



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, 4th Thursday of month) creating a round table discussion/exploration of the dynamics and details of a nutrition-based holistic practice
- Each participant chooses how to convey the notes and information to their world and community – no information squandering

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Learning wisdom -

A man is a method, a progressive arrangement; a selecting principle, gathering his like to him; wherever he goes.

Ralph Waldo Emerson

Review - Distinguish yourself

- It is more apparent why people are choosing alternative health care professionals who specialize in a functional approach
- No matter your 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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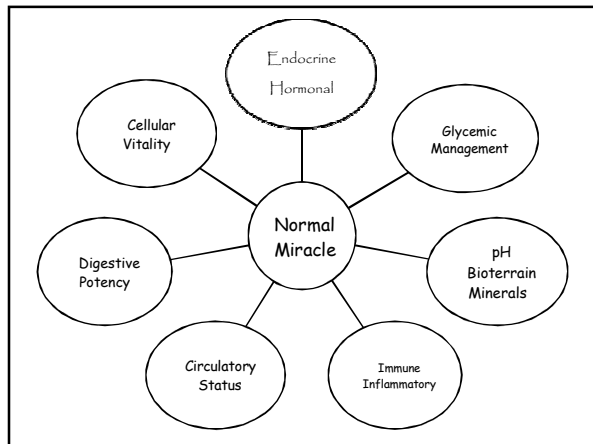
Seven Pillars Unified Mechanisms of Health

Promoting Physiology

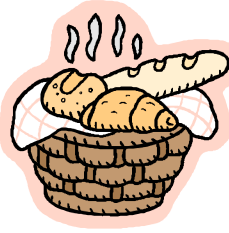

7 Pillars of Healing 7 Unified Mechanisms of Health

- ↻ Endocrine/Hormonal
- ↻ Glycemic Management
- ↻ pH Bioterrain
- ↻ Immuno-Inflammatory
- ↻ Circulatory Status
- ↻ Digestive Potency
- ↻ Cellular Vitality



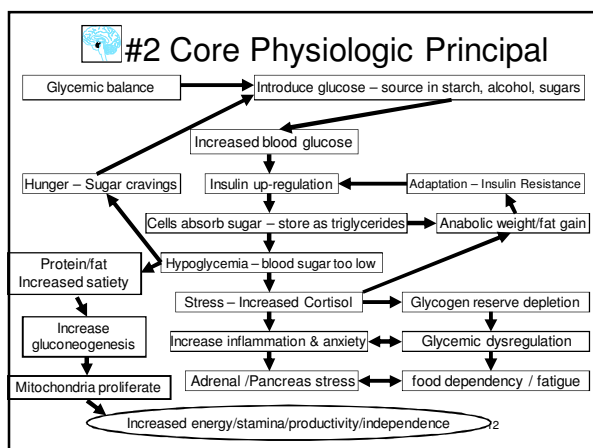


2 - Glycemic Management

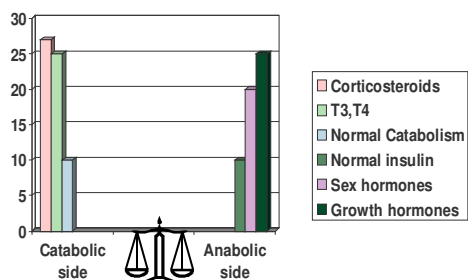



- ↪ Phase II diet limiting glycemic index
- ↪ Prevent insulin spikes
- ↪ Protein three times per daily
- ↪ 40/30/30 CHO/protein/fat
- ↪ Starches are source of cravings
- ↪ Cravings mean insufficient protein and fat

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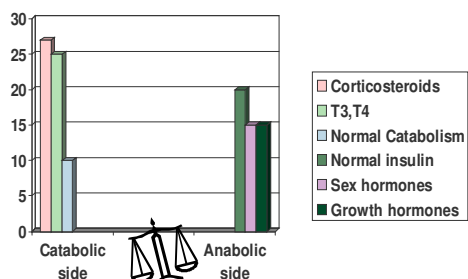
Carbs & Hormones



