



**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

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### Mentoring the mentor:

- Each participant attends monthly teleconferences (1 hour in duration, 4<sup>th</sup> Thursday of month) creating a round table discussion/exploration of the dynamics and details of a nutrition-based wholistic practice
- Each participant chooses how to convey the notes and information to their world and community – no information squandering

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### Evoking the innate healing force -

The body is intricately simple and simply intricate. If you produce the right measure for the right condition, you get the right response.

George Goodheart

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### Review - Distinguish yourself

- It is more apparent why people are choosing alternative health care professionals who specialize in a functional approach
- No matter you specialty or technique you must distinguish yourself as an expert – people are just seeking to understand and they need you to do so
- Typically in the healthcare industry people are receiving shallow answers that leave them puzzled with the mystery of “Why is this happening to me?” and “What can I do about it?”
- Trends research over 10 years ago identified a number of factors essential to being successful in the nutritional field – one of those was establishing yourself as an expert

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### Review - Explanation as hope

- The practitioner's ability to explain health issues and therapeutic outcomes creates an inflation of understanding in the patient which feels like hope
- Today in the professional world there is so much avoidance of 'giving false hope' that often we end up offering little hope at all
- I propose another model that bolsters hope and expectation and subsequently practices accountability as to whether the therapeutic endeavors are achieved or not
- As long as the hope that has been instilled is revisited and acknowledged as being accomplished or not the betrayal of false hope can be avoided
- So as an example, if a practitioner was describing the potential for nutritional intervention through supplements and diet modification to improve the lipid profile, then s/he would need to revisit to success or failure of the experiment within a reasonable period of time
- Our community is starving for legitimate hope, as a starting place, as empowerment to begin, as an idea to act upon
- There is genius in hope

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### Sequential Up-Regulation

- The original sequential Immune Up-regulation was an invention named upon the realization of the process with a patient starting in 1998
- The concept of sequential detoxification and hormonal up-regulation was named after the process was well known about a year ago during a Mentor call by one of the participants
- So now the immune and hormonal up-regulation meet one another as two aspects of one larger evolutionary event sequentially unfolding for each of our patients
- This presentation will further elucidate these events while superimposing upon a current case and that patients' progress
- It is the hope that this will describe a more universal process at work in the common and extraordinary cases we undertake with our patients

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### Seven Pillars Unified Mechanisms of Health

Promoting Physiology

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## 7 Pillars of Healing

### 7 Unified Mechanisms of Health

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




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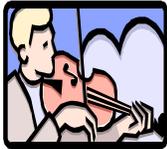
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## 1 -The Endocrine Axis




- ↻ 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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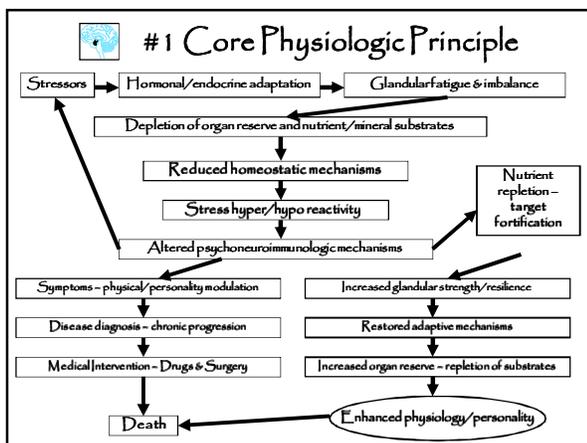
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### Liver – Where to begin:

- One of the most popular starting places doctors choose to begin modulating health function is with the SP Purification Program (21 days) – this is in fact a liver detox and unburdening program specifically promoting both Phase I and II detoxification – the liver is cleansed, weight is reduced, and a metabolic/endocrine ‘reboot’ is accomplished
- There are many other ways to gradually and incrementally up-regulate liver status that can be considered as an ongoing way to promote health and transformation

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### Liver sequentially enhanced:

- A F Betafood
- Choline
- Betacol
- Livaplex
- Livco
- Livton
- Albizia
- Parasite cleansing (Zymex II, Multizyme, Wormwood)

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### Liver cleansing step by step:

- A F Betafood – 10/day - cholagogue promoting bile synthesis and delivery
- Choline – 6/day – begin second month with A F Betafood and further emulsify fats and therefore bile action
- Betacol – 6/day – Follow A F Betafood program with this promoting cleansing of highly alkaline guanidine from liver
- Collinsonia Root – 6/day – Promotes increased vascular dilation in hepatic and peripheral circulation – very useful in reducing liver congestion

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### Liver cleansing step by step:

