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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 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 S^r rep who will compile and include in next teleconference (must be submitted 10 days prior)

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Eternal wisdom -

Most of those who make professional careers in the healing arts start with a burning desire to enrich the lives of others by offering them the gifts of freedom from pain, relief from anxiety and suffering, and the blessings of wellness. Healers are healers because they want to give. Yet all kinds of things get in the way. The indoctrination of schooling, the grind of getting a practice started, the healer-patient routines that develop, the pressure of peer evaluation, personal desires like getting ahead and making money, the fear of malpractice lawsuits. All these things become a shroud covering up that beautiful original impulse – the magic that arises from the heart of the healer. When the passionate flame of service does not endure, burnout ensues.

Dawson Church, The Heart of The Healer

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Experience as confidence:

- ⌘ Experience makes you confident and an expert
- ⌘ Most doctors limit their confidence by limiting their experience
- ⌘ We must try more, work on ourselves more, and finally become more familiar with the transformative process, so that we become versed in healing and the devices of healing
- ⌘ The clinic must develop an internal and external culture of healing and growth, wherein value and worth is granted to the healing process
- ⌘ The expert knows the terrain and is never surprised

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Ecology -

Human life, particularly in health and disease, is the result of countless independent forces impinging simultaneously on the total organism and setting in motion a multitude of inter-related responses.

Rene' Dubos

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Dietary Reference Intake (DRI)

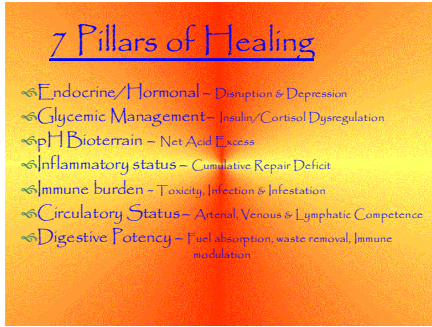
- Ames et al in 2002 in landmark paper reported "as many as one third of mutations in a gene result in the corresponding enzyme having an increased Michaelis constant, or K_m (decreased binding affinity), for a coenzyme resulting in a lower rate of reaction" - this means some people carry unique polymorphisms 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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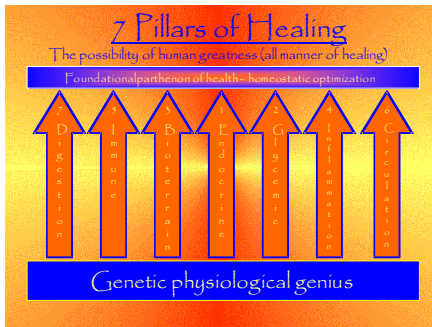
Boldness has Genius in it

- 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
- 21st 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

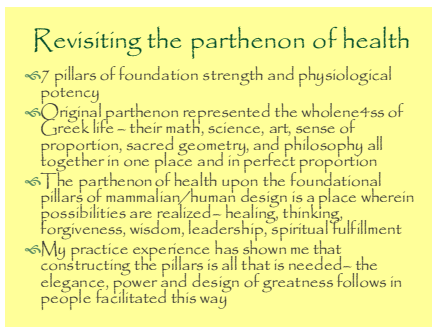
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A Clinical study – Supporting Chronic Degenerative Disease

- ⦿ Jeff presented 9/7/06 with pulmonary interstitial fibrosis, reduced muscle tone, low energy, blurry vision, joint pain, short of breath, loss of libido, snoring
- ⦿ Began endocrine pillar – Symplex M (6)
- ⦿ Hypothalmex (2), EFA (4), Immune pillar – Sesame Seed Oil (6), Allerplex (14), Calsof (4), pT
- ⦿ Bioterrain pillar – Calcium Lactate Powder (1 tsp), L-Glutamine (1.5g), Circulatory pillar – Cardioplus (6)
- ⦿ Returned 6 weeks later – less TMJ popping, left ear crease gone, less cracks on tongue, tongue coating gone, less puffy eyes, post-sinus drip gone, sternal ache almost gone, fluid on ankles gone, cramps in legs and feet gone, night sweats gone, snoring gone, 2 PM low gone, knee pains gone, left elbow pain gone, less calf fatigue with exercise, libido increased, orgasm stronger.
- ⦿ Continue protocol and added Immune pillar – Zymex II (4), Bioterrain pillar – Magnesium Lactate (3)

