

Slide 1



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

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

Slide 4

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 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)

Slide 5

Easy vs. hard -

In the beginning disease is difficult to recognize but easy to cure. In the end, disease is easy to recognize, but difficult to cure.

Anton Mesmer, 1777

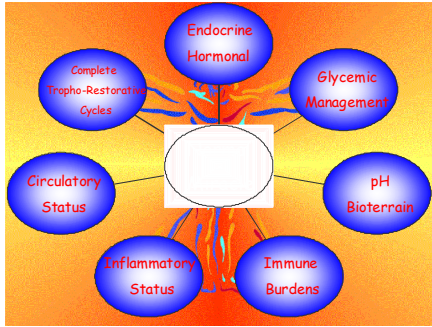
Slide 6

7 Pillars of Healing
The possibility of human greatness (all manner of healing)

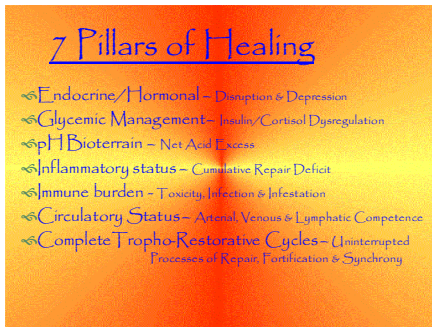
Foundational Parthenon of health: homeostatic optimization

Genetic physiological genius

Slide 7



Slide 8



Slide 9

Alignment

We must alter our lives in order to alter our hearts, for it is impossible to live one way and pray another

William Law

Slide 13

Endocrine physiology - Male

- Testosterone is a prohormone creating dihydrotestosterone and estrogen
- Most attributes associated with testosterone are cortisol effects (violence, dominance)
- Midlife crisis is due to a hormonal shift in the type of testosterone - multiple effects like a second puberty
- Libido starts to dip with age due to receptors signaling neurotransmitter receptors starting a hormonal cascade activating testosterone sites in nerves, blood vessels, muscles
- Symptoms: M, B, C, S, O, W, G, C, progams, or the W, Y, C, T, r, i, b, u, t, e
- estimates are that 13% of America is sterile and 20% of men in their 40's are deficient in testosterone

Slide 14

Andro / Menopause

Testosterone reduced	Estrogen reduced
Body fat increase	Body fat increase
Biological status decrease	Biological status decrease
Osteoporosis increase	Osteoporosis increase
Cardiovascular risk increase	Cardiovascular risk increase
Prostate cancer increase	Breast cancer increase

Endocrine support dramatically reduces deficiency and leaves the intended healthy life cycle

Slide 15

Endocrine physiology - Sleep

- Cytochrome photoelectric skin cells receive direct light photons telling the hypothalamus-pituitary axis of light/dark phases - this switches on/off dopamine/cortisol and dark time on melatonin and GH
- Brain is 50% fat, much of it PUFA's - very prone to free radical hydroxyl damage - melatonin from pineal in center of brain is depleted in aging - quench hydroxyl buildup
- Serotonin is precursor to melatonin
- Melatonin will promote the release of prolactin after 3-5 hours of deep sleep - prolactin release shifted towards the morning reduces cortisol/dopamine and creates a hangover feeling (Chaste Tree increases Dopamine)

Slide 16

Endocrine pillar

- ↳ HPA axis is the key to health and resilience, which is another word for health
- ↳ It should be called the "HPTTAG" axis and in fact Royal Lee always understood it was the entire endocrine system that organized core health
- ↳ Foundational health rests upon this endocrine pillar as the most important element of a stable resilient system capable of modulation in response to need/stress

Slide 17

Adrenals get the attention

Adrenal hormones/actions:

- ↳ Medulla - Epinephrine/Norepinephrine - fight/flight
- ↳ Zona Reticularis - DHEA Progesterone, Estrogen, Testosterone, Androstenedione - Aphrodisiac, repair, sex hormones, cortisol balance, anti-aging
- ↳ Zona Fasciculata - Cortisol - glycemic regulation, anti-inflammatory, immune response, vasculature tone, CNS stimulation, stress reaction normalization
- ↳ Zona Glomerulosa - Aldosterone - Regulation of Na, K, and fluid

17

Slide 18

Cortisol protects the cell from:

- ↳ Excess insulin
- ↳ Inflammatory reactions
- ↳ Electrolyte imbalance (Na, K)
- ↳ Cell dehydration
- ↳ Cell damage
- ↳ Auto-immune reactions
- ↳ Deficient blood glucose

18

Slide 19

Adrenal fatigue/ Inadequate cortisol:

- ⌘ Auto-immune reactions
- ⌘ Deficient glucose
- ⌘ Deficient energy production
- ⌘ Deficient enzyme production
- ⌘ Decreased cellular repair
- ⌘ Increased cell damage
- ⌘ Potassium excess
- ⌘ Sodium loss
- ⌘ Electrolyte imbalance
- ⌘ Cell dehydration
- ⌘ Insulin excess

Slide 20

Adrenals – Known and as yet unknown

- ⌘ Adrenal fatigue AKA Sub clinical hypoadrenia, Hypoadrenia, Non-Addison's hypoadrenia, Sub-clinical adrenal exhaustion, Neurasthenia, Hypocortisolism, Functional Hypoadrenia
- ⌘ Total depletion of the adrenals is called Addison's Disease and can be fatal
- ⌘ When the adrenals cannot keep pace with the demands placed upon them by the total amount of stress, it produces a condition called Adrenal Fatigue
- ⌘ Adrenal fatigue first observed and recorded in 1898 in France by Emile Sargent as a sequela to influenza

Slide 21

Frequency of Adrenal fatigue -

For the sake of credibility we have previously stated that about 16% of the population has some moderate to severe degree of hypocortisolism with hypoglycemia, but in actuality, the figure should read 67%, if all the arthritics, asthmatics, and hay fever sufferers, alcoholics and other elated groups were included.