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

13

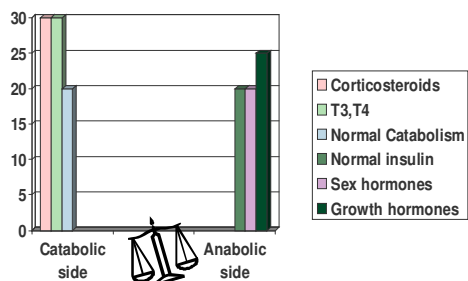
Anabolic Adaptation



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

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Catabolic shift



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

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PHASE II FOOD PLAN FOR BALANCING BODY CHEMISTRY

MEAT	FISH	FOWL	EGGS (No Limit on Serving Size)	VEGETABLES
VEGETABLES 7% or less carbs Asparagus Bamboo Shoots Bean Sprouts Eggplant Bean Greens Brok Choy Greens Brussels Cabbage Cauliflower Cauli Chard Chicory Collard Greens Cucumber Endive Escarole Garlic Kale Kohlrabi Lettuce Mushrooms Mustard Greens Parsley Radicchio Raw Cook Corn Sisal Greens Savoy Kale Spinach Spring Beans Squash Tampas Watercress Yellow Squash Zucchini Squash	VEGETABLES 6% or less carbs Beef Peppers Brok Choy Greens Chives Eggplant Green Beans Green Onions Kale Parsley Peanut Rhubarb Sweet Potatoes Tomatoes Vegan Water Chestnuts Yams VEGETABLES 7-9% carbs Acorn Squash Artichokes Asparagus Bamboo Brussels Cabbage Cauliflower Chard Chicory Collard Greens Cucumber Endive Escarole Garlic Kale Kohlrabi Lettuce Mushrooms Mustard Greens Parsley Radicchio Raw Cook Corn Sisal Greens Savoy Kale Spinach Spring Beans Squash Tampas Watercress Yellow Squash Zucchini Squash	VEGETABLES 6% or less carbs Beef Peppers Brok Choy Greens Chives Eggplant Green Beans Green Onions Kale Parsley Peanut Rhubarb Sweet Potatoes Tomatoes Vegan Water Chestnuts Yams VEGETABLES 7-9% carbs Acorn Squash Artichokes Asparagus Bamboo Brussels Cabbage Cauliflower Chard Chicory Collard Greens Cucumber Endive Escarole Garlic Kale Kohlrabi Lettuce Mushrooms Mustard Greens Parsley Radicchio Raw Cook Corn Sisal Greens Savoy Kale Spinach Spring Beans Squash Tampas Watercress Yellow Squash Zucchini Squash	EGGS (No Limit on Serving Size) Eggs Eggplant Green Beans Green Onions Kale Parsley Peanut Rhubarb Sweet Potatoes Tomatoes Vegan Water Chestnuts Yams VEGETABLES 7-9% carbs Acorn Squash Artichokes Asparagus Bamboo Brussels Cabbage Cauliflower Chard Chicory Collard Greens Cucumber Endive Escarole Garlic Kale Kohlrabi Lettuce Mushrooms Mustard Greens Parsley Radicchio Raw Cook Corn Sisal Greens Savoy Kale Spinach Spring Beans Squash Tampas Watercress Yellow Squash Zucchini Squash	VEGETABLES 6% or less carbs Beef Peppers Brok Choy Greens Chives Eggplant Green Beans Green Onions Kale Parsley Peanut Rhubarb Sweet Potatoes Tomatoes Vegan Water Chestnuts Yams VEGETABLES 7-9% carbs Acorn Squash Artichokes Asparagus Bamboo Brussels Cabbage Cauliflower Chard Chicory Collard Greens Cucumber Endive Escarole Garlic Kale Kohlrabi Lettuce Mushrooms Mustard Greens Parsley Radicchio Raw Cook Corn Sisal Greens Savoy Kale Spinach Spring Beans Squash Tampas Watercress Yellow Squash Zucchini Squash

Phase II diet for balancing blood chemistry (edited 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, pasta, bread, white potatoes and rice

The 2nd step is to consume protein 2x/day

The 3rd step is to consume all juice 50% with water, & to consume not to drink too much fluid with meals, reducing digestive capacity

