

Slide 1




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Slide 2

**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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Slide 3

**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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Slide 4

**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 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 SF rep who will compile and include in next teleconference ( must be submitted 10 days prior)

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Slide 5

Overtaken with meaning -

It is your Work in life that is the ultimate seduction.

Pablo Picasso

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Slide 6

**The Shift is Happening -**

- ↻ Kimer McCully recently wrote: "There is an urgency to this matter. There are 500,000 people dying yearly from heart disease and millions more suffering" – the daily consumption of a well-balanced multivitamin and mineral supplement now makes sense from a number of lines of research
- ↻ This time is characterized by a imminent paradigm shift, with everyone having a foot somewhat in both paradigms
- ↻ Diagnosis resulting in a name and codification of imbalance is not denied, but also is not the end of a diagnostic road, rather the first step to exploring why it has happened
- ↻ Inquiry rests of two questions of need:
  - Does the person have an unmet individual need?
  - Does the person need to be rid of something toxic, allergic, or infectious?

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Slide 7

### Old paradigm vs. New

«Old Paradigm:

- The fundamental subject of medical concern is disease
- The inquiry as to health rest first on the naming of the patient's disease
- Treatment is prescribed for the disease
- Based on Normal vs. Abnormal with no definition of normal

«New Paradigm:

- How is the person approaching normal radiant health?
- What are the unique needs and burdens on this person's life?
- What the progressive patterns in the individual and family?
- How can the lifestyle and environment be transformed to optimize genetic potential?

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Slide 8

### Genotype to Phenotype

«Investigators from Karolinska Institute, Sweden reported in 2002 on 44,788 pairs of twins – study showed identical twins do not experience cancer at the same rate – the study reported that "Inherited genetic factors make a minor contribution to susceptibility to most types of neoplasms", indicating that the environment has the principle role in causing sporadic cancer

«Roger Williams in 1950 wrote a paper "The Concept of Genotrophic Disease" (Lancet) advancing the concept that a number of diseases whose origins were not understood at that time could be associated not with malnutrition, but with under-nutrition based on the individual's unique genetic needs – he postulated that heart disease, cancer, diabetes, arthritis, schizophrenia and alcoholism could be considered genotrophic origins proposing that under-nutrition would result in suboptimal metabolisms within susceptible individuals resulting in chronic illness over decades of imbalance

«Medicine did not embrace that idea, but 50 years later with the Human Genome Project revealing how macro and micro nutrients influence gene expression science has rediscovered Williams' ideas, who predicted a transition in medicine from a meta-science largely empirical to a predictive science based on unified mechanisms of disease

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Slide 9

### Dietary Reference Intake (DRI)

«Ames et al in 2002 in landmark paper reported "as many as one third of mutations in a gene result in the corresponding enzyme having an increased Michaelis constant, or  $K_m$  (decreased binding affinity), for a coenzyme resulting in a lower rate of reaction" – this means some people carry unique polymorphisms that are critical in determining the outcome of their health and administration of higher than DRI vitamins and minerals and cofactors to these unique polymorphic genes can restore activity to near-normal or even normal levels

«His conclusion is "nutritional interventions to improve health are likely to be a major benefit in the genomics era"

«Genetic uniqueness may cause some individuals to require 100 times more of a particular vitamin, mineral, or accessory nutrient as another individual in good health

«Now we're talking! What's the RDA again and why is it relevant

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Slide 10

**Boldness has Genius in it**

- Can you determine clinical response in your approach, or is it just the high points and gross symptoms that catch all the attention
- Can you document the progress to enroll people in their own possibility of realized potential
- 21<sup>st</sup> century doctors will need to understand how to assess patient's genotypes, how to personalize treatment for their individual needs, configure interventions to improve lifestyle and environment to minimize age-related chronic progression

