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

- 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 SP rep who will compile and include in next teleconference (must be submitted 10 days prior)
Mentoring -

Teaching is not the filling of the pail, but the lighting of the fire!

William Butler Yeats

Polyendocrine Depression and Dysregulation

A Rational Intervention & Discussion of Method

Cornerstone issue of Functional Practice
Polyendocrine Disorder

- A new disorder has been identified which gives a great model to understand basic physiological processes and adaptations
- Multiple endocrine dysregulations resulting in combination Addison’ Gravess’ and hypogonadisms
- This is the beginning of endocrine inability to maintain homeostasis and subsequent decline of glandular health
- Theorized to be resultant to autoimmune dysregulation globally and is the beginning of more to see in years to come due to the more and more severe misalignment from healthy lifestyle that the modern world imposes
- The stages of this polyendocrine presentation describes the sequence of degeneration in the body and can be a useful model to study and understand

Sequenced Decline

- Digestive and gut loss of ecology
- Immune compromised system – infection – autoimmunity – chaos – failure from overburdening
- Organ vulnerability and infection
- Endocrine dysruption and infection/autoimmunity
- Spiralling bombardment of core systems
- To understand the sequence of polyendocrine failure reveals the layered nature of the body
Agent of change -

The most powerful agent of growth and transformation is something much more basic than any technique – a change of heart.

John Welwood

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
- **Digestive Potency** – Fuel absorption, waste removal, Immune modulation
**7 Pillars of Healing**

The possibility of human greatness (all manner of healing)

- Foundational parthenon of health – homeostatic optimization

1. **Digestion**
2. **Immune**
3. **Intestinal Terrain**
4. **Endocrine**
5. **Glycemic**
6. **Inflammation**
7. **Circulation**

**Genetic physiological genius**

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**1 - The Endocrine Axis**

- Most powerful system to activate the rest of body
- 7 glandular levels
- PMG’s first, lifestyle modification second, herbs third, HRT last
#1 Core Physiologic Principle

Stressors → Hormonal/endocrine adaptation → Glandular fatigue & imbalance → Depletion of organ reserve and nutrient/mineral substrates → Reduced homeostatic mechanisms → Stress hyper/hypo reactivity → Altered psychoneuroimmunologic mechanisms → Symptom modulation → Increased glandular strength/resilience

Disease diagnosis → chronic progression → Restored adaptive mechanisms → Increased organ reserve → repletion of substrates → Death → Enhanced physiology/personality

**BRAIN-H-P A.JS EXAMPLE**

- Cerebral Cortex
- Hippocampus
- Limbic System
- Amygdala
- Hypothalamus
- Anterior Pituitary
- Thryroid
- Adrenal Cortex
- Gonads
Mentoring the Mentors

March 26, 2009

Dr. Stuart White

Standard Process

HORMONES OF THE HYPOTHALAMIC-PITUITARY AXIS

All Hypothalamus releasing hormones are pulsatile in their secretions. For example, GnRH releases in spurts about every 80 minutes. A continuous release of GnRH would suppress gonadal function.

**Symplex F/M(3,3)**

**Hypothalmex/us(1,1)**

**Black Currant Seed (1,1)**
The expanded HPTA Axis-

Endocrine Axis Support

- Symplex F/M:
  - Pituitrophin PMG
  - Thytrophin PMG
  - Drenatrophin PMG
  - Orchic PMG

- Hypthalmex:
  - Hypothalamus cytosol extract

- Hypothalmus:
  - Hypothalamus PMG

- Black Currant Seed Oil:
  - Omega 6 fatty acids (19 times more Gamma Linoleic Acid)

- Folic Acid/B12:
  - Folic Acid support and detox support, DNA/RNA transcription
Endocrine Axis Support

- Start with general HPTA support for 2-3 months and then target individual glands for further strengthening.
- Symplex F/M typically reduce to maintenance minor sustaining dosage (1-2/day).
- Individual gland strengthening:
  - Pineal - Folic Acid (6)
  - Pituitary Anterior - Pituitrophin PMG(6), E-Manganese (6)
    Posterior - Pituitrophin(6), Trace Minerals/B(1,2)(6)
  - Thyroid Hypo - Thyrophin PMG(6), Thyroid Complex(4),
    Prolamine Iodine (1/2/3/4) or other source of iodine, Cataplex E(6) or other source of selenium
  - Hyper - Bugelweed (1-2 tsp), Motherwort (1-2 tsp with heart arrythmias)
  - Thymus - Thymus PMG(6), Immuplex(6)
  - Pancreas - Pancreatrophin (6), Paraplex(6), Cataplex GTF(6)
  - Adrenals - Drenamin(6), Drenatrophin PMG, Whole Desiccated Adrenal (4), Eleuthero (4), Withania (4)
  - Gonads - Wheat germ Oil Fort. (4), Wild Yam Complex (4),
    Tribulus (4), Fortil B12 (4)
  - Male - Orchic PMG, Super EFF (4), Prost-x (6)
  - Female - Ovex (6), Ovatrophin (6), Dong Quai (4), Utrophin (6)

Brain chemistry – Neurotransmitters (Neurohormonal)

- Serotonin - Tryptophan dependent feeds Melatonin formation
  Well-stocked: Positive, confident, flexible, easy-going
  Poorly stocked: Negative, obsessive, irritable, low confidence, sleepless
- Catecholamines - Tyrosine dependent forms Dopamine, Norepinephrine, Adrenaline
  Well stocked: Energized, upbeat, alert, focused
  Poorly stocked: Lethargic, flat, ‘blahs’
- GABA - GABA dependent
  Well stocked: Relaxed, Stress-free
  Poorly stocked: Uptight, overwhelmed, stressed
- Endorphins - Phenylalanine dependent
  Well stocked: Comfort, pleasure, euphoria
  Poorly stocked: Overly sensitive, crying easily

- General protein increase will downstream more amino acid fuel for neurotransmitter formation and greater reserve stores for supply through stressful demands (Minchex 2-6, Protefood 2-6)
**Number One Stress in the world**

- The primary way to increase cortisol (stress hormone) is:

  **Blood Sugar Variations**
  - inducing hypoglycemia and activating cortisol up-regulation

**Eternal Truth**

- Celebrate what you want to see more of...

  Tom Peters
Revisiting the physiologic possibility

- 7 pillars of foundation strength and physiological potency (unified mechanisms of disease)
- Physiologic possibilities have not been explored or metered so we remain dependant on external intervention as the primary modulator of disease process
- The practice of rational intervention will deliver the practitioner and therefore the patient to profound process that can be measured and will create a new culture for healing in our nation – it is time for change and real survival
- Essential to the rational is the understanding of the unified mechanisms of disease that will cause the same results every time they are activated or burdened – laws are so much better than opinions

Give generously
As you have received