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A Clinical study – Supporting Juvenile Diabetes Acute Phase

- ⦿ Ethan presented 2/7/07 with acute onset of juvenile diabetes – hospitalized
- ⦿ Began supplements 2/27/07 Symplex M, EFA oil, Gymnemma, Protefood, Pancreatrophin, Arginex, Cataplex AC, Immuplex, Ionic calcium, Phase II diet
- ⦿ 3/19/07 2nd visit showed decreased insulin requirement, added SP Complete, Albaplex, Carnitine, Cardioplus
- ⦿ 5/10/07 reported elevated sugar in the morning (due to cortisol), introduced 1,500 mg L-Glutamine, Zymex, Tuna Omega, OFC Synergy – immediately reduced blood sugars, net weight loss of 19 lbs, insulin reduced from original to one third dose
- ⦿ The plan is to gradually titrate the dose down requiring more beta cell proliferation

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Autoimmunity as early immune signaling


- ⦿ Autoimmune conditions are nothing more than undifferentiated immune failure, ultimately leading to defined cancers, infections, and degeneration
- ⦿ Natural tissue antibodies are the first seen upregulation wherein the immune system is attempting to confront the burden of unmethylated DNA (nuclear proteins) in the blood
- ⦿ Lack of methylation, inability to accomplish Phase I and Phase II detoxification results in failure of demethylation processes, and subsequent accumulation of nuclear proteins in the blood compelling an immune response
- ⦿ The primary factors that contribute to autoimmunity are genetic predisposition to methylation difficulty, toxic burdens, psychological stress, and immune dysregulation due to immune burdens chief of which is leaky gut syndrome

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Pervasive Pathological Process
The Antecedents for Autoimmunity

- ☞ Glycation (Browning - Caramel)
- ☞ Oxidative Stress (Rusting)
- ☞ Hypomethylation (Defoliation)
- ☞ Psychological Conflict (Distress)
- ☞ Endocrinopathy (Signal Disruption)
- ☞ Immune Dysregulation (Inflammation)
- ☞ Toxic Injury (Intoxication)

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 **The Inflammatory Process (A Model)**
Environment

Allegory: Taxes, Stress, Inflation, Trains, Tragedy, Death, Abuse

↓ Genes

Polymorphisms which render individuals susceptible

↓ Diet

Microorganisms, Microtoxins, Aromatics, Hormones, Neurotoxins

↓ Physiology

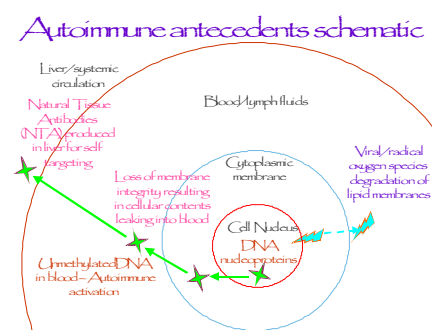
Physiological shift into slow motion characterized by inflammation process

↓ Inflammation

"osia becomes itia" with increasing severity

Infection, Autoimmunity, Neoplasia, Chaos

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Autoimmunity – Estimated US prevalence

- ⌘ Psoriasis – 7 million cases
- ⌘ Graves Disease – 3.5 million cases
- ⌘ Vitiligo – 3.5 million cases
- ⌘ Rheumatoid Arthritis – 2.1 million cases (30-50 K children)
- ⌘ Celiac Disease – 2 million cases (1 in every 133 people)
- ⌘ Hashimoto's Thyroiditis – 1.5 million cases
- ⌘ Inflammatory Bowel Disease – 800,000 cases (2/3 colitis, 1/3 Crohn's)
- ⌘ Type 1 Diabetes – 300-500,000 cases
- ⌘ Multiple Sclerosis – 250-350,000 cases
- ⌘ Systemic Lupus Erythematosus – 240,000 cases

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Autoimmunity – Is it increasing?