Animal Protein Sides	VEGETABLES	VEGETABLES	VEGETABLES	MISCELLANEOUS
MEAT	Asparagus	Beef Peppers	Brok Choy Greens	Butter, Raw
FISH	Bamboo Shoots	Chives	Eggplant	Cavari
FOWL	Bean Sprouts	Green Beans	Green Onions	Cottage Cheese, Raw
EGGS	Broccoli	Okra	Pickles	Dressing - Oil / Cider Vinegar only Jody
Animal protein requirements are calculated by taking your weight in pounds and divide by 15 to get min. ounces per day	Cauliflower	Onions	Pineapple	Kale, Raw (liquid yogurt)
to get min. ounces per day in 1500hr 15-16oz per day	Chard	Peanut	Rhubarb	Milk, Raw
1500hr meals = 3.3 oz per meal	Chicory	Sweet Potatoes	Tomatoes	Nuts, Raw (except Peanuts)
Vegetables (see guidelines to right)	Collard Greens	Water Chestnuts	Yams	Oil - Vegetable, Olive (no Canola) probably safe
FRUIT on a MEAL	Endive	Yams	Winter Squashes	BEVERAGES
Unlimited amount of	Escarole	Winter Squashes	Winter Squashes	Beef Tea
between a snack	Kale	Winter Squashes	Winter Squashes	Brussels - Beef, Chicken, Herbs
or per day	Kohlrabi	Winter Squashes	Winter Squashes	Okra (raw) / Tea (steeped in Spring Water)
Raw Cook Corn	Lettuce	Winter Squashes	Winter Squashes	Red Wine only (3 glasses max)
Raw Cook Corn	Mushrooms	Winter Squashes	Winter Squashes	DESSERT
Raw Cook Corn	Mustard Greens	Winter Squashes	Winter Squashes	Plant Gelatin only
Raw Cook Corn	Parsley	Winter Squashes	Winter Squashes	
Raw Cook Corn	Radicchio	Winter Squashes	Winter Squashes	
Raw Cook Corn	Sisal Greens	Winter Squashes	Winter Squashes	
Raw Cook Corn	Savoy Kale	Winter Squashes	Winter Squashes	
Raw Cook Corn	Spinach	Winter Squashes	Winter Squashes	
Raw Cook Corn	Spring Beans	Winter Squashes	Winter Squashes	
Raw Cook Corn	Squash	Winter Squashes	Winter Squashes	
Raw Cook Corn	Tampas	Winter Squashes	Winter Squashes	
Raw Cook Corn	Watercress	Winter Squashes	Winter Squashes	
Raw Cook Corn	Yellow Squash	Winter Squashes	Winter Squashes	
Raw Cook Corn	Zucchini	Winter Squashes	Winter Squashes	

Phase I diet for balancing blood chemistry (edited from Melvin Page's work)

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Raw Cook Corn	Zucchini	Winter Squashes	Winter Squashes	

Calorie restriction – Life Extension

- ↻Phase II diet is in fact a form of calorie restriction and appetite reduction resulting in reduced insulin levels and activation of more basic survival mechanisms, including lipolysis to internally maintain blood sugar
- ↻All researcher studying aging agree that reduced calorie intake by 20-40% extends lifespan by up to 50%
- ↻No other known intervention has such a consistent and profound effect

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Compressing morbidity

- ↻Not only does calorie restriction extend life but also reduces morbidity by activating stress responses that are hard-wired into the gene code
- ↻These stress responses activate biochemistry that is designed to increase functionality and promote survival
- ↻The activation of these survival mechanisms also act to promote wellness, if not only activated or survival
- ↻In other words it is good to live somewhat inside our survival mechanisms as away of life, and this reduce morbidity, disrepair and decline
- ↻Can we promote these mechanisms biochemically?

