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## GT5 Practitioner Training Webinar #2: Getting Started

Christa: We're live. Hello, party people. Welcome. Welcome to your second Gut Thrive Practitioner Webinar. We are super excited to be here with you. Nicole, how are you?

Nicole: I'm doing great. Happy to be here.

Christa: I'm glad you're here, and everybody can put a face to the name. They've been emailing with you and talking with you.

Nicole: Yep.

Christa: Jack, how's it going [00:00:30] in Texas?

Jack: Hey, going great in Texas.

Christa: Good, good.

Jack: And hello, everyone. It's a pleasure to join you today.

Christa: Oh, we're happy to be here. Alicia, Consuela, [Sea 00:00:41], Bridget, Hope, Tammy, Lindsay, Habiba, Amy, Cori. Yay! Connie, Dani, Miriam, fellow students. Oh my gosh, Miriam is here at 1:30 AM in Kuwait.

Nicole: Oh, gosh. Wow.

Christa: Maryam is here at 1:30am in Kuwait. [00:01:00] Okay. Let's see how long it can last Miriam. Let's make it worth your while. Hello, Nicole from Idaho and Carrie. This is so exciting. Okay. We're going to start with a couple of housekeeping things. Number one, as I've been talking with Nicole, as she has been going through a clinical customer service, I want to say we have some of the newer practitioners.

Anxieties are a bit high about, are you in the right [00:01:30] place? Like in terms of like, did you do everything you need to do? And I know that you are sending in tickets or multiple tickets. And so a lot of the anxieties have been around the case studies. So here is what we did. Here's our response. I posted an Instagram story, recruiting case studies that were appropriate for your level.



And if you do not have your case studies already, then email us, then we'll connect you with them. So we have 50 eager people waiting with digestive and [00:02:00] immune issues ready to be your case studies. And so you have to do a minimum of one right now to follow through, follow us with the program and a maximum of three or even four. If you're going to use yourself as a case study and have three others. So Nicole, we'll connect you with someone that's appropriate for your level and your level of practice.

And so hopefully that calms things down a little and we go through this with every time we launch a new program, we get a handful of practitioners or actually [00:02:30] just people because it's our first practitioner program that have a lot of high anxieties about, are they doing it right? Or some people wrote in, "Should I have my client or patient beyond the pathogen perse already?" And so my advice to you is to take a deep breath and calm down, trust the process. We are taking this slow so that we do it right? They're not even going to start the supplements until February the eighth. That's when we officially start Step 1. We're staying in the getting started module this week [00:03:00] and next week. And so you have time to get everything together. You just have to order your supplements as soon as possible in order to receive them by February the eighth, so that you can follow along with our process. And if you're international, you should have done that yesterday. So make sure you handle that as soon as possible.

Jack's gotten some emails from our international people asking about teaching them how to curate supplements in their country. So I want to be clear that in the first case [00:03:30] study, you have to use our supplements at least once, because otherwise you won't understand the process. You need to use our exact strategy and experience the changes, whether they be in your body or someone else's as a case study so that you have this visceral understanding of what we're teaching you before you start to substitute out formulas in your home country. Nicole, did I miss anything?

Nicole: No, that's true. Just if you haven't ordered your kits yet, do so as soon [00:04:00] as possible, just so we can make sure we can get them to you in time. And also there were a couple of questions that people were confused a little bit about the practitioner store and the 20% wholesale and how do I get my clients to purchase? So your clients don't have access to the practitioner store. So you can order supplements for them one or two ways. If you don't want to deal with supplements at all, you don't want to be bothered, send them to our public store, which is at [thewholejourney.com](http://thewholejourney.com). They can purchase the kits and any



supplements they need there at full retail price. [crosstalk 00:04:32] [00:04:30]  
Go ahead.

Christa: Lori Jo is on, on our clinical team. Lori Jo, can you please paste the link to the public facing store. And I will also follow up in the email to show you the public facing store. So yeah, if you're a practitioner that hasn't sold anything before and that's anxiety provoking for you, you'll send them this link and we'll follow up with it.

Nicole: And then if you want to use this practitioner store, what you do is you have to go in an order on behalf of your clients. They're not going to go in an order for themselves. So you order the [00:05:00] kits, you ship the kits out, then you bill your clients for the cost of the kit. And you can either extend that 20% discount to them or you can mark it up to 25%, which would be full retail. And you can make a little bit of a profit off of the sale of the supplement. So it's up to you, how you do it.

Christa: Yeah. Oh yeah. You guys getting into it. I love it. We have a couple more. I really want to hear how your intakes went and how everything went. And we're going to keep the chat open the whole time. We're here to answer your questions. A couple more [00:05:30] housekeeping things. The assessment link that is inside the portal, that's just for you to take your assessment so you get familiar with it. That's not going to be the link you give out to your case studies. And that was my bad. Brent, let me know. I didn't realize what was going on last week. And so if you already sent that link to your case studies fine, but just stop sending that link out publicly. You all have a special link in your login [00:06:00] email from the 19th. When you got your login into the gut thrive portal, there's a special, unique link for each practitioner and that's going to help us help you. So we'll know who's coming up, what Plan S, P, F, H. So make sure that's the link you give out.