- ⌘ Chronic inflammatory disease is clearly increasing worldwide (atopic syndrome, asthma, metabolic syndrome, atherosclerosis)
- ⌘ Corresponding epidemiological data on autoimmune disease is limited because: AD not reportable – estimates of incidence and increase are much lower than actual, many estimates on incidence is decades old and based on small sample size, apparent increase in incidence could be due to improved diagnostics
- ⌘ Despite poor reporting it appears AD increases, especially: 30,000 new cases annually of Type 1 Diabetes, Crohn's Disease has more than tripled in last 30 years, MS has doubled in Europe, US data shows significant increase in women

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Autoimmunity – Juvenile Diabetes Models Hope

- ⌘ In the hopeless Juvenile Diabetic condition there is now evidence of hope through understanding that comes from watching
- ⌘ "Honeymoon period" follows initial insulin dependency showing an initial beta cell proliferation and corresponding decrease in insulin dependency – then a return to complete insulin insufficiency
- ⌘ Ongoing islet cell immune attacks from lymphocytes (NTAs) finally destroy the regeneration beta cells such that regeneration is only transient
- ⌘ It appears that islet regeneration attempts are prominent for the first 18 months following onset of JD
- ⌘ If autoimmune cascades can be modulated and suppressed regeneration may continue free of lymphocyte attack and degeneration
- ⌘ Tolerance induction is a growing concern in autoimmune disease to promote endogenous regeneration
- ⌘ Research of Charles Sia and Francoise Homo-Delarche, jointly from New York and Paris, copyright 2004, Dept. Immunology, United Biomedical Inc, Hauppauge NY. Doi: 10.1500/RDS.2004.1.198.

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Autoimmunity – A protocol for tolerance induction

- ⌘ Repair cytoplasmic and nuclear membranes with FFA repletion – Tuna Omega (3), Linnam, B6 (4), BC SO (2), SSO (6), Super EFA (2)
- ⌘ Reduce adrenal reactivity – Rehmannia Complex (4), Drenamin (4)
- ⌘ Address immune burdens teasing out immune up-regulation adjacent to autoimmune targets (Sequential Immune Up-regulation)
- ⌘ Promote gut-lining health – pre and probiotic efforts – Gastrofiber (4), Chlorophyll (4), LactEze (4), Zymex (6), Zymex II (6), Multizyme (4), Wormwood (4)
- ⌘ Use protomorphagen technology (PMG) – Specific PMG use for each target tissue
- ⌘ Detoxify toxic metals and exo/endogenous toxins
- ⌘ Balance dysglucemia and insulin resistance (the major dietary cause of inflammation) – Thase II diet
- ⌘ Remove food allergies – Elimination/reintroduction phenomenon – gluten, casein, corn, soy, eggs, citrus
- ⌘ Lack of blood flow – sedentary lifestyle
- ⌘ Address malnutrition with improved diet – raw food sources, minerals
- ⌘ Address all 7 pillars of health – promote widespread physiological potency
- ⌘ Address psychological stresses

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Elimination Diets – Forgotten Technology

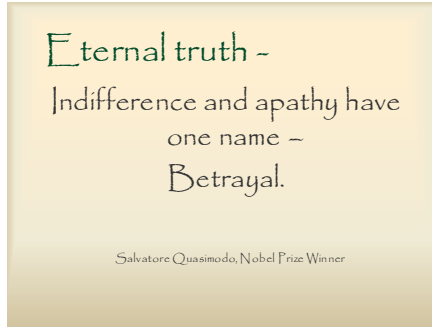
- ⌘ Elimination diets are the most powerful and under utilized tools available to the clinician for addressing chronicity
- ⌘ A variety of ways: SFF purification is in fact an elimination diet 21 days long, food allergy elimination
- ⌘ Using IgG food antibody testing and elimination/provocation diets triggers can be identified not obvious in IgE testing
- ⌘ Systemic inflammation can be eliminated when Th1 (autoimmune) and Th2 (allergic) responses are balanced with probiotics
- ⌘ Conditions responsive to elimination diets include headaches, IBS, fatigue, AID, sinusitis, arthritis, skin disorders, fibromyalgia, CFIDS