Hormesis

- ↻A term originally coined by toxicologists to describe a biphasic dose-response curve wherein an agent has a stimulatory effect at low doses and a toxic effect a high dose
- ↻Now this term has been adopted by medicine to portray the beneficial adaptive responses of cells to moderate stress
- ↻In other words moderate stress promotes health, wellbeing, and mental and physical performance
- ↻So gain Nietche as accurate when he said, "What does not kill you makes you strong"

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Hormesis – Some known mechanisms

- ↪ In response to stress the body calls up defense molecules – once present these molecules not only effect the perceived threat, but also increase resistance to other threats and repair existing damage
- ↪ HSP (Heat Shock Proteins) are produced to protect and chaperone other proteins by binding to them and shielding them from attack
- ↪ SIRT1 (Sirtuin 1) is a bodyguard that activates multiple genes to produce antioxidants and cell membrane stabilizers
- ↪ Growth factors are generated to promote repair
- ↪ Cellular kinases are produced to promote motility ²²

America is facing an epidemic

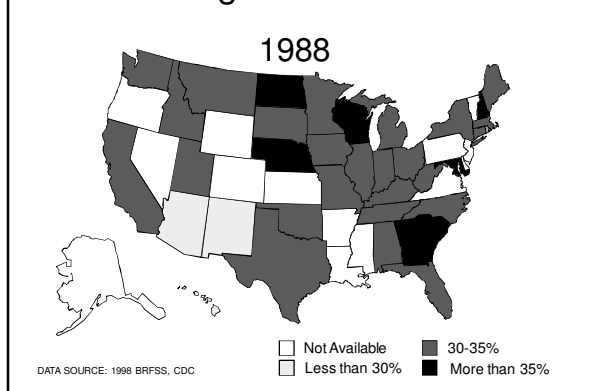
The U.S. is the fattest nation in the world.

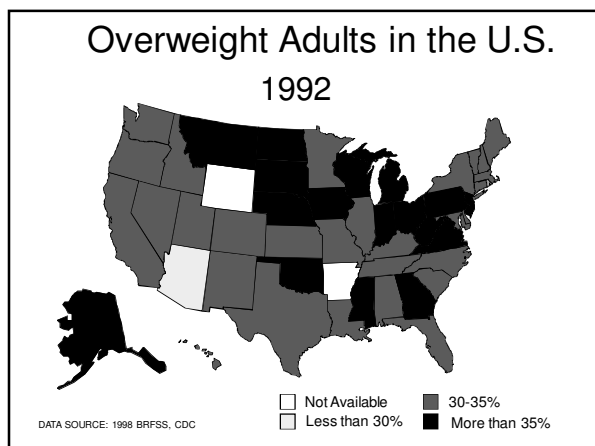
The average adult gains 7 lbs. in December during the holidays.

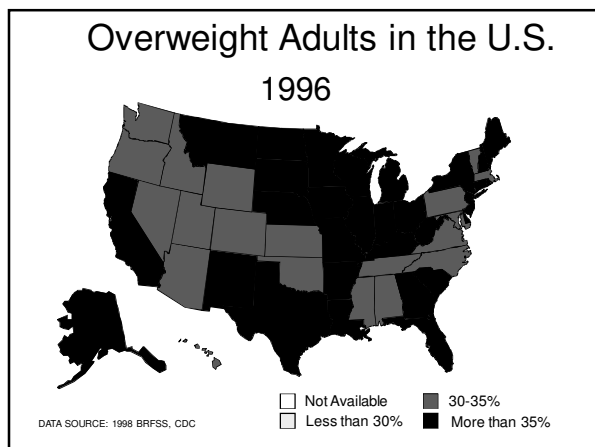
64.5% of Americans are overweight or obese. Source: JAMA. 2002;288:1723

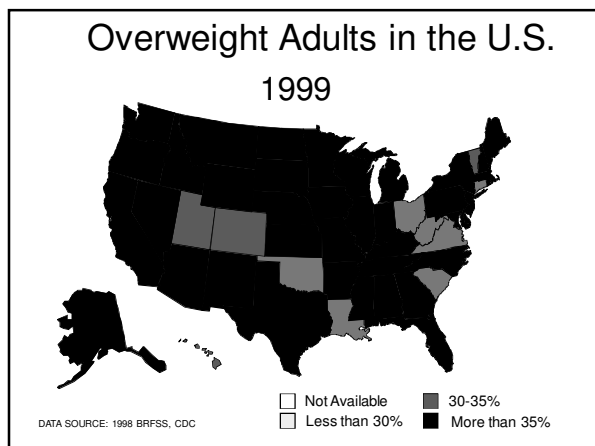
Obesity is the second largest preventable cause of death in the U.S.! (Smoking #1.) Source: JAMA 1996; 276: 1907-1950.