And then the other thing I wanted to tell you is we have an updated... I'm going to screen share. So we updated your intake [00:06:30] form and we updated your case studies template. So let's see. Let's see. Let's see. I just want to show you here. Let me start. Can you guys see my screen? Let's see. Okay. We're in the portal now. So, you're going to go. We updated over here. You're going to go to Getting Started, [00:07:00] and then you're going to go to The Supplements. And if you've already downloaded the intake... Oh, wait, hold on. Where am I here? Modules. Take your assessment. Well, hold on. Understanding The Assessment. Just give [00:07:30] me a second.



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All right. Here's your Customizable Intake Form. And so what we did here so that you guys can really do what you need to do with it is you're going to right click on the form. And this is a GDoc, a Google Doc, and you will be able to add your own logo and we formatted it so you can print this out, you can download it and just add your logo, [00:08:00] download and send to your clients and patients. And then we went ahead and we did the same thing with the case studies template. So you're going to go to resources. You go to case studies and right here is the editable template for you. Just so you know where that is. And if you've already downloaded it, just so that you can re-download it again. Okay. All right. Now we want [00:08:30] to hear how your intakes are going and any questions you have before we dive into the Getting Started module.

Jack: There's a few questions coming up in the chat.

Christa: Okay, Jack. I'll let you dive in and answer some. Okay. Okay. Okay. Let's see. I see. Yes. So helpful. All right.

Jack: [crosstalk 00:08:54].

Christa: Oh, sorry. Should we email [info@thewholejourney.com](mailto:info@thewholejourney.com) to get matched with a [00:09:00] case study?

Nicole: Yes.

Christa: Yeah. Sea Sharon, thank you. I was so anxious about finding case studies. Awesome. I'm so glad we could solve that problem. And you've got a problem guys. We can solve it. So just let us know. Don't have a problem and not come to us and stay frozen and stuck. We've got real work to do in the world. And so we're here with you to make it happen. All right. Let's start here. Carrie, met with Robin, my case study volunteer. I'm so excited. She's [00:09:30] great. Awesome. We want to hear how your intakes are going. What questions you have, what concerns you have. Jack, what were you about to answer?

Jack: What am I about to answer? Oh, no. I was pointing out. There's some questions coming up in the chat. And I don't know the answers, so.

Nicole: I see a couple of supplement questions.

Jack: I'm anxiously awaiting to see how they're going to get answered.



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- Christa: All right. So Miriam from Kuwait, if we're going in order here. If you see where we are in order, she [00:10:00] says, "How often do we need to actually do voice calls with the case study?" I would say at least once every other week would be the lowest amount or once a week would probably be good. And it just depends on what they're doing. So you should have already consumed the videos and the handouts that are in the getting started module, because that's where we're moving into. And if you've got a client that's eating gluten every single day and loading up on sweets and alcohol, [00:10:30] you're going to have to talk to them once a week. If you've got a client that's already pretty Paleo-esque they've been doing this for a while, every other week would be fine. All right, Mary. Yes. I saw them come in. Carrie, do they get a discount code with the supplements?
- Nicole: No, you don't get a discount code. Like I mentioned earlier, you either send them to the public store that's full retail, no discount. Or you order the supplements through the practitioner store, you purchase them at a 20% discount. [00:11:00] You then bill your clients, whatever rate you choose to for the supplements.
- Jack: Will they be drop shipped to the client?
- Nicole: You can. So during the training, the answer is, yes. So you can drop ship directly to the client, which means you can put in your billing information, pay for it and then ship it to your client. However, when the training ends and we shift to a quarterly order system, you would have to ship it to yourself and then disperse them to your clients.
- Christa: Yep. Taylor asked via private chat, a question about the supplements I know [00:11:30] that you all have. And she says, "Where do you have a list of the supplements and ingredients that are included in the kits?" And that's going to be in your portal under the supplement section where it says about the supplements. And I've even sent that out. If you can't find it, it's pretty... Should I screen [crosstalk 00:11:51]
- Nicole: It's also under the resources tab as well. If you just click on resources, you'll see all the handouts from the program. And on the left side, there's a whole category for supplements. [00:12:00] There's a handout called supplement ingredient list. And then there's another handout called additional supplements and substitutions. And all of that information is in there.
- Christa: Okay. Under resources.



Nicole: Yep. Just click on resources. The first one. And then on the left, see, there's a supplement heading. And then there's all the supplement protocols, additional supplements, product substitutions. Then a couple below that is inside your supplement kit. And that has all the ingredients and tells you what supplement is in what kit.

Christa: [00:12:30] And like we said in the first... Every ingredient, like we said in the first webinar, Jack flew out to California and we spent a long time looking at every single ingredient that we put in this program, which was why we curated this to make sure, because at this point we had already taken 2,000 Gut Thrivers through that were really sick and really sensitive. So we were like, okay, how do we maximize this to the most sensitive people and the least amount of food sensitivities. [00:13:00] And so that should not be something that comes up very often as somebody really reacting to a supplement after all the refinements that we've done over the years.

Okay. Maryam, when you say buy the kits, yes. Okay. You answered that. Cori. I keep thinking of your Instagram mamakish. Okay. My first intake is scheduled for Friday. I am having trouble finding the right people that are ready to dive in. Great. Be in touch. We'll match you with a case study because these people were so [00:13:30] excited. I guess, the new DMs on Instagram. Like, "Did I miss it?" "Oh my gosh, we can't believe it."