- Livaplex – 6/day – combination product including A F Betafood, Hepatrophin, Betacol, Spanish Black Radish, Chezyn, Antronex – used for general liver support and cleansing and may be seen as a next step to liver sequential up-regulation
- Livco – 4/day – Promotes Phase I & II detoxification and helps with viral burdens in the liver
- Livton – 4/day – Promotes bile production and delivery (cholagogue) supporting normal digestive actions and preventing bile and bowel stasis
- Albizia – 4/day – Supports the Kupfer cells in the liver which release histamine and thus reduce histaminic burden and body sensitivity

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### Estrogen Dominance - Widespread

- ↪ Defined as deficient, normal, or excessive levels of estrogen with too little progesterone to balance the estrogen – common in both cycling and menopausal women, and andropausal men
- ↪ Caused by cortisol(pregnenelone) steal, HRT & BC pill, adrenal fatigue, hypothyroidism, high glycemic diet, trans-fatty acids, xenoestrogens, obesity (estrogen is made in the fat cells)
- ↪ Symptoms may include: anxiety, anger, agitation, mood swings, depression, dysmenorrhea, water retention, fibrocystic breasts & tenderness, migraines, food cravings, fibromyalgic discomfort, acne, loss of mentation, mid-body fat gain, cold extremities (estrogen blocks thyroid), dysglycemia, loss of libido, infertility, insomnia, osteoporosis, PCOS, uterine fibroids, autoimmunity, breast or uterine cancer

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### Estrogen – Ultimate Phase I/II Detoxification

- ↪ For hormones to dance with other hormones it must have a flexible response pattern = be able to increase/decrease rapidly
- ↪ Estrogen building up imbalances menstruation, pregnancy, lactation (following menopause dance continues to prolong life, supporting structural, cardiac, and neurological functions)
- ↪ Cytochrome P450 enzyme system is used to eliminate drugs, toxins, unwanted substances, biological agents, and estrogens – body views estrogen as a toxin because it allows such a small number of estrogen molecules to be active, unlike testosterone, DHEA, progesterone
- ↪ Phase I (P450) – oxidation, reduction, hydrolysis, hydration, dehalogenation = increased polarity, less lipid-soluble, reactive oxygen intermediates with potential for secondary tissue damage "sticky reactive molecules" (antioxidant needs)
- ↪ Phase II – sulfation, methylation, glucuronidation = polar water-soluble bile and urine (sulfation, homocysteine support, and gut symbiotic bacteria + soluble fiber are essential fuels)
- ↪ Phase III (Antiporter) – a recirculation process not yet accepted scientifically, active efflux pump decreasing intracellular concentration of xenobiotics allowing for a "second-pass" with the detox enzymes located at or near the cell membrane (more concentrated presence in cancer cells, liver, kidney, pancreas, intestines, brain, testes)

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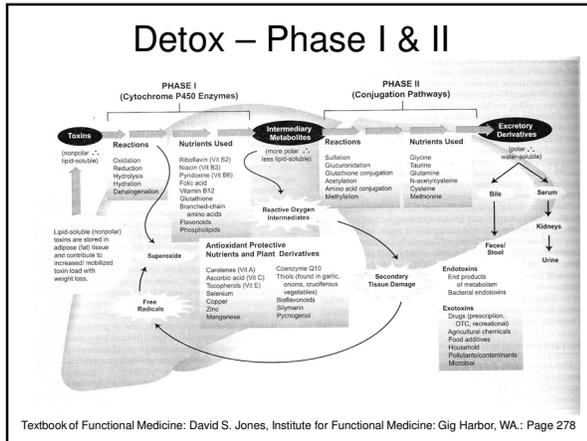
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### Effects of Estrogens

<p>☞ Tissue Proliferative Effects</p> <ul style="list-style-type: none"> <li>☞ Breast tissue proliferation</li> <li>☞ Vaginal tissue proliferation</li> <li>☞ Skin, nail, and hair proliferation</li> <li>☞ Parietal cells (HCL)</li> </ul>	<p>☞ Other Effects</p> <ul style="list-style-type: none"> <li>☞ Antagonist effects on proinflammatory transcriptional factors</li> <li>☞ Modulation of nitric oxide</li> <li>☞ Direct antioxidative effects</li> <li>☞ Immune system modulation</li> </ul>
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### Conditions that Increase in Risk with Perimenopause and Menopause

- ☞ Cardiovascular Disease and Stroke
- ☞ Osteoporosis
- ☞ Dementia and Alzheimer's
- ☞ Arthritis
- ☞ Autoimmune Disease

