimes only a little bit.

Willis Harman

Managing Lipoprotein Dyslipidemia

› For decades the primary blood marker associated with cardiovascular disease has been cholesterol – total cholesterol at first then LDL and HDL, deemed ‘bad and good’ cholesterol

› Additional risk factors have emerged including c-reactive protein as an indication of inflammation and homocysteine as measuring the attachment potential to the wall of the artery

› Although lifetime coronary heart disease mortality can be correlated to cholesterol, it does not predict CHD events in individuals as well as could be hoped
The Lipid Players

- LDL – total amount of cholesterol found in low-density lipoprotein particles – currently specialists seek to limit under 70 with high risk individuals – large clinical trials have confirmed that LDL reduction decreases the risk for future events.

- HDL – total cholesterol found in high density lipoprotein particles – these particles are thought to assist in transporting cholesterol from the tissue to the liver for removal – in general a 1 mg/dl increase in HDL results in a 2-4% decrease in risk (most seen in women).

- Non-HDL cholesterol – total amount minus HDL – easily derived from simple lab test make this useful in cost prohibitive cases – high risk <130 mg/dl, moderate risk <160, low risk <190.

The Lipid Players

- Triglycerides – a form of fat in the blood is elevated in insulin resistant dyslipidemia – fasting TG above 150 is a criteria of metabolic syndrome, below 150 is normal, 150-199 borderline high, 200-499 high, over 500 very high.

- Apolipoprotein B – a protein found in the outer shell of all lipoproteins – each VLDL, IDL and LDL particle contain 1 molecule of apo B so it is an estimate of the atherogenic character of the lipid particles – guidelines say high risk <90, moderate risk <110, low risk <130.

- Apolipoprotein A – found within HDL only – A ratio > 1 of Apo B to Apo A is considered atherogenic.

- VLDL – becoming a key constituent of atherogenic profile related to insulin resistance and diabetes.

- Lipoprotein a – essentially same structure as LDL except it has apo (a) covalently attached to the surface of LDL particles which make it promote coagulation and increase oxidative inflammatory activity – Niacin is only reliable way to lower Lp(a).
Anatomy of Lipoproteins -

- Cholesterol and triglycerides are transported through the blood in particles called lipoproteins, that are classified by their relative densities.
- Lipoproteins have a shell derived from phospholipids, free cholesterol and apolipoproteins – and a central core of triglycerides and cholesterol esters.
- The number and size of the various particles and corresponding lipoprotein levels and the more accurate markers of atherogenic potential.

Lipid Structure -

![Lipoprotein Anatomy](image)
The Cholesterol Game -

- Traditional risk factors of CAD are total cholesterol, HDL, LDL, Triglycerides, ratios (only 50-60% accurate)
- Individualized risk factors fill in the blank:
  - Genetics – Lipoprotein a
  - Nutrition – Homocysteine
  - Inflammation – C-Reactive protein
  - Viscosity – Fibrinogen
- Apolipoprotein A1 = HDL (good guy)
- Apolipoprotein B + lipoprotein a = LDL (bad guy)
- Apo B/ Apo A1 ratio is best predictor of CAD
- lipoprotein a - hereditary marker for CAD, carotid atherosclerosis, cerebral infarction risk – niacin (3-4 g/day reduces up to 38%)

Capillary Function & Fragility

- Scurvy has always been a feared disease – vascular disease is subclinical scurvy
- Vitamin C is required to build collagen (tissue cement and reinforcement), without which vascular integrity declines
- Vascular integrity must be maintained to maintain positive pressure system - weakened vessels (leaking) require repair by lipoprotein (a) (wrapped with apolipoprotein b – it plugs and seals the vessel
- Less plugging material and less adhesive tape (apo b = less risk for heart disease
- Lipoprotein (a) most effective repair molecule to survive subclinical scurvy – chronic C deficiency results in excessive repair and buildup of atherosclerotic tumors/plaque
- Lipoprotein (a) is heart risk factor 10 times greater than LDL
  - 0-20 mg/dl - low risk for heart disease
  - 20-40 mg/dl - medium risk
  - >40 mg/dl - high risk
Vitamin C - Lipoprotein(a) Connection