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Slide 11

**Establishing the scope**

- Patient initially has no awareness of the scope of nutritional purpose or potency, even the doctor is not fully aware
- Primary way to convey scope of practice is through the interview process, pausing upon each abnormality to explain the capacity for functional measures to correct this
- Average patient has never heard of functional approaches - they come to complementary practitioner to continue the symptom based therapies, natural thought they may be
- This declaration begins the first visit

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Slide 12

**Establishing the scope**

- Reality check - can we determine the physiologic impact of certain lifestyles? "Flat tire, so puncture the other three"
- Our job is to create learning from the positive and negative experiences we choose
- Learning must be facilitated and completed, helping people live their lives without repeating lessons a second time because they were forgotten or never learned the first time
- If you feed a man a fish you feed him for a day, if you teach him to fish you feed him for life, and if you teach him to fish he will probably allow you to teach him other things
- This permanent role of teacher and coach in a person's life is the new paradigm position we are seeking as practitioners
- 4 Stage process: Tell them what you are going to teach, teach, check for comprehension, celebrate the teaching

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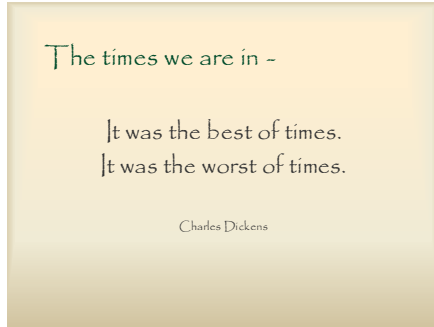
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Slide 13



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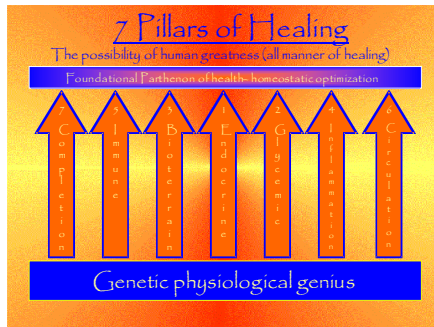
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Slide 14



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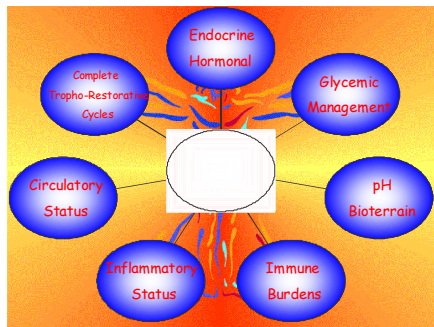
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Slide 15



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Slide 16

7 Pillars of Healing

- ⌘ Endocrine/Hormonal - Disruption & Depression
- ⌘ Glycemic Management - Insulin/Cortisol Dysregulation
- ⌘ pH/Bioterrain - Net Acid Excess
- ⌘ Inflammatory status - Cumulative Repair Deficit
- ⌘ Immune burden - Toxicity, Infection & Infestation
- ⌘ Circulatory Status - Arterial, Venous & Lymphatic Competence
- ⌘ Complete Tropho-Restorative Cycles - Uninterrupted Processes of Repair, Purification & Synchrony

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Slide 17

Common questions about pillars

- ⌘ There is no order to the pillars - accomplish them by discretion and by aligning with the primary concern that has brought the person into your office
- ⌘ The goal of therapy is to accomplish gradual modulation in their general and specific health while be able to document that change and then systematically move into the next evolution of their transformation to complete health
- ⌘ Eventually no one should be considered "healthy" until all the pillars have to come degree been cared for
- ⌘ No pillar ever completely gets done - all pillars need support and renovation over time

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Slide 18

Common questions about pillars

⌘ Endocrine Pillar #1 -  
 Start with Symplex F/M, Hypothalmex, BC50  
 After 3 months general support begin supporting individual glandular levels like adrenals (Drenamin, Drenatrophin, Protefood), thyroid (Thytrophin, Thyroid Complex, Iodomere, Prolamine Iodine), pancreas (Phase II diet, SP Purification program, Pancreatrophin, Cataplex GTF, Panaplex, Zinc Liver), gonads (Ovex, Ovatrophin, Ltrophin, Orchie, Prost-x)  
 Consider objective assessment - blood, saliva testing  
 Explore lifestyle modification (sleep patterns, stress management)