Nicole: So ready to go.

Christa: Yeah. And I know the question came up, this thing isn't... And they'd been following us for a long time. Probably wanted to do it, but couldn't afford it. And so your compliance is going to be so much higher given that they're part of our tribe and they recognize this as an incredible opportunity. So I want you to experience this eager clientele.

Nicole: I was just going to say too, they also know they have to [00:14:00] buy supplement kits, so you don't have to worry about that. They know that's part of the purchase and they're ready to go.

Christa: Yeah. Yep. Okay. Sharon. Okay. Yeah. I tried making an editable PDF - it was a little rough. Yes. I know. Sorry about that. But I'm glad. Cindy, intakes are later this week. Okay. I love it. I really want to hear how these go. Corey, your personalized link is only in the email. It's not in the portal because it's a personalized link and we can't personalize the [00:14:30] portal, right? So we



can send out a unique link to all of you via email. If for any reason you can't find it, search your email for login details or save this email we always put. If for any reason you can't find it, Lori Jo can help you if you email a ticket.

Okay. Interesting. Lacey, everyone including was signed to Plan S. Plan S is the most common plan. We've got somewhere between 47% and 52% of people falling [00:15:00] into Plan S over the years. It used to be less, but the more people have fibroid issues, the more people fall into Plan S. Then it vacillates the second highest next one is F or H and then P. So Lacey, what do you think Jack and Nicole. I would like the case studies that you do, I'd like you to experience at least two different plans. [00:15:30] I don't know if you ordered your supplements yet. And so what do you think? Don't you think they should experience a couple of different plans, not just like straight Plan S or straight Plan P?

Jack: Really, yes. Because the Plan S is a little bit different scheduling, right? With probiotics and so forth than the other plans. So knowing how the plans are a little different, gives a person a more well-rounded view of the process.

Christa: [00:16:00] Yeah. I wonder Lacey, if you could maybe take on an additional one and Nicole could put you, because we asked on the Instagram story, I said, "Hey, can you let us know a little bit about your digestive and immune troubles?" And Nicole, maybe you could kind of surmise or this one's definitely parasites or and pair them up. So Lacey, maybe we can pop one more in there. And Lacey is an incredible colon hydrotherapist. I have seen her many times and know the family. And so I really want you Lacey to have a Plan P because [00:16:30] you help get rid of parasites so much. That would be good.

So Nancy, she's got some that are few that are interested in being a case study, but they want more conversation rather than being ready to jump right in. Bypass those people and let us connect you with people because again there just are people chomping at the bit and they have digestive problems. They're not leery or weary of the process and they're going to jump in and do it. I wouldn't necessarily think you have to [00:17:00] have pre-conversations. Would you agree with that, Nicole?

Nicole: Yeah, I would definitely agree with that.

Christa: Okay. Yes. Catherine, depression and anxiety is definitely... Catherine is the psychologist. And so I think this is really important. She said, "Can I add



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depression, anxiety, the list of symptoms that will be addressed in the program?"

Jack: Yeah. There's specific questions in the questionnaire about depression and anxiety. So that is definitely [00:17:30] the Gut brain connection and it's well-represented in the questionnaire. So it's a perfect fit for Catherine and bringing in depression, anxiety. And particularly now Catherine's anxiety seems to be somewhat skyrocketing in the population being impacted by social distancing and quarantining right now. So it's very germane to the times right now.

Christa: [00:18:00] Yeah. Economic impact. When, will and how is this changing the world, all of it. I love this one. When we have you all working together in the portal, on the community board, you'll be able to refer to each other, right? With Catherine being a therapist. And you'll be able to refer and cross refer because we've got our evaded practitioners and medical doctors and all people working remotely. And I think that that's pretty fantastic.

[00:18:30] And Catherine, I feel that you really want to be present for Step 3 when we do neuro activation exercises and we have neurological supplements that are going to replenish the neurotransmitters in the brain and help people live in parasympathetic dominance. And we talked about this a little bit last time that Jack and I learned the hard way, the first time he went through this, that in Step 3, when you're really generally flipping the genetic code of [00:19:00] the Gut, all of these entrenched belief systems come up, fears, old ways of being patterns, habits, right? All of this comes out. We learned the hard way with a couple thousand people. But you as a therapist can come in and preemptively help with tools for that. And you'll see, when you get to get through the program. We brought in a therapist for the next round of 1500 Gut Thrivers that we took through. And we preemptively approached this with them. And so [00:19:30] I feel that if you're, especially, if you're working with a population that is depression and anxiety, which you are - 95% of your patients are going to need to do the neurological track of supplements.

Okay. Naomi. Yeah. This is coming in from a more seasoned practitioner who says, "I ended up taking on five people. I hope that's okay. All kits are ordered as well. And intakes are almost done." Awesome. You sound like you're a seasoned practitioner. You're ready to hit the ground running. We love it. You're more than welcome to do more of the three or four [00:20:00] if you do yourself. Just be judicious with how many tickets you send in, right? That's it knowing that our



time is limited, Jack, Nicole and me and we have plans. What we put in there for one to two tickets per week per practitioner.