- High Vitamin C levels = little or no need for lipoprotein(a) molecules – level falls over time
- Low Vitamin C levels = great need for repair lipoprotein(a) molecules – level builds over time
- Prehistoric inherited genetic advantage developed during the ice ages – excessively activated in modern times
- Animals capable of synthesizing Vitamin C have little to no lipoprotein(a), and no incidence of vascular events
- Coronary arteries under tremendous stress – compresses and flattened 70 times/minute – when collagen levels fall these arteries will leak and become increasingly inflamed – sticky to plaque
- Cataplex C (3), Cardioplus (6), Vasculin (6), Cataplex ACP (3), Collagen C (3), Cataplex B (6), Cataplex G (6), Organic Minerals (6), Magnesium (3), L-Carnitine (150 mg), L-Proline (500 mg), L-Lysine (500 mg), CoQ10 (25 mg), Folic Acid (2)
- Gingko Biloba reduces Lpa significantly

Homocysteine & Vascular Risk

Relative risk of CAD with major risk factors

Castelli et al., JANA 256:2235, 1996
Homocysteine Metabolism

The Transulfuration Pathway

Methionine

S-adenosyl-methionine

DADS

Bataine

Vitamin B12

Folate Cycle

Methyl acceptor

S-adenosyl-homocysteine

Methylated acceptor

Homocysteine

Vitamin B6

Cysteine

Sulfate + H2O

Urine

Tuna Omega (4), Gingko (2), Niacinamide (2), Gastrofiber (3), Homocysteine support, Cholaplex (4), Phase II diet
Tuna Omega (4), Gingko (2), Niacinamide (2), Gastrofiber (3), Homocysteine support, Cholaplex (4), Phase II diet
2 - Glycemic Management

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

- **Glycemic balance** → **Introduce glucose – source in starch, alcohol, sugars** → **Increased blood glucose**
  - **Hunger – Sugar cravings** → **Insulin up-regulation** → **Adaptation – Insulin Resistance**
  - **Cells absorb sugar – store as triglycerides** → **Anabolic weight/fat gain**
    - **Protein/fat** → **Increased satiety**
    - **Increase gluconeogenesis**
    - **Mitochondria proliferate**

- **Hypoglycemia – blood sugar too low** → **Stress – Increased Cortisol** → **Glycogen reserve depletion** → **Increase inflammation & anxiety** → **Glycemic dysregulation** → **Adrenal /Pancreas stress** → **food dependency / fatigue** → **Increased energy/stamina/productivity/independence**

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**Carbs & Hormones**

Anabolic Adaptation


Catabolic shift

**PHASE II FOOD PLAN FOR BALANCING BODY CHEMISTRY**

**VEGETABLES**
- 0% or less carbs
  - Asparagus
  - Bell Peppers
  - Bamboo Shoots
  - Beet Greens
  - Beet Greens (raw)
  - Beet Greens (cooked)
  - Broccoli
  - Collard Greens
  - Chard
  - Chicory
  - Cucumber
  - Endive
  - Escarole
  - Garlic
  - Kales
  - Mustard Greens
  - Mushrooms
  - Squash
  - Radishes
  - Raw Cob Corn
  - Sauerkraut
  - Spinach
  - String Beans
  - Summer Squash
  - Turnip Greens
  - Watercress
  - Yellow Squash

**VEGETABLES**
- 3% or less carbs
  - Asparagus
  - Bamboo Shoots
  - Bean Sprouts
  - Beet Greens
  - Bok Choy Greens
  - Broccoli Cabbages
  - Cauliflower
  - Celery
  - Chards
  - Chicory
  - Collard Greens
  - Cucumber
  - Endive
  - Escarole
  - Garlic
  - Kales
  - Lettuces
  - Mustard Greens
  - Mushrooms
  - Radishes
  - Raw Cob Corn
  - Salad Greens
  - Spinach
  - String Beans
  - Summer Squash
  - Turnip Greens
  - Watercress
  - Yellow Squash

**VEGETABLES**
- 6% or less carbs
  - Bell Peppers
  - Bok Choy Stems
  - Chives
  - Eggplant
  - Green Beans
  - Green Onions
  - Okra
  - Olives
  - Pickles
  - Pimento
  - Rhubarb
  - Sweet Potatoes
  - Tomatoes
  - Water Chestnuts
  - Yams