Overweight Adults in the U.S.

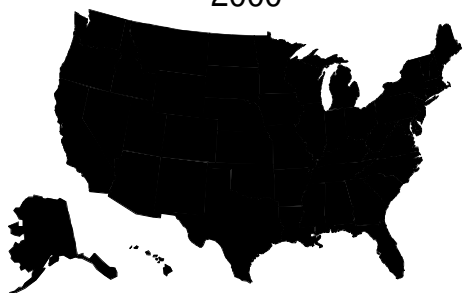








Overweight Adults in the U.S. 2000



DATA SOURCE: 2000 BRFSS, CDC

☐ Not Available ☒ 30-35%
☐ Less than 30% ☒ More than 35%

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

Sharman MJ, Kraemer WJ, et al, J Nutr, 2002, 132 1879-1885

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LABORATORY CORPORATION OF AMERICA - LABCORP HOUSTON
7207 NORTH GESSNER
HOUSTON, TX 77040 (713-856-8288) PAGE: 2
2:59PM

2/15/01

PATIENT NAME : 1886
PATIENT ID : 000-000-0000
PATIENT PHONE :
HOSPITAL ID :
SEX: M AGE: 53 DOB: 25-JUL-1947
SSN 462-80-2577 WARD: ROOM:

ACCESSION : 044-596-0337-0
REQUISITION: 92007034124
REPORTED : 15-FEB-2001
RECEIVED : 13-FEB-2001
COLLECTED : 13-FEB-2001 9:50
REASON :

PRIMARY LAB : HD SEQUENCE#: 418
CLIENT NAME : GARY W. BREWTON, M.D.
1745 W. ALABAMA
HOUSTON TX 77098-0000

PHYS/UPIN#: BREWTON G
CLIENT ID : 42108222
LOCATION : **STON**

TEST REQUEST : CBC WITH DIFFERENTIAL/PLATELET/COMP. METABOLIC PANEL (14);LIPID PANEL;
C-REACTIVE PROTEIN, QUANT;
HOMOCYSTEINE, PLASMA/SERUM;LDL CHOLESTEROL (DIRECT);

TYPE: 8 CLINICAL INFORMATION: CH: 92007034124
ADDITIONAL INFORMATION: 88462802577

TEST NAME	NORMAL RESULTS	ABNORMAL RESULTS	UNIT	REFERENCE RANGE	
ALT (SGPT)		50 H	IU/L	0-40	HD
LIPID PANEL					
Cholesterol, Total		265 H	mg/dL	100-199	HD
Triglycerides		264 H	mg/dL	0-199	HD
HDL Cholesterol	51		mg/dL	35-150	HD
VLDL Cholesterol Cal		52 H	mg/dL	5-40	
LDL Cholesterol Calc		161 H	mg/dL	0-129	
HOMOCYSTEINE, PLASMA...					
Homocyst(e)ine, P/S	12.0		mmol/L	5.0-15.0	BN

This test is intended to be used as an independent risk factor for vascular disease and is NOT for the diagnosis of folate or vitamin B12 deficiency. LabCorp has available the Megaloblastic Anemia Profile. Serum for that purpose.

