



**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 holistic practice
- Each participant chooses how to convey the notes and information to their world and community – no information squandering

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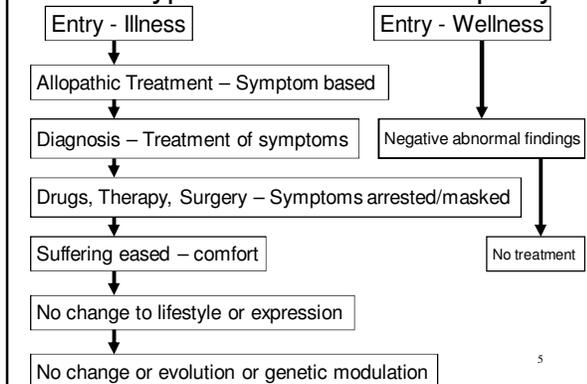
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### Three Types of Medicine - Allopathy



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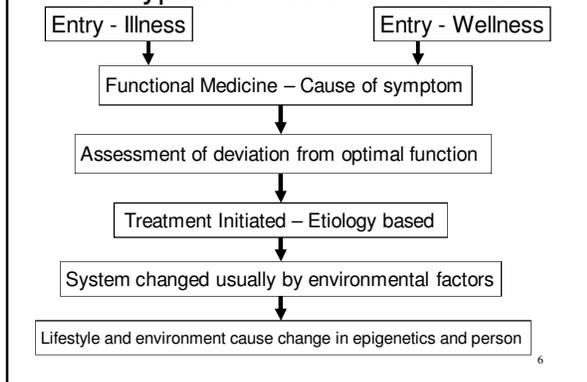
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### Three Types of Medicine - Functional



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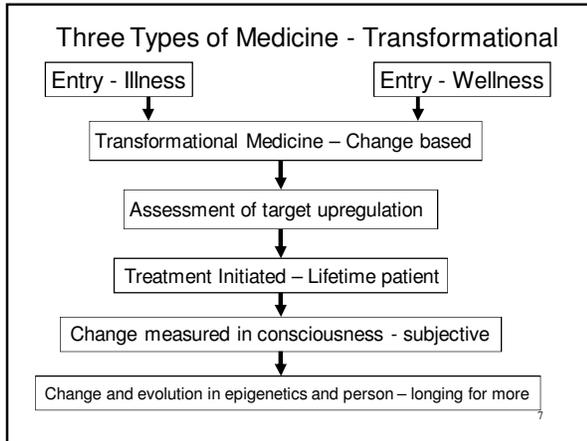
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**Review - Distinguish yourself**

- 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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**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
- ↪ Immuno-Inflammatory
- ↪ Circulatory Status
- ↪ Digestive Potency
- ↪ Cellular Vitality



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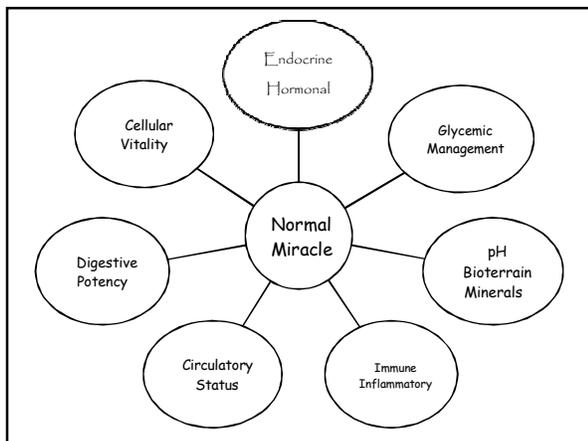
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Learning wisdom -

Anything can cause anything!

Anything can effect anything!

Everything relates to everything!