**VEGETABLES**
- 12 - 21% carbs
  - On Limited Basis
  - Celeriac
  - Chickpeas
  - Cooked Corn
  - Grains, Sprouted
  - Horseradish
  - Jerus. Artichokes
  - Kidney Beans
  - Lima Beans
  - Lentils
  - Parsnips
  - Peas
  - Popcorn
  - Potatoes
  - Seeds, Sprouted
  - Soybeans
  - Sunflower Seeds

**MISCELLANEOUS**
- In Limited Amounts
  - Butter, Raw
  - Caviar
  - Coffee (as the caffeine content is low)
  - Condiments - Oil / Cider Vinegar only
  - Jerky
  - Kefir, Raw (liquid yogurt)
  - Milk, Raw Cold Pressed
  - Nuts, Raw (except Peanuts)
  - Olive Oil (see Cautions)
  - Oils - Vegetable, Olive (no Canola) preferably cold-pressed

**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.**

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Phase II diet for balancing blood chemistry (revised from Melvin Page's work):

Removing Starches will control your blood sugar, which will remove THE major stress on your body-Hypoglycemia.

The 1st and most important step is to remove, paste, bread, white potatoes and rice. The 2nd step is to consume processed flour.

The 3rd step is to phase out all proc 50% with exercise & the maintenance step is to form a team with one another, Balance your eating plan.
Research – Ketogenic Diet

- In 12 men (mean age 36.7 years) who switched from diet of protein/CHO/fat 17-47-32 to 30-8-61 (compared with 8 control subjects)
- 33% reduction in fasting triglycerides
- 29% reduced post-prandial lipemia after fat rich meal
- 34% reduction in fasting insulin levels
- 11.5% increase in HDL cholesterol

Triglycerides 104
Cholesterol 210
Normal CHO Consumption

 água: Sanity dictates that we consume CHO’s with lower glycemic indices
 água: Americans eat a high CHO diet, we recommend a normal CHO diet, not low
 água: There are no essential CHO’s
 água: Energy increases, body sculpting ensues, weight reduction of fat only, lean muscle mass increases, food cravings recede, insulin resistance reverses – What’s to argue over?
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

A Clinical study – Hard made easy!

William (60 years old, carpet cleaning business) flew down from Ohio presenting cardiomyopathy for past 5 years – done everything (chelation, Cleveland Clinic), feeling terrible, loss libido, brain fog, general asthenia, sleep disorder, toenail fungus, etc.

Began Thymex (10), Symplex M (6), BCSO (2), Hypothalmex (2), Albaplex (6), Cataplex AC(10), SSO (6), Cardioplus (6), OPC (1), Glutamine (1.5 g), Tribulus (2), CoQ10 (300 mg), Astragulus (2), Echinacea (2)

Last seen 6/22/05 – after 2 months – ecstatic, feels better than in five years, sleep improved, libido improved, strong & energetic, elimination of stimulants, brain fog almost gone

Beyond my expectations, almost absurd to be able to achieve these results after all this man has been through for the past 5 years – message is that it is simple, not complicated and difficult and expensive, when the time has come for healing and being finished with the learning/suffering experience

What’s next – he’s enrolled – he loves renewal – we love just being next to him
Presented with R & L ear lobe creases, vertigo, tongue – allergy patches, swollen & coated, puffy lower eyelids, dark circles under eyes, cold hands & feet, chest tension and dull pain, short of breath on exertion, blood in stools, swollen prostate, rash/fungus in grin & toenails, burning feet, finger nail splinter hemorrhages, baby finger nail luna, frequent urination, irritable, worrisome, fatigue, 3 pm low, loss of libido, 158 lbs, 65 inches, medication – Lipitor, Plavix, Niaspan, Hyzaar, Vanexa.
Visit after visit — Start today

- See each patient for the lipid status they present
- Teach every patient the principles of starch restriction and insulin reduction and prepare them with concepts to maximize their lifespan and wellspan
- 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
- 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)
- Use Gastrofiber (3/day) and Cholaplex (4/day) and Niacinamide (2/day) and Tuna Omega (4) and Gingko (2) to reduce lipids and optimize

The greatest use of your time

Think New Thoughts
Change the world
It wants to