BN

CLINICAL PATHOLOGY LABORATORY
8300 West Street • Austin, Texas 78754
512-873-1800 1-800-433-4757
Medicare Provider # 00097
CAP Accreditation # 21528-01
CLIA # 4500605003

18992
WHOLE HEALTH ASSOCIATES
1406 VERMONT
HOUSTON, TX 77006

PATIENT NAME: _____ PATIENT ID: _____ ROOM NUMBER: _____ AGE: _____ SEX: _____ PHYSICIAN: _____

PAGE: _____ REQUESTION NO.: _____ ACCESSION NO.: _____ ID NO.: _____ COLLECTION DATE & TIME: _____ LOG-IN DATE: _____ REPORT DATE: _____ & TIME: _____

1 040776 15630580 03/30/01 9:20A 03/30/01 03/31/01 11:12A

TESTS REQUESTED: WHOLEHA LIPID+V, PT FASTING

TEST	RESULTS (OUT OF RANGE) (REFERENCE RANGE)	UNITS	EXPECTED RANGE
WHOLEHA LIPID + VLDL PROFILE			
CHOLESTEROL	191	MG/DL	< 200
TRIGLYCERIDES	114	MG/DL	(150)
HDL CHOLESTEROL	43	MG/DL	74.0
CALCULATED LDL CHOL	125	MG/DL	(130)
RISK RATIO LDL/HDL	2.9	RATIO	(3.05)
CALCULATED VLDL	22.8	MG/DL	< 30.0

47000000 AREA/ROUTE/STDP: 0000000
7514 KIRK DR/STYV ASSOCIATION
2420 SOUTH SHORE BLVD #115
LEAGUE CITY, TX 77573
FOX N 281-334-8664

SB SmithKline Beecham
CLINICAL LABORATORIES

LABORATORY: _____ PATIENT ID: _____ ROOM NO: _____ AGE: _____ SEX: _____ PHYSICIAN: _____

18992
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1406 VERMONT
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[illegible]

- ✧Sanity dictates that we consume CHO's with lower glycemic indices
- ✧Americans eat a high CHO diet, we recommend a normal CHO diet, not low
- ✧There are no essential CHO's
- ✧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?

- ✧ Higher protein acidizes – this is offset by utilizing alkalinizing supplementation (needed to exist in this acidic world anyway)
- ✧ Excess protein increases kidney stress – therefore regular kidney repair, cleansing programs address this metabolic burden
- ✧ Constipation for those of digestive inadequacy – enzyme, bile and acid supplementation

Optimal Intensity Program: Garden Variety

Garden Variety is a purification program that consists of eating only vegetables and fruits. Vegetables contain many vital nutrients, and their enzymes work as natural cleansing agents. Raw vegetables have stronger cleansing ability than cooked, but all vegetables are beneficial. Beans purify the blood, asparagus promotes healthy kidney function, and artichokes enhance liver function. (Just to name a few. Incorporating more vegetables in your diet can help keep your body functioning properly.)

Supplementation - Garden Variety

SP Complex™ and Gastro-Fiber™ are recommended throughout the Garden Variety program. SP Complex™ is recommended for week one only, and SP Green Food™ is recommended for weeks two and three.

Week One

- 2-3 SP Complex shakes per day (use the inside back cover for the tasty shake recipe)
- 1 SP Green Food capsules 3 times daily
- 3 Gastro-Fiber capsules 3 times daily

Weeks Two & Three

- 2-3 SP Complex shakes per day
- 3 Gastro-Fiber capsules 3 times daily
- 5 SP Green Food capsules 2 times daily

PLEASE NOTE THAT SUPPLEMENTS SHOULD BE TAKEN WITH A SP COMPLETE SHAKE OR WATER, BUT NOT WITH FOOD. THE SUPPLEMENTS MAY ALSO BE TAKEN RIGHT BEFORE BED.

Exercise

It is recommended that you walk at least 4 times per week for 30-45 minutes. This is important to get your lymphatic system moving. Strenuous exercise should be put on hold during the three-week period. Consult with your health care professional if you are currently on an exercise program that you would like to maintain throughout the purification program.

- Salads with unlimited fresh vegetables (Based on opposite page.)
Salad dressings (including lemon juice) are not permitted. Nuts, seeds, and beans (including green beans) are not permitted.
- Fruits - eat twice as many vegetables as compared to fruit (1 serving = 1 cup)

Modified Program: Wholesome Medley

Wholesome Medley includes whole foods that contain vitamins, minerals, antioxidants, and other phytochemicals to support all the major organ systems during purification. In addition, this program contains foods that will maintain healthy weight consistently. This program is called Wholesome Medley because it contains a variety of whole foods that promote a long-term commitment for the health of your body. Once you complete this program, continue to eat plenty of raw vegetables and fruits, and resist the temptation of sugar laden treats.