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**Body Circuits**

- Relationships between body systems and parts is mysterious and challenging to determine
- This is a brief overview to consider the complexity and initial decoding that may help free the somatic system from some of it stubborn chronicity
- Many approaches describe the inter-relatedness between the musculoskeletal system and the visceral (eg. Applied Kinesiology)

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**The Circuit Board**

- Often the complexity of our devices these days frustrate people when things don't work, like the cell phone or computer, and yet if one has the code and understanding of the background circuits it is almost magic and such relief to see how easily things can be corrected and remedied
- The following describe basic relationships between joints and muscles and organs or glands

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### General coding

- The following describe well understood relationships between viscera and the somatic system, as well as less well known but clinically obvious connections
- Sub-occipital upper cervical discomfort – upper digestive stomach
- TMJ - hepatobiliary
- Upper thoracic “rhomboids” – hepatobiliary
- Lowback lumbosacral – lower intestine
- Sacro-Iliac – adrenals
- Sacral and tailbone – urinary tract and bladder
- Elbows and knees – hepatobiliary
- Shoulders – pancreas, prostate, lungs

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### General coding

- Wrists – Heart
- Thenar/thumbs – hepatobiliary
- Hips – lower intestine
- Quadriceps – small intestine
- Hamstrings – large intestine
- Adductors – adrenals
- Knees – hepatobiliary
- Calves (Gastroc & Soleus) – Adrenals
- Achilles – Adrenals
- Ankles – Urinary tract and Bladder

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### Building the story

- Through multiple convergent findings by global interviewing it becomes obvious that there is an underlying event expressing itself through multiple faces and describing one circuit
- So for example someone with basal headaches, right knee pain and left rhomboid aching is clearly describing one circuit with multiple presentations – hepatobiliary
- Once a target is sighted sequential upregulation and accurate interviewing will reveal the potency of strengthening the deeper circuit instead of just treating the symptoms that are somatically ‘barking’
- As well it may be necessary to strengthen a circuit multiple times over months with multiple approaches to instill strength and tonal change in the tissue

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### VisceroSomatic Relationship

Find a chronic somatic problem.

Test for polarity – positive or negative.

Test for level of body relatedness, then test within level for specific weakness that correlates with somatic issue.

Find nutrient device(s) to strengthen that weakness.

With nutrient device in place recheck original somatic issue for additional visceral relations and strengthen accordingly. Continue until somatic issue stays strong.

All chronic weaknesses have a persistent inherent circuitry that reinforces the musculoskeletal issue.

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### SomatoLimbic Relationship

The body is a circuit board for the flow of spirit wherein each organ and system represent specific devices to translate vibrational reality into physical function.

When we say chemical imbalances impair psychologically and spiritually it is because we recognize that biochemistry and physiology are the means we have to translate eternal reality (spirit) into temporal expression and experience (body & ego).

Each disease relates to a pattern of thinking and difficulty that is as much part of the healing as the physiology. Likewise health creates a pattern of thinking and wisdom. We are the 'feng shui' experts of the physical body.

Although strictly physical in our approach we are impacting the thinking and emotional development and even the spiritual realization, just as Jesus did in the wilderness fasting for 40 days before he began his outward ministry and many eastern traditions direct as a path to enlightenment.

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### SomatoLimbic Relationship

- Passionate - Liver – Anger & Frustration
- Forgiving - Gallbladder – Resentment
- Connection - Lungs – Grief & Separation
- Peace - Heart – Troubled
- Self loving - Spleen – Low Self Esteem
- Abundance - Pancreas – Complaining
- Unmoved - Stomach – Triggered & Reactive
- Confidence – Kidneys – Fear & Regret
- Flexible - Colon – Dogmatic Positioning
- Containment - Uterus – Histrionic
- Assertive - Prostate – Aggressive
- Creativity - Gonads – Barren & Unimaginative

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### Looking to the source -

Upstream circuitry takes us to sources that are far less impressive that the downstream events compelling action.

The source of the Nile River is far less impressive that the river as it winds through Egypt.

Yet introducing change in a more subtle source can meet much less resistance and be more far reaching on multiple levels than struggling with the impressive downstream imbalances.

As well upstream changes will reveal more global changes and thus show the intricacy of relationships to the practitioner.

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### Principles at work

• Sufficient vitalization of target glands and organs results in up-regulation of that target function and subsequent detoxification and reduction of toxic or immune burden, resultant augmentation in function and balance and tissue fortification

• This of course results in component circuitry fortification, so that the rest of the circuitry improves globally and distal to the target strengthening

• The mistake made in nutritional therapy in this regard relates to under utilization and application of the therapy (not long enough) wherein it is discontinued to early and deep and profound repair is not accomplished

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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 circuit relationships that are viscerosomatic and viscerolimbic 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

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