And a ticket doesn't mean a thousand questions in a ticket. Okay. It just means a couple of questions in a ticket because don't forget, when the more... When I say the portal is your home, we got so many questions, tens [00:20:30] of thousands of questions over the years. So you've got a help center that we distilled out. We put the questions that come in from actual customers in there and the answers. And so you can search that and you search your troubleshooting documents, which is why we came up with the troubleshooting documents and the videos and eight out of 10 times, you're going to find your answer. So we just ask that you consume the material before reaching out to ask questions. So we're not duplicating our responses.

[00:21:00] Monica. "Am I correct in saying that my case studies clients will not have access to the GT5 portal at all aside from the link I give them for the assessment?" Yes. Correct. Some of the videos are super informative. Like the ones talking about supplements, terraforming, HDL, and oral microbiome. They are super informative, but that's me or Jack sharing about those things. And we want you to learn this work in [00:21:30] your own voice and that's training, right? Our philosophy is teach a man how to fish versus give a man a fish. We don't want you sending them our videos. All the videos are transcribed, however. I want you to get comfortable talking about this work and I want to make sure you understand it every which way from Sunday, so that then you can then explain it. So that's why you're practicing with case studies to get your sea legs until you really understand this and you become the expert and you can just speak about it.

[00:22:00] Okay. Marianne. "Should, I've done intakes with my case studies before having them take the assessment?" It doesn't matter. It can be before or after the assessment. I like it in a perfect world. It's going to be after the assessment, because then, especially for seasoned practitioners, you can kind of pair. Okay. Your Plan S or your Plan P and here's typically what you're experiencing and it might bring their health intake to life. But it's fine if you have good afterwards, [00:22:30] either way.

All right. Okay. Naomi. Wondering what the actual start date is. I know Step 1 starts February 8th. What do we tell them to do till then? You're going to have them and we're going to go through the getting started. Okay. So they should be filling out their symptom wheel. They should be filling out their goal sheet. You should be testing and balancing their PH, getting them off sugar, dairy,



gluten, caffeine, getting them on CCFT [00:23:00] cumin, coriander, and fennel tea. So Naomi, you're going to want to go through and watch all the videos in the getting started module. And then you can print out those documents and email them to them and have at least one session with them, or preferably two, between now and February the eighth, to see how they're doing with cleaning up their diet. You're going to be increasing their greens. And in a minute, I'll jump into the portal so that you know.

Okay. Lacey. I'll let you take this question, [00:23:30] Jack or Nicole. One of my case studies is already on a FODMAP diet. Should I double-check all ingredients on supplements?

Jack: Of course, yes. Double-check. The supplements generally are probably going to be on the low FODMAP side, but you'll run into a FODMAP person who can eat all the apples and garlic they want, but then they don't like onions or some that doesn't agree with them. And so it doesn't have to be just a carte [00:24:00] blanche remove everything with the type of carbohydrate in it, because people will very individually be reactive to certain, certain things. But the supplements are generally a go. But every once in a while, I'll run into someone who doesn't want, let's say sunflower seed oil. And then they find out that there's a, let's say a lipid or something that's made from sunflower [00:24:30] seed oil and they just don't want sunflowers. So there will be the rare case of someone who doesn't want a particular ingredient.

Christa: Yeah. But in general, I mean, we've obviously worked to keep it super low FODMAP.

Jack: Yeah.

Christa: I love this from Carrie, we spoke for two hours. I find that the willingness to heal guides the health history and is a natural flow and super high vibration. And that's it there's that saying like before you help someone heal, [00:25:00] ask them if they're ready to, right? And getting people who are ready to, it will be a higher vibration experience. Yvonne put up a post, got more than what she needs. Awesome. Great assessments done with Lindsay. Okay. Plus three with myself. All four supplements ordered Lindsay. Ready to go. We love it. All right. Yeah. Okay. Nicole, you get this question a lot. If a client's allergic to coconut, [00:25:30] there's a lot of coconut in the meal plans for Plan S.



- Nicole: Yeah. I mean, obviously you don't want them to eat coconut if they're allergic to it. So you can just make substitutions and we can help you do that as you go through the program.
- Christa: Okay. I'll let you guys answer Naomi. Must they stop all current supplements diets if I have someone on a FODMAP diet and as well educated. He is a CoQ10, curcumin, four sigmatic mushroom blend. I told them to take them, take them for now and I would touch base soon.
- Nicole: [00:26:00] Yeah. So generally it's okay for your clients to continue taking supplements if they're doing things like a multi or vitamin D, things like that. We don't want your clients to be taking their own probiotics, their own antimicrobials, their own enzymes, that kind of stuff. You want to have them put aside until the end of the program, because we have our own that we're using and we don't want that to interfere at all. But generally those things are fine to do. If they're taking, say a multi or a B complex, you want to just be mindful of the [00:26:30] fact that we use desiccated liver, which is high in B vitamins. So you might need to reduce the dose down that they're taking. Our MoRS supplement also has methylated B vitamins. And so you just have to be mindful of what's in our supplements and what they're, and just compare the two, because we just don't want you to over supplement.
- Christa: What's your take on this Jack, because we have lion's mane mushroom that it's going to come in to heal the tight junctions to help with leaky gut and Step 3. I would think that it's fine [00:27:00] immunologically taking the Four Sigmatic mushroom powder blend. Now, would you agree with that? Or do you think they should suspend it until Step 3?
- Jack: You're saying now someone's taking the mushroom blend earlier in the program?
- Christa: Yeah. So Naomi has someone right now that's taking curcumin, CoQ10-
- Jack: Oh, there it is. I see.
- Christa: Yep. And Four Sigmatic mushroom blend. And I think that's got maitake, shiitake, reishi, cordyceps, lion's mane.
- Jack: I just don't [00:27:30] think that it's a problem because they're already acclimatized to it. And they'll get another dose of lion's mane when it's time to