J Tinetti Hypocortisolism - Adrenal Metabolic Research Society of the Hypoglycemia Foundation, 1979

Slide 22

Adrenal fatigue incidence -

... hypocortisolism appears to be a frequent and widespread phenomenon

C. Heim, Psychoneuroendocrinology, 2000, Jan; 25(1):1 -35

80% of Americans are suffering from adrenal fatigue, and the other 20% are in denial!

John Morganthaller, 2002 - author of Smart Drugs [8]

Slide 23

Hypoadrenia and disease

- ⌘ Fibromyalgia
- ⌘ Chronic Fatigue Syndrome
- ⌘ Rheumatoid Arthritis
- ⌘ All autoimmune diseases (3,000)
- ⌘ Cancer survival
- ⌘ Asthma, Respiratory ailments
- ⌘ Influenza
- ⌘ Most diseases for which cortico-steroids are administered as treatments

Slide 24

Hypoadrenia and Clinical Conditions

- ⌘ Immune down-regulation
- ⌘ Cardiac myasthenia (inotropic & chronotropic)
- ⌘ Loss of stamina/resilience
- ⌘ Emotional paralysis
- ⌘ Post Traumatic Disorder Syndrome PTSD
- ⌘ Poor wound healing
- ⌘ Increased susceptibility to infection
- ⌘ Alcoholism & Drug addiction
- ⌘ Burnout
- ⌘ Hypoglycemia
- ⌘ Allergies
- ⌘ Environmental Sensitivities
- ⌘ Unresponsive hypothyroidism
- ⌘ Sexual dysfunction, Libido loss
- ⌘ Increased perimenopausal/menopausal condition
- ⌘ Premenstrual tension, especially depression
- ⌘ Depression - Loss of motivation, collapse after bad news, overwhelmed
- ⌘ Jetlag
- ⌘ Altitude Sensitivity
- ⌘ Declining athletic performance

Slide 25

Adrenal fatigue in PMS

- ⌘ Women who were significantly more depressed premenstrually showed significantly lower cortisol levels on the premenstrual day as compared to the postmenstrual day
- ⌘ Across the menstrual cycle, women who were significantly more depressed premenstrually also had lower evening cortisol levels in their premenstrual phase

J. Odberatal, Psychosomatic Research, 1998 Dec; 45(6):557-68

Slide 26

Cortisol & Cardiac Arrest

- ⌘ The coronary patient shortly after his attack will have reactive hypoglycemia, the severity of which depends upon adrenal response to stress

J. Tintem, 1974

Slide 27

The Heart of Cortisol

- ⌘ Cortisol concentration after out-of-hospital cardiac arrest are lower than those concentrations reported in other stress states
- ⌘ There is an association between cortisol concentrations and short-term survival after cardiac arrest. Survivors have significantly greater increase in serum cortisol concentrations than non-survivors during the first 24 hours
- ⌘ Lower than expected cortisol concentrations for the extreme stress of cardiac arrest may have pathologic significance in the hemodynamic instability seen after return of spontaneous circulation
- ⌘ The etiology of low cortisol concentrations may be primary adrenal dysfunction

C.H.Schultz et al Critical Care Medicine, 1993 Sep; 21(9):1339-47

Slide 28

Adrenals & Survival

- Adrenal dysfunction is common in high risk ER patients. Overall it has a frequency of 19% among a homogenous population of hemodynamically unstable vasopressor-dependent patients
Emanuel Rivera et al. Academy of Emergency Medicine, 1999, Volume 6 (6), 622-630
- These results indicate that adrenal dysfunction is common among a group of critically ill patients seen in this hospital ER.
SS Chang, Academy of Emergency Medicine, 2001, July 8(7), 761-4
- The greater the adrenal fatigue, the less likely one will survive cardiac arrest or other life-threatening situations.
James Wilson, Adrenal Fatigue

Slide 29

Adrenals as symphonic

- Elevated cortisol suppresses TSH, inhibits the conversion of T4 to T3, and increases the conversion of T4 to rT3
- Cortisol reduces progesterone levels in primates, impairs endometrial secretions, increases estrogenic stimulation of endometrium
- Cortisol interrupts testosterone, progesterone, DHEA, T3 and estradiol

Slide 30

Ingredients of success

Preventions

Slide 34

Functional Medicine

Functional medicine could be characterized, therefore, as upstream medicine or back-to-basics – back to the patient's life story, back to the processes wherein disease originates, and definitely back to the desire of healthcare practitioners to make people well, not just manage symptoms.

E. Aved Logan, MD, 2007

Slide 35

Action steps for tomorrow

- Establish a clear commitment to helping people where the sidewalk ends– publish that commitment– then talk about it
- Prepare to help people with endocrine axis support and awareness– see Adrenal fatigue as a real underlying reality in people, and build the thinking of foundational repair for disease and conditions
- Increase the response to those who are ready for your services, consider Calsol and Drenamin for everyone
- Employ the 7 pillars to enhance basic physiology and witness profound healing innately embedded in each person

Slide 36



Give generously
As you have received