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Slide 19

Common questions about pillars

«Glycemic Management Pillar #2 -

- Start with Phase II diet and lifestyle (consider Phase I with health crisis events)
- After 2-3 months consider removing the stimulants and primary food allergens that act as anabolic stimulants - continue to achieve balanced body weight
- Begin supplementation to assist in glycemic control (Drenamin, Proteofeed, SF Complete, Cataplex, GTF, Pancreatrophin, Faraplex, Zinc Liver, AF Betafood)
- Consider objective assessment - blood, saliva testing
- Explore lifestyle modification (sleep patterns, stress management)

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Slide 20

Common questions about pillars

«Ph Bioterrain Pillar #3 -

- Start with calcium repletion and general mineral support to neutralize acidosis from internal metabolic activity and environmental contamination (Calcium Lactate, Calsol, Calamo, Calcium Lactate Powder, Calcifood, Organic Minerals)
- After 3 months general support begin assessing individual mineral status (calcium cuf test, iodine patch test, basal thyroid temperature test)
- Support subtle mineral backgrounds like Trace Mineral B12
- Consider objective assessment - blood, saliva testing
- Explore lifestyle modification (Food and environmental exposure resulting in acidifying tendencies)

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Slide 21

Common questions about pillars

«Immune Burden Pillar #4 -

- Start with sequential immune up-regulation until all the primary immune products have been employed: Thymex, SSO, Echinacea Premium, Congaplex, Allerplex, Immunplex, Zymex, Zymex II, Multizymie, Wormwood
- After general support begin supporting individual cavitated infection burdens like teeth, chronic sinus using more specialized tools (Cynuta Plus, Frolamine Iodine, Astragalus Complex, Cat's Claw Complex, Burdock Complex, Golden Seal)
- Consider objective assessment - blood, urine, stool
- Explore lifestyle modification (sleep patterns, stress management)
- Consider vital force influences (scars, accessories)

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Slide 22

Common questions about pillars

«Inflammatory Status Pillar #5 -

Start with elimination of food allergens to down-regulate the inflammatory engines

After 3 months if inflammation persists in the form of rashes/skin problems, musculo-skeletal discomfort, histamine symptoms consider anti-inflammatory supplementation (Cyrua Plus, Cataplex ACP, Boswellia Complex, Albizia Complex, Euphrasia, Silymarin)

Consider objective assessment- blood, saliva testing (CRP, Secretory IGA)

Explore lifestyle modification (exercise patterns, athletic gear, rest)

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Slide 23

Common questions about pillars

«Circulatory Status Pillar #6 -

Start with Garlic, Cayenne, Hawthorne, Horse Chestnut for 3-6 months

After general support begin individual endeavors like coronary arteries, cerebral vasculature, varicosities, claudication (Collinsonia Root, Cyrua, Circuplex), and lymphatic cleansing with Spanish Black Raddish, Congaplex, Spleen PMG)

Consider objective assessment- blood, saliva testing, stress testing, body scans

Explore lifestyle modification (exercise patterns, stress management)

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Slide 24

Common questions about pillars

«Complete Tropho-Restorative Pillar #7 -

Always supplement any program at least three times as long as symptoms are present.

If healing symptoms create too much suffering do not discontinue, simply reduce dosage to one per day and incrementally build up.

Most processes will eventually yield a symptomatic detox indicating the threshold effort was accomplished

Consider objective assessment - functional assays to assess system vitality and age

Educate about the healing process - to learn on simple processes means we are ready for the really grand challenges of our lifetime.