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be healing and sealing. But these things are almost like foods for people because people have been taking these supplements for a while, augmenting their diet. So there's not any surprises doing that. The only thing I think I would keep an eye on, if someone is taking a fairly [00:28:00] high level of vitamin A or something that they might

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- Jack: ... high level of vitamin A or something that they might have a tendency just to stack up too much. That's why we just want to glance at the ingredients and what they're doing, that they're not just doubling up or tripling up on something that could end up being too much. But other than that, I would consider the Sigmatic mushroom blend to be a wonderful auxiliary to the daily diet.
- Christa: Yeah. And CoQ10 can never hurt. I might switch [00:28:30] them to ubiquinol, the active form. Taylor. Okay, Taylor number two, we've got two Taylors. Can my clients pay for their supplements retail, using their HSA?
- Nicole: That really depends on their HSA. We really don't have anything to do with that. If it's some sort of credit card number they can input, then yes. I think I've had clients of mine do that in the past via PayPal. But they [00:29:00] could maybe use PayPal to pay for the supplements in the retail store and then choose their HSA card. But that's something they'd have to figure out for themselves.
- Jack: Yeah. You can ask the Whole Journey credit card processing people if you can accept HSA cards. And they should be able to take it, at least with our Apple a Day we didn't have any trouble getting that to take it.
- Christa: They're just debits. They're just debit cards. [00:29:30] So if your card works, then yeah.
- Nicole: Yeah. I would say yes, because I know I've had clients in the past do that on PayPal and just enter their HSA card and pay for a session or for supplements and all that.
- Christa: Okay. Carrie's doing castor oil packs on herself. She says, the castor oil pack, is a skin purge normal after your first castor oil pack? If yes, then yay, I'm purging.
- It's normal for highly sensitive people who have a significant amount of detoxing to do. So what you're realizing [00:30:00] is that the vast majority of



people are not going to get a skin purge on a castor oil pack. So that is your first telltale sign that you are going to go really slow.

So that's really great. If you're getting started, you're going to go through a detox and you're going to tune up your kidneys, you're going to tune up your liver, your gut, as you head into Step 1. So that's a great question.

And you might be someone that when we get to the pathogen purge, you're going to have to do it at half the dose. So this is good. Let's keep tracking this [00:30:30] Carrie. All right, Susan Erica [00:00:30:32], she is a client that has rheumatoid arthritis and BG-130. What's that? You guys know BG-130?

Nicole: I don't.

Jack: I know it is either bladder cancer or inflammatory bowel disease. I'm not sure. Let's see if we can get a ...

Christa: Okay. [00:31:00] I'll let you guys scroll to the top-

Jack: [inaudible 00:30:55].

Christa: ... and see Susan Erica's answer. Okay. All right, he's on these two medications here. Doing his best with gluten-free, sugar-free, and he's hungry. Help me guide him. He travels on an airplane a lot for work. He's in the medical profession. He will need to take the COVID vaccinations. Help me guide him with his food and what he can do with COVID vacc, how to support him now.

Okay. So what I'm going to do for this, the whole COVID. Okay, so I'm going to put a link to the public-facing store in the follow up. What I would do in terms of the [00:31:30] COVID vaccine, and Jack is the most gifted homeopath, so you jump in after this. I'm going to send you a link to A&E Apothecary, Lori Jo. You can ... that link that we've sent out before. He can homeopathically also treat himself for COVID to get a more well-rounded immune education. You can increase his vitamin D because that's not on. At least I would say probably 10,000 IUs a day with RA and a lot of travel.

[00:32:00] You can give him 50 milligrams of zinc at night, as well as quercetin. And then I would use thuja after he takes the COVID vaccine to help his body move it out. And I always would suggest mud packing the site. So in the supplement kit is Medi-Clay, you can just mix, open up a capsule, mix with



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a little bit of water, put it on the site, and put a bandaid on there. And Jack, [00:32:30] any other advice from your homeopathic apothecary there?

Jack: Well, for 200 years the homeopaths have provided a remedy for pre and post vaccination. And it comes at the subject from the point of the puncture wound and the injecting of the adjuvant toxins into the system. And it's a remedy that just [00:33:00] helps the person process the toxins and accept the vaccine. So historically it's not something that's going to cancel or interfere with the vaccine process. It just helps with the side effects and getting it to work better.

But that's a standard. And Christa, you mentioned one of them. The thuja remedy is one of the three. Ledum is the [00:33:30] primary and silica as a remedy is the third. So a lot of times we have all three in different potencies in a simple liquid bottle, and then people can take it before and after. So there's many things to do to make something like the wounding of the puncture wound to make that go better for a person without any cross purposes [00:34:00] to the effectiveness of the vaccine.

So there's things in the natural health community. And I think anything further there, we would just let me respond to the question or something by an email, and you can get help if you're interested in pursuing that.