Food Intake: Weeks 1-3

For the first three weeks, consume only the items listed here in addition to your supplementation. Use organic fruits and vegetables if available.



- 3-4 oz. of unseasoned meat, fish, or poultry twice daily (strictly prepared - broiling, baking, etc.)

Unlimited fresh vegetables

Colored greens?	Rutabagas
Dark leafy greens?	Kale?
Mixed greens	Broccoli?
Mixed greens	Spinach?
Red, yellow, and green peppers	Bromeliads?
Cucumbers	Cauliflower?
Mushrooms	Red beets (these may be steamed for 20-30 minutes or small soft. You may use the beet greens in your salad after washing.)
Spinach	
Corn	
Cauliflower	
Celery	

* May be steamed for four minutes

The Detox and Weight Loss Program



Recent Research

- Like high density detail, it is more and more apparent that low glycemic lifestyles are even more vital to long and vibrant lifespan
- The research is even more compelling as it rolls out in every field revealing more plainly the impact of basic wisdom in our living
- The following studies show the profound impact glycemic index and insulin up-regulation may exert of degenerative or regenerative activity in the body

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Recent Research

- 15 year study on 1,017 dementia-free subjects over 60 years old compared risk of dementia in normal vs. abnormal GTT and Diabetes Mellitus
- In all cause dementia impaired GGT showed 45% greater likelihood (DM was 75% greater) than normal GTT group
- Alzheimer's was a little worse showing 55% increased risk with abnormal GTT and 85% with DM over normal group
- Vascular Dementia showed most profound of all impact with 95% increase with abnormal GTT and 100% more with DM compared to control with normal GTT

• Ohara, T., et al., Neurology, September 20, 2011, Vol. 77, No. 12, 1126-1134

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Recent Research

- The Rotterdam Study published in 1999 followed 6,370 patients over time and revealed that Alzheimer's Disease was increased incidence by 1.9 times with DM
- Dementia was increased incidence by 4.3 times if using insulin
- This showed that in more severe DM with long term insulin use created a longer history of hypoglycemic events and more glycosolated protein effects from blood sugar variances

• Ott, A., et al., Neurology 53, December 1999, 1937-42

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Recent Research

- Advanced Glycosylation End Products result in post-translational modifications of proteins wherein the amino acid group of protein reacts with the monosaccharide
- 920 elders without dementia, mean age 74 – 495 with DM and 425 with normal glucose compared for cognitive decline using urine pentosidine over 9 years (pentosidine reveals degree of glycation)
- Low glycation events showed half the decline as diabetes, while high glycation brought both groups normal and DM to equal and double severity of cognitive decline

• K. Yaffe, MD, et al., Neurology, October 4, 2011, 77:1351-56

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Recent Research

- Another study compared the degree of brain volume reduction in relation to the indicator of glycoylation (HbA1c)
- Review demonstrated that the presence of the APOEε4 allele associated with Alzheimer's increased the risk of onset of the disease by 20% over the non-presence of this gene
- In contrast same study showed HbA1c between 4.4-5.2 was half as likely and the lower risk group to not show disease, and 60% less likely that the genetic predisposition
- As the HbA1c increased from 5.3-5.5 incidence increased to equal onset associated with non-genetic predisposed individuals
- HbA1c 5.6-5.8 increased to within 10% of genetic variant
- HbA1c 5.9-9.0 increased to the very same incidence of AD as the genetic variant demonstrated

• Enginger, C., et al., Neurology 64, May 24, 2005, 1704-11

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Recent Research

- The PATH Study reported last year that Higher normal fasting plasma glucose is associated with hippocampal atrophy - Yikes!
- 266 cognitively healthy adults were followed over 4 years and comparative MRI volumetric analysis of hippocampal and amygdala atrophy and decrease revealed an evident relationship between HbA1c and brain size reduction
- HbA1c in excess of 5.0 significantly increased the rate of atrophy, whereas under 5.0 (from 3.0 to 5.0) inversely promoted an increase in brain size loss
- The published report stated "Plasma glucose levels were found to be significantly associated with hippocampal and amygdalar atrophy and accounted for 6-10% in volume change after controlling for age, sex, body mass index, hypertension, alcohol, and smoking."