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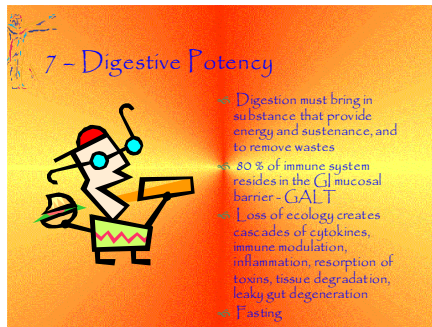
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- ⌘ Labon research autointermediate search
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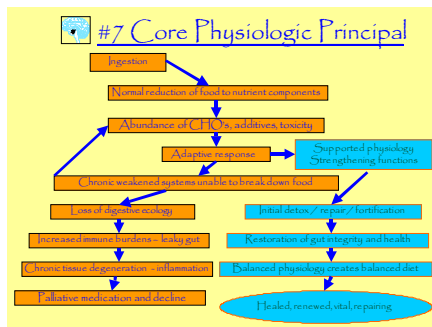
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The interview as blueprint

- Comprehensive interviewing with notes infers the scope of practice and care
- Subsequent interviewing creates feedback on success or failure of nutrient intervention and so builds understanding
- Understanding imparts confidence and encourages willingness to go further
 - Interview is where the practitioner shows their make up:

Brave

Compassion ← → Seber & Capable

Gentle & Related
- If you are timid to ask the questions and know the details of another's life you are not ready to begin altering their biochemistry and initiate the transformative journey wherein you will become more than intimate

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Prognosis – How do you know

- Consistent interviewing generates enough feedback to the practitioner that patterns reveal themselves and understanding builds
- Some prognostic ability comes from physiological understanding
- Most comes from experience – personally and with patients
- Learning vastly increases the more there is at stake – practice at risk – risk losing the patient, going broke, being wrong, failing, and healing
- Experience is the trump card in the clinical setting
- For every five year you have been ill one year is required for restoration
- 95% of the nutritional programs require 1 to 9 months to complete the acute corrective phase given compliance and therapeutic dosages
- All prognosis is based upon graded improvement determined in the second visit – you must refer back to original ambitions and make an expert statement of your expectation for outcome "Based upon how you have responded to therapy in this first month we know ..."

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Getting Stuck, then Unstuck

- Every patient will eventually bog down and get stuck because illness is a metaphor of resistance, as healing is of freedom
- You must be ready and expectant of complications and prepared with sequential strategies to address the resistance
- As long as you and the patient are earnestly trying you are not stuck
- Like a knee jerk response stuck means "Sequentialize and Strategize"
- Stuck is defined as no changes discernible or all changes worsening for two months consecutively
- Challenge yourself and the patient by saying, "If there is no improvement within two weeks I want you to return for a quick check, no charge, no appointment needed, just drop in when it is convenient to you. I will not accept you not improving for another month – push me and make me perform or replace me with a different approach."

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When to refer – And still partner

- > When the patient is stuck for more than two months suggest referral
- > Always refer for medical evaluation when the vital signs are being affected (syncope, pulse rate, BP, respiration rate)
- > Always refer for rectal bleeding
- > Always refer for anxiety/panic attacks
- > Always refer for intractable pain unresponsive to therapy
- > Referral is made to gain more information and confirm that we are not missing anything – it shares the liability with the medical profession
- > Advise that you want to continue supporting and that you know how to work alongside drugs and surgical procedures to maximize the outcome
- > Always assume the position that you want to continue to consult with them around any choices they may have to make
- > A referral from you will feel to them as failure and that you perceive that they will not get better – you are giving up on them – are you?

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Visit after visit – Start Monday

- ⊗ See each patient for the autoimmune issues that are present, knowing that these activities indicate an immune tendency toward inflammation, infection, and finally cancer
- ⊗ Treat every AD with Rehmannia Complex (2/day), support EFA oil repletion to enhance membrane function
- ⊗ Begin to discern between the proinflammatory patient from the allergic, and thus consider the use of specific probiotic species to suppress Th1 and Th2 activity
- ⊗ Commence the lifelong project of digestive tract support and strengthening to promote long-term health and immune capacity
- ⊗ Begin sequentially address the Autoimmune cascades by addressing the multifactorial elements contributing
- ⊗ Change outcomes, stop progression, reverse scarring and damage long-term, reveal the inherent healing potential and miracle by using Cataplex AC (10), Chlorophyll (2), Gastrex (4), Okra Pepsin (4), Gastroherb (4), essential fatty acid repletion
- ⊗ Tune in, Turn on... Enjoy!

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Give generously
As you have received