Christa: Do you sell tinctures in your clinic of the three? Of thuja and ledum and silica? Because otherwise I'd send them to the health food store and just say [00:34:30] get each one of them in 30C.

Jack: Yeah. So we want to use different potencies and we have it in one little one ounce dropper bottle. So they're 60 doses. And it's a whopping \$21. But the remedy then is taken right before the injection. And then hourly that day after the injection and three times a day till used up. It helps with a real [00:35:00] smooth transition. Like I said, there's a 200 year tradition.

This year. We're dealing with a new ... the vaccine, the RNA vaccine. And I've been keeping an eye and the homeopathic chats and all, but the same remedies are being indicated by the brilliant doctors worldwide that ponder the mysteries of life deeply. And so far so good. It's the same recipe. So we're all systems go there if anyone's [00:35:30] interested.

Christa: Awesome. Yeah. And this is going to be an evolving conversation as so many people are getting vaccines and we're going to have to see how it interacts with everything. Alicia. I'll let you answer this, Nicole. Curious why we'll not be able to



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drop ship after the quarter, February, March, April? Can you explain our process?

Nicole: Yeah. Sure. So we're shifting to a quarterly order process after the training. So that means the store will be open for about one week a quarter. We'll email you and let you know when. And there's a mil ... [00:36:00] I was going to say a million dollar minimum spend, a thousand dollar minimum spend. And so you would order all the kits that you need for the quarter. They're shipped to you. And then you in turn, sell them to your clients. We won't be able to drop ship individual orders that way after.

Christa: Jen, Jennifer, I think this is Jen Van Horn. I'd love to get a couple of case studies too. So far I have three, including myself. Confirming we email [info@thewholejourney.com](mailto:info@thewholejourney.com) to get more case [00:36:30] studies.

Yes. Email [info@thewholejourney.com](mailto:info@thewholejourney.com) or, just so you know, within your portal is a little help button. You click on that and that's easy, that just goes right to us.

All right. Tala, three health histories filled out. Meeting at the end of this week. I love it. I love it. Love it. All right, Jen, Jennifer and her husband are both Plan S. It is easier, if you're going to take a family through, to both be on the same plan.

All right. [00:37:00] Okay. Tala's has got one H and one P. And that's the other thing too. I don't want to stress you guys out, especially if you're a new practitioner and you think, okay. I have like three plans. You're going to learn about all of the plans. Look here, Jess, Jess. Wow. That's amazing. She's got an S, a P, an H, and an F. And Dani has three H's and an S.

There's so many people that you're going to learn about all plans regardless. So I advise anything this webinar can do. It's just to alleviate a lot of anxiety. It's like, we're [00:37:30] all going to get to the finish line, no matter what. There's going to be a couple of different paths up the same mountain.

Okay, awesome. All right. We answered Alicia's question. Cindy. Are we sending intakes once they're complete or are they for us to use only with our clients? They are just for you. We're here every week to answer questions. I want to know how it went, or if you have a question like, okay, these are the issues that came up on the health intake form. How would you [00:38:00] counsel this person? We want to teach you how to be better coaches, better counselors in the health



space. That's what we're going to be here for, for you to tell us what's happening with your clients and patients.

Monica. Terms and conditions of the program are located within the portal at the bottom. It says terms and conditions. You just click on it and it should pop right up.

Okay. What timeframe should I give clients for the completion? Is 12 weeks really feasible for most? Okay. So here's the thing. [00:38:30] This is where you're going to be using your counselor skills. If you think someone can handle going through it in 12 weeks, I'd like you to take at least one case study through on pace with us to finish within 12 weeks so that you can see all the five steps while you have all this live access and live support.

But if you have somebody, like I say, they're on a Doritos and Pepsi diet, they're probably not going to finish in 12 weeks. And so you're going to pace it out. Or if they have something, you [00:39:00] may have somebody go through something or get pneumonia and need to take antibiotics. It's going to slow them down. Then we're going to have to do an antibiotic repair before we move on. So try to get at least one of your case studies to go through with the 12 weeks for your educational process, to maximize it. And the other ones, if people aren't ready or you're going to see as we go through the pathogen purge, a couple of your people may need to go through at half the dose. So they're not going to be in Step 3 for between two weeks or a month after everyone else. And [00:39:30] we're going to let this unfold organically.

All right. Okay. Monique. I'm pretty sure I'm anything but H, I came up as H. Same with the case study with Hashimoto's that came up with H. I was surprised, but I ordered her H plan. Any chance we could see the legend at some point to understand specifically what put me in this category?

We cannot share the legend that's Jack's intellectual property. [00:40:00] But Jack, we just went in, kind of looked at the H. pylori plan. And we are certain if they came up with H that they are Plan H. You would not believe how insidious and how sneaky H. pylori is. And so Jack and I retooled and Nicole, the algorithm specific for Plan H. And I'll let you speak about that a little bit, Jack.

Jack: So [00:40:30] we've often looked at making small adjustments to be sure that we're catching things and in the proper order. So we usually find that if someone tests for H. pylori, it's followed up with a lab test. Mostly the lab test I



do is the H. pylori that comes on down the pipe and is found in the stool rather than a Heidelberg [00:41:00] test.