• The PATH Study, Neurology 2012; 79:1019-1026

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Take Away

- Advanced Glycosylated End Products are more than just markers of aging since they can exert adverse biological effects on tissues and cells including the activation of intracellular signal transduction pathways, leading to the up-regulation of cytokine and free radical production (oxidative stress)
- There is an increase in the half life of beta amyloid as HbA1c increases significantly over 6.0 thus resulting in its accumulation and eventual contribution to decline of the brain status
- What we thought before was good enough to live within (under 5.8 HbA1c) is not good enough to actually promote brain health and longevity

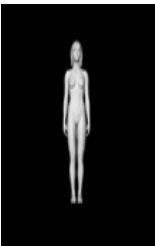
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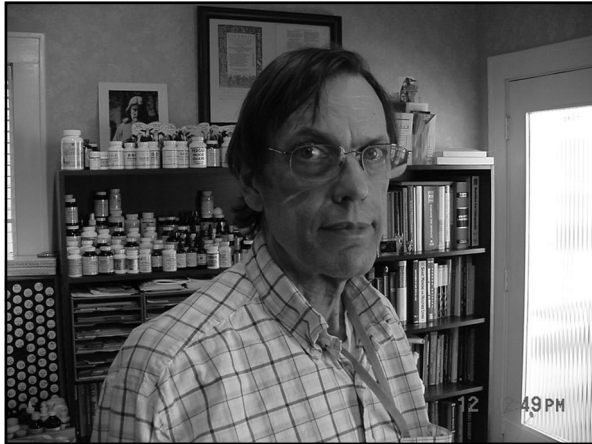
Glycemic Management – How to steward transformation

- Step One: Phase II Diet, SP Complete, Enzycon (6) L-Glutamine 1.5 g
- Step Two: Phase I Diet, fruit elimination, 6 meals per day, Protefood (6), Nutrimere (4)
- Step Three: Stimulant Elimination, Food Allergy removal
- Step Four: Thyroid Support - Barnes Thyroid Temperature Monitoring, Iodine Patch Testing, Prolamine Iodine (1-6)
- Step Five: Insulin Receptor Sensitivity Recovery - Gymnema (6) minimal dose, Zinc Liver Chelate (6), Chezyne (6)
- Step Six: Adrenal Balance - Adrenal Complex (2), Drenamin (6), Withania Complex (4), Eleuthero (6)
- Step Seven: Fructose Burden Assessment (less than 25 g/day)

Absolute starch elimination must be present throughout this process or each increment will be invalidated – only go to whatever step achieves 4 to 10 lbs per month weight loss







Principles at work

- Pillar 2 concerning glycemic management is vital to age-related decline and longevity objectives
- The high density effect of research creates more and more commitment to this lifestyle as a sound way to live life and reduce morbidity
- Standards are higher than we formerly thought – HgA1c should be targeted under 5.0 and will only be achievable with very deliberate efforts

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Screening is seeing - Believing

- Screening is obvious and automatic when one knows what to look for
- The primary signs of elevated HgA1c are:
 - Increased body fat concentrations in women over 25% and men over 18%
 - Increased waist to hip ratio over 1.8 in men and 1.9 in women
 - Increased cognitive decline
 - Increased oxidative stress – inflammation, skin aging, stiffness

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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 building 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
- ↪ Promote an understanding of glycemic management and show the effect of corrective management
- ↪ 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

Practice Aging -

Be glad of life, because it gives you the chance to love and to work and to play and to look up at the stars; to be satisfied with your possessions; to despise nothing in the world except falsehood and meanness, and to fear nothing except cowardice; to be governed by your admirations rather than your disgusts; to covet nothing that is your neighbor's except his kindness of heart and gentleness of manners; to think seldom of your enemies, often of your friends ... and to spend as much time as you can with body and with spirit. These are little guideposts on the footpath to peace.

Henry Van Dyke