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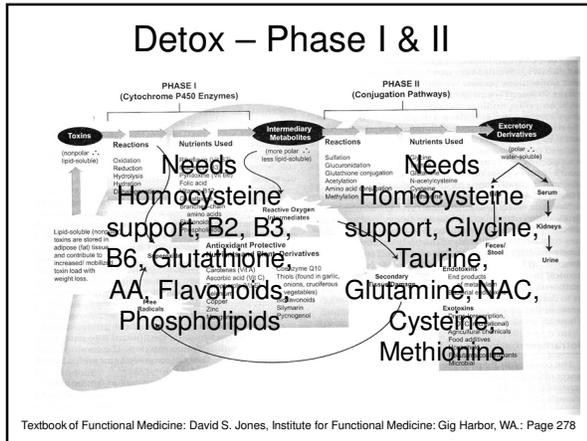
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**Stepping Forward**

It is doing and not simply knowing  
 Risking based on reason  
 Passion because of possibility

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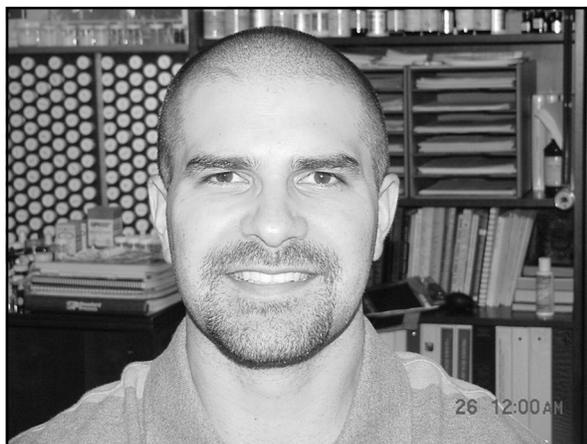
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**Bone health –  
A circulatory perspective:**

- The classic view of osteoarthritis(OA) and bone health status is based on the concept of demineralization and yet this does not address the localized effect of OA and the resistive response in the nutritional patient
- So this discussion will speculate about a different etiology for OA and bone health – which does seem to respond quickly to nutritional intervention
- This is first based on ideas elaborated by Kerry Bone and subsequent application of these perspectives clinically with many patients and outcomes observed

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**Bone circulation:**

- An Australian researcher was developing a large computer model database – he queried it with certain risk factors known to associate with the typical vascular issues of incidence in the society (e.g. – Type A personality, smoking) – he expected the computer model to show a certain percentage of vascular heart disease – it did – but it also revealed an incidence of OA 400% greater than CAD – so he sought cadaver confirmation of what the statistics were suggesting
- The osseous microvasculature supplying blood to the bone was plaqued and blocked in OA suggesting a loss of nutrient supply to the bone for ongoing osteoblastic buildup

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### Bone circulation:

- This in turn resulted in an osteonecrosis and bone compression and then the characteristic hypertrophic lipping and spurring in response
- Because the vascular pathways supplying blood to bone is through hard channels incapable of dilation the bone clinically shows vascular obstruction 4 times more than the heart
- So with vascular renewal programs and oral chelation efforts reduction in OA symptoms are able to be observed within 3-4 weeks, with therapeutic intervention requiring 3-6 months to achieve maximal improvement
- Remember bone remodeling has a half life of 5 years, and thus changes can be expected for at least that time

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### Bone circulation protocol:

- Oral chelation:
  - Garlic Forte 2/day
  - Cayenne 2/day
  - Cyruta 6/day
- Promoting osteoblastic remodeling:
  - Biost 6/day
  - Cataplex D 6/day
  - Gotu Kola Complex 2/day
  - Bone Complex 2/day

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### Review - Therapeutic Rationale

- This is the reason why we do and don't do
- Therefore it is the reason why the patient will do or not what you recommend
- It is the source of hope and the starting place
- The functional practitioner serves from this rationale in all endeavors, and it becomes the practice style – making incursions into disease conditions based on a rationale and an accountable procedure
- this expands the practice and builds practitioner confidence
- Have a reason for what you recommend!

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## Sequential Intervention

- ↳ By giving hope through discussion of therapeutic rationale and then accountably determine if the therapy had efficacy it is possible to initiate activity that may assist a person to make the changes that result in healing
- ↳ Sequential intervention and accountable follow-up can show what has worked and what may still need to be employed
- ↳ Sequentially detoxify the liver to promote endocrine balance
- ↳ Allow every condition to become a strategic consideration of possible etiology and therapeutic rationale – people are in search of experts – reveal yourself
- ↳ The comprehensive nature of nutritional therapy means there is always more physiology to optimize and support leaving an individual constantly refining as long as they wish to further improve their status
- ↳ If the practitioner is accountable s/he will be allowed to experiment with reasonable ideas

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