But I think the only other thing is all the plans work. And if a person is on an H. pylori test, they'll do some things unique to H. pylori, but they're still going to march right through the rank and file Gut Thrive program and come out just fine in the end as well.

Christa: You're still going to be tested ... you're still going to be working with their fungal balance, their bacteria balance, their protozoal balance. But it's showing that maybe they don't have H. pylori [00:41:30] per se, but if you are a clinician that runs labs, I would always run two tests for H. pylori, be it a stool and the breath test or the stool and the blood test, because it is so sneaky. And you may think you have candida, but it's actually H. pylori or sometimes vice versa.

Because remember, this algorithm gets to the root cause pathogen. Or it could just mean through years of whatever, let's say bulimia or something, that there's upper GI issues that need to be addressed primarily. [00:42:00] Then we go down the rest of the pike.

Jack: Let me see Christa, if I can address Miriam a little bit more. The first section of the questionnaire with all the medical conditions that have already been diagnosed by a doctor, those factors play hugely into the program.

And so the first 60 questions are simply a recitation and telling you what ailments the person [00:42:30] has had prior to coming to you. But on each question, it may impact all four of the plans. But a question might impact one Plan stronger than another. You see it's a very complex algorithm. So when we know someone has a disease, we know that it's often associated with GI tract disturbances to a certain extent and some [00:43:00] diseases more than others. And so in that first section, all those numbers are assigning. Just because they check yes, Plan P might get one point, but Plan S get three points, and Plan H get 2.35 points. It's all broken down into fractions.

And so the same is true of the other questions that obviously like reflux [00:43:30] is going to be an H. pylori. It can be a fungal overgrowth. It can be involved with parasites, but much lesser. And it's certainly a SIBO condition and leaky gut. So all of those questions there, each question is feeding points into all four plans. But there are some questions that are just massive no-brainers. Like, if someone's ... if [00:44:00] the question is answered, I've



been diagnosed with SIBO in the last three months. That should lead them to the SIBO plan.

And so that is, you might say a default or a question that's going to have points that really load toward a particular plan because it's what the person already has identified they need. So I hope that ... I'm just looking here. The [00:44:30] questions. So in the final analysis, there's a lot of close running between the plans. Because again, all questions generally provide some degree of points to all four plans. So it's a lot more in-depth than people think of yes, no, add up the points. Because again, think of reflux being more or less a process to all four plans. [00:45:00] And certainly someone with a leaky gut diagnosis. And so we've accommodated all of that by looking at the diseases and the questions and how much of each four questions. So I hope that helps you, but-

Christa: And qualifiers and tippers of if this, if it's a tie. And then we worked in tie breakers for each one.

Jack: We actually created tie breakers and so forth to keep the [00:45:30] data flowing as accurately as possible. So it's really an in-depth and micro minutiae look at a person. And we've been rewarded over the years with an extremely high degree of accuracy. I'm probably the one doing the most lab testing of people that have already been through the questionnaire. And it's, well, every time it's got the right plan.

Christa: I know. It gives me chills.

Jack: [00:46:00] Yeah, I'm still waiting for the person that says I'm the oddball. But it's been honed meticulously. It's not a [crosstalk 00:46:11]

Christa: You can trust the process. Yeah. Have your people trust the process. Little things, like you're seeing for parasites, for example, sushi eating frequency. The more raw fish that you eat or if they ate beef tartare, the higher the propensity for parasites., I don't know if you might like ... the smokers' wrinkles around your upper lip if you don't smoke [00:46:30] and you don't drink from a straw all the time, premature wrinkles around the upper lip is indicative of parasites. And so these are the things there we went through of four decades of practice And running the lab work for two years before and after.

Jack: Miriam, if there's a question just bugging you. Christa hit it perfectly there. Do you have vertical lines around the lips or something? You may or may not know that [00:47:00] that can be a sign of the large intestinal parasites. But if there's



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one just waking you up in the middle of the night, write me an email and ask me what that question means and why the heck is it in there? And I'll be glad to let you know the secret and depth of that question.

Christa: Okay. Nancy [Jensen 00:19:24]. A friend from my life in New Zealand is eager to do this. I do have connections to what she's doing [00:47:30] and can use it there. Would you recommend, or is it best to stay stateside?

I think that's fine, Nancy. Especially, a lot of you, you don't have to work in your town. You're going to be virtual and taking clients if you want all over the world. And so, as long as she ... we ship to New Zealand, no problem. She has to do the Gut Thrive supplements, not you recommending supplements that she can find in New Zealand. But then other than that, I think it's fine. And as long as you get her supplements to her ASAP, so they arrive hopefully by February the eighth, so she [00:48:00] can start Step 1 on the ninth, basically.

Taylor. The SIBO group would be good for someone with gram-negative bacteria in the lower intestine. Right?

Jack: That's exactly what it's for. Most of those bad guys are gram-negative bacteria, and those herbs are chosen for those types of bacteria. So if anyone's turning up with some gram-negative bacteria, that's just the way they're staining [00:48:30] and the gram-negatives have a ... they're a little more feisty with their cell membranes. So that's why we've chosen the herbs we've chosen, is to go get those guys.

Christa: Yeah, they're really good with the biofilms and that.

Okay. This is interesting about Taylor. I have a client I worked with years ago that wants me to help her four-year-old with gut health. How will I determine which supplements to recommend since she will not need the full protocol?