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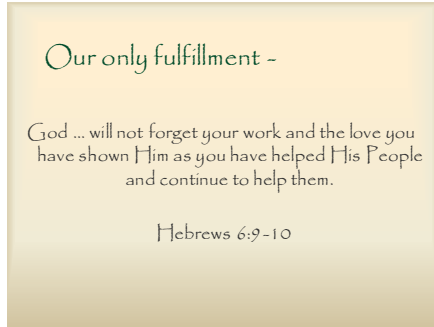
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Slide 25



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Slide 26



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Slide 27



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Slide 28




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Slide 29

**A Clinical Study - Slow but sure!**

- Tommy (48 years old) preacher recorded extensive case history. Glucom cuff test 85 mm Hg, and's reclining 149/125 (82) standing 135/115 (81) Muscle testing exam, determined to begin Endocrine Pillar, Symplex M (3-3), Hypothalamic (1-1), D.C.S.O. (1-1), Essential Fatty Acid blend, Bioterrain Pillar- Calcium (1-1), Magnesium (2-3), L-Glutamine (1.5 g), Immune Pillar- Sesame Seed Oil (3-3), A.F. Betafood (6-6), Glycemic Management Pillar- Drenamin (3-3), Phase II Diet
- Returned in one month reporting no more T.M.J grinding, tongue coating gone, sublingual dark veins gone, hoarseness gone, loss of taste improved, less gum bleeding, quit laxatives, hemorrhoids/bleeding gone, difficulty falling asleep gone, restless sleeping reduced, energy improved, cholesterol (statin), less nervous & anxious, less fear and crying, concentration improved
- Full of hope and renewed in his work
- Returned one month later less floaters, no bleeding gums, less sinusitis, less nocturnal urination, less worry, nervous, anxiety, fear, crying
- Returned next month reported less left earlobe crease, palpitations gone, hair loss gone, less slow start in the morning, hair regrowth, quit CHO & sodas
- Patient's question at the end of third month, "Do you really think it is possible for me to lose weight and get well? he feels good, but is worried it is too good to be true - common response to healing because we feel unworthy of such renewal and because we have never experienced it before
- The ability to document changes and show improvement is what will stabilize this person to achieve the long term results

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Slide 30

**A Clinical Study - Acne gone!**

- Austin (17 years old) had severe disfiguring facial acne for many years - refuse to come to see me for at least four years while he tried every drug in the world and Accutane twice - nothing worked - finally agreed to try supplements - determined to begin Endocrine Pillar, Symplex M (3), Essential Fatty Acid blend, Bioterrain Pillar- Calcium Lactate (3 bedtime), Immune Pillar- Sesame Seed Oil (3-3), Zymex II (3-3), Thymex (4-4)
- Returned in one month reporting improved acne with no scarring areas that had completely resolved
- Full of hope and renewed in the possibility of being acne free
- Returned one month later less acne, added Multizyme (2-2) to formula
- Returned next month reported less acne, complexion looking better, added Chlorophyll (1-1) and Gastrofiber (3 bedtime), Wormwood (1-1) to promote gut lining proliferation
- Patient's question at the end of third month, "Why do you think resisted doing this for so many years when it would have worked so well sooner? - the cause of suffering cannot be understood from the level of the rational mind - something was learned by looking so bad on the face for so long and feeling powerless over it by having no drugs work, and something was learned deep down that it is no longer necessary to be afflicted to learn
- This person is ready for future challenges instead of being drug resistant

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Slide 31

Change is upon us

Most men would rather die, than think.  
Many do.

Bertrand Russell

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Slide 32

Action steps for tomorrow

- Establish a clear commitment to moving into the new paradigm while respecting that part of you is still in the old – begin to tell people of the changes that are taking place
- Prepare to help people with seven pillars of health support and awareness – see all people as various stages of depletion and stop saying you're health or sick (old paradigm ideas that confuse our thinking)
- Increase the use of interview and symptom survey technology as a way to monitor the progress through the nutritional program – commit to complete symptom free states as a starting place to define health – use symptoms as conversations to discuss the scope of practice and the achievements your intend
- Employ the 7 pillars to enhance basic physiology and witness profound healing innately embedded in each person

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Slide 33



Give generously  
As you have received

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