



Mentoring the Mentor

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Whenever needed ...

We all have reservoirs of life to draw upon, of which we do not dream.

William James

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:

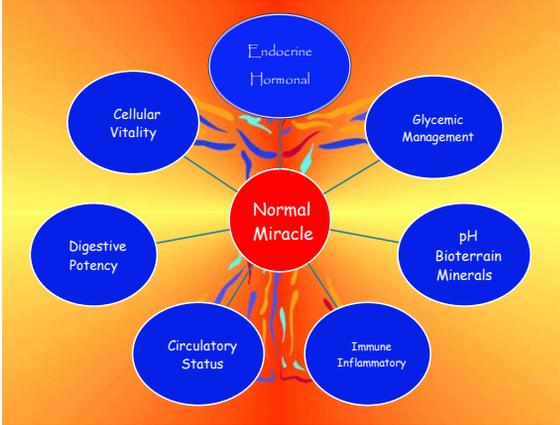
- Who are the mentors? – Practitioners
- Who are we mentoring? – Patients and GAP
- What's the purpose? – Optimized life
- How does it work? – Whatever you learn you teach someone else (anyone else)
- Who's is included? – Self selection, you pick yourself

Mentoring the mentor:

- Each participant attends monthly teleconferences (1 hour in duration, 4th Wednesday of every 2nd 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

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



Mentor Considerations

Basic considerations of System Strength Analysis and the new development of tracing circuits of involvement and complexes(miasms)

The Viscero-somatic basis for tracing

Body Circuits Tracing

A Language for Vital Force Assessment

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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Viscero Somatic Principles



- According to the Textbook of Functional Medicine viscerosomatic and somatovisceral reflexes engage the HPA axis
- These reflexes potentially subject the individual to sympathetic and HPA 'overdrive' ultimately leading to a facilitation of an intraneuronal pool that effects both visceral and somatic structures innervated by the facilitated cord level
- The facilitation may be established in response to persistent inflammation, mechanical, emotional or biochemical stress via somatic or visceral efferents or afferents

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Viscero Somatic Principles



- Allostatic Load – the cumulative long-term effect or toll taken upon the body by frequent and repetitive activation of the autonomic system, HPA Axis, cardiovascular, metabolic, immune systems
- In a study involving 1,189 men and women aged 70-79 years old the allostatic load showed a direct relationship with loss of cognitive and physical functioning over the 8 year period of the study
- The mechanism of action was attributed to the hippocampal degeneration which is rich in cortisol receptors and elevated levels of cortisol persistently lead to hippocampal neuronal atrophy or death and loss of memory

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Viscero Somatic Principles



- Viscerosomatic reflexes are diagnostic tools. They are somatic dysfunction that develops in response to visceral pathology.
- A modification of Van Buskirk's nociceptively initiated model for spinal somatic dysfunction offers a description of the physiology of the viscerosomatic reflex

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Viscero Somatic Principles



- The concept of viscerosomatic reflexes is presented and supporting documentation from the basic and clinical sciences is reviewed.
- The somatic manifestations of visceral disease, including their autonomic segmental reference sites, are described.
- Also discussed are the findings that are consistent with diagnosis of a viscerosomatic reflex, as well as their predictive value.

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Viscero Somatic Principles



- 1 A peripheral focus of irritation, in this case from the inflammation associated with visceral pathology, results in activation of nociceptive, general visceral afferent, neurons.
- 2 These primary afferent neurons return to the spinal cord and synapse in the dorsal horn with internuncial neurons.
- 3 The ongoing afferent stimulation results in the establishment of a state of irritability (facilitation) of the internuncial neurons of that spinal segment.

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Viscero Somatic Principles



- 4 Additional afferent activity, from any source, results in a segmental response to significantly fewer stimuli than would normally be required. This results in tenderness when the area is palpated. When the amount of afferent activity from the offending organ is sufficient enough to cause internuncial firing referred pain results.
- 5 Such activity from internuncial neurons, which synapse with ventral horn motor neurons, results in segmentally related myospasticity and palpable tissue texture change.

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Viscero Somatic Principles



- 6 The degree of segmental irritability that is directly proportionate to the severity of the visceral pathology, and the anatomic relationship between the involved organ and the paravertebral soft tissues that makes the location of the reflex changes consistent from individual to individual allows viscerosomatic reflexes to be of diagnostic value

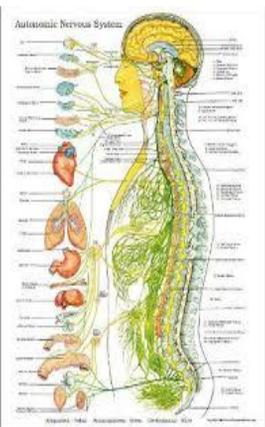
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Somatic Dysfunction in Osteopathic Family Medicine

Editor: Kenneth E. Nelson
Associate Editor: Thomas Clonek

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Viscero Somatic Principles



- An abnormal stimulus of the visceral efferent neurons may result in hyperesthesia of the skin and associated vasomotor, pilomotor, and sudomotor changes
- A similar stimulus of the ventral horn cells may result in reflex rigidity of the somatic musculature.8 A direct motor connection between the visceral afferent system and the skeletal muscles has not been identified

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Viscero Somatic Principles



- Animal studies have shown evidence of a viscerosomatic reflex that results in localized muscle contraction
- Skeletal muscle spasm resulting from nociceptive visceral stimuli has been observed clinically in patients
- These spasms may be manifest as generalized muscle contractions or as localized paravertebral muscle splinting

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Viscero Somatic Principles



- Higher centers of the central nervous system acting through the extrapyramidal system on the muscle spindle through the gamma system could account for the muscle splinting reaction observed with visceral disease
- Muscle spindles have a sympathetic fiber innervation
- Repetitive stimulation of these nerves increases the afferent discharge of receptors and could lead to an increase in gamma activity setting the spindle at a more active level, increasing the tone of the extrafusal fibers and resulting in an increased tonic muscle activity.

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Tracing

The technique of finding complex sequences

Step one – Complete SSA and find various weaknesses

Step 2 – prioritize the weaknesses (one or a few)

- or start with a symptom like a sore joint or muscle or skin issue or growth, etc

- or start with an issue or emotion over the biocompatibility point and if weak strengthen

Step 3 – Test priority point(s) for deeper involvement by screening for tracing

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Tracing

Describe tracing technique and how to find regions and points within the region

Step 4 – Check each tracing for further tracing until all regions test strong

Step 5 – Test with all products on the body to confirm synergistic effect over the thymus and then retest the priority point for its strength indicating no further need for tracing

Step 6 – Test over the biocompatibility point for dosage

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Circuit Testing –

All 5 fingers together over the Bio-compatibility point

If the patient test strong it is negative for other circuits and there is nothing else to find

If the patient tests weak it is positive for other associated weaknesses (upstream factors of involvement)

Strengthen by rubbing down with all 5 fingers and then proceed to scan the 4 body quadrants for weakness – then individually test the points within that quadrant for weakness



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.

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.

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

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 its 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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Learning wisdom -

Anything can cause anything!

Anything can effect anything!

Everything relates to everything!

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Miasms

- Everything, no matter how simple, has a complex pattern of development and events sustaining and reinforcing the pattern
- This is why whole food complexes can be so effective because they treat the miasm and not the single local event

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Circuiting

- Tracing circuits of involvement is the 'wizard' way of letting the body reveal intricacy
- Choosing priority can be a way of beginning to go down the rabbit hole of the miasm

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Tracing

- There are multiple doorways to enter this body circuit testing
- 1 Somatic to visceral circuiting (been teaching this for years)
- 2 Visceral to visceral circuiting (new idea)
- 3 Choosing priority and finding visceral circuits
- 4 Limbic to visceral circuits (old idea, new way)
- 5 Body issue to visceral circuits (new idea)
- 6 Idea (chronic pattern) to circuits (new idea)

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Priority

- Priority testing procedure can help aim the practitioner at the cause behind the cause
- Middle finger nail in the first crease of the thumb will set the body in a priority mode that will help remove the weaknesses that are not primary and leave on the priority(s) still weak
- This is useful when there are multiple weaknesses and too much to do – “where do we start?”

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Priority Testing

Thumb and Middle Finger

Helps to narrow down diverse findings

Acts as entry to Tracing Circuits

“Going down the Rabbit Hole”



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Priority Testing

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Circuit Testing –

4 Quadrants –

Scan with associated polarity of original weakness (before testing the circuit point)

Then test the individual points on the same polarity in whatever quadrant tests weak

After individual weakness has been strengthened with nutrients then test that point again for further upstream circuits at the circuit point

If no further circuits return to the original weakness and test for strength and further circuits





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



Principles at work

- Sufficient clinical observation allows mechanisms to be revealed that will remove the idiopathic mystery of human suffering and return it to a simple physiological modulation with resultant augmentation in function, balance, tissue fortification promoting healthy genetic expression
- This allows the symptom resolution to occur as a result of system 'mosaic' change, and then of course the downstream events occur
- The longing in the public is for this sort of detective work to find the cause and make the correction – increasingly food is seen as medicine and people are asking more and more for what foods will change their health patterns

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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 intervention that creates evolutions in individual physiology and show the effect of that intervention
- ↻ 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

The greatest use of your time

Think New Thoughts