[00:49:00] I'm just ... I want to know your level of practice, Taylor, before you take this work that it's so new and you work with a four-year-old. I would say, Hey, can I work with her in six months? Would kind of be my recommendation, but if you need to have her as a case study, then that's kind of what we rec ... What we do in Gut Thrive is we have them do a private 30-minute consult with Jack to understand the child, what their capacity is. Four is very young and they're not going to need many supplements. It's going to be [00:49:30] opening up capsules. They're probably not going to swallow capsules. So I'm going to let you take that, Jack, of how you feel.



Jack: Yeah, I've designed children's programs for all four plans. And we, of course, we want to look more at the liquid tinctures and we might be using the probiotics when it's that time, putting it in a little juice or something rather [00:50:00] than ... or making it into a smaller capsule. So it's an individual, but the child does have a plan. And certainly we said last time, I believe, we're not going to be doing coffee enemas with the child. We're not going to be doing a saltwater flush. We're not going to be using a lot of hydrochloric acid challenge supplements and things like that.

But basically the strategy you're learning from Christa is the strategy that will work for the four-year-old. You're going [00:50:30] to do a pathogen purge, and you're going to do some soothing healing and replenishment of the gut microbiome. And you might choose for that person to be doing more of the SoFermented foods. If the child will do that or a water kefir or something. But the strategy is going to hold true. And then you just need to figure out what's going to work for that four-year-old.

Christa: And I have a three-year-old. I can't even imagine considering doing this with him. And how are you going to get [00:51:00] them to consume things? So mostly food based. I think you're going to be seeing if you can get oregano in their food, you can get garlic in their food and versus having them take pills or mix it in.

Okay, let's talk about birth control. Marion. I'll kind of let you kick this off, Nicole. Because we haven't heard from you. I think this is a sneaky PCOS undiagnosed polycystic ovarian syndrome issue. She says she has a young [00:51:30] woman who has been taking the birth control pill for years because of acne and bad hairiness and emotional components. She's asking if this program will help her with that. She's not emotionally ready to have the acne and hairiness come back and she's quite stable now.

Nicole: Yeah, definitely the program would help with that. Obviously there's a connection between gut health and hormone health. And it's likely a PCOS issue that hasn't been diagnosed for her yet. Yeah, absolutely. And just too, I would say probably by Step 3, she should be seeing some improvement in her skin [00:52:00] at that point. Yeah, for sure.

Christa: I also want you to understand the power of this Marion. So this woman probably has undiagnosed PCOS. If left untreated and not found you, she probably would have infertility in five years. Right? And then for 10 years. So



she's going to go to have a baby, she's going to go through the traditional medical route, and they're going to say, you have unexplained infertility when that is not the case. I have worked with so many women. It's like, no, let's heal your gut, balance your [00:52:30] hormones, you're fine. They can have a healthy baby naturally.

That is the power of this work. You're changing the genetic code of the individual. Then they get pregnant. You change not only the genetic code of the next generation, but you're changing it down the line. Tell her what she's doing right now is contributing to her grandchildren's health. It's incredible.

Jack: I think a consideration for Marion is to march right on through the Gut Thrive and get the GI tract working [00:53:00] more optimally. Then let's get a Dutch test on the person because the purpose has hirsutism. And we're going to see the testosterone is off and certainly probably estrogen dominance. And this can be very nicely handled with botanicals.

And so the idea of the side effects of the birth control pill and so forth, and if she's not interested in pursuing that, that's obviously what [00:53:30] we like to do in natural health is say a person has a choice. They can take a natural health route. They can take a medical route, it's up to the individual. But if she does have that choice, then there's a lab test and botanicals just waiting. But it's going to work better for the hirsutism and the acnes and things like that if the gut's worked out first. So you can just line it up on a timeline and say, let's do this first and then it'll be your [00:54:00] prerequisite and you'll be ready to go if she wants to take that next step.

Nicole: Yeah. And also birth control pills tend to leach B vitamins out of you too. So I think she'd be served even from just taking the liver and the MoRS and all the supplements that we give her in the program, too.

Christa: Yeah. These two issues, the hair and the acne, are going to be a thing of the past by the time she finishes the program. And because she's young, 50% of the hormone issue will be taken care of too, because you're detoxing so much estrogen through the GI tract and you're opening up the channels of the liver.

[00:54:30] And then you get to see what's left in hormonal balance. So this is truly root cause healing for her because if you treat the hormones, this is like planting flowers in a junkyard. We want to see what's left after that.



Jessica has a great question. Is there a substitute for the, in the CCFT, if you've watched the videos and read, you know you're going to be getting your case studies, drinking, cumin, coriander, and fennel tea. If fennel is not an option for someone you're going to swap out chamomile [00:55:00] flour for fennel, if fennel doesn't work for someone. Because we're trying to get that calming, that cooling, and chamomile can certainly do that. Or you can even get marshmallow root if you wanted to do that as well.

Okay, Richelle. We always get this question, don't we, Nicole? Can we ... yeah, go ahead and answer it. Please read it and answer it so everyone knows where we are.

Nicole: Sure. Michelle just asked, can we use lemon essential oil instead of squeezed lemon and morning water? I mean, generally we say it's okay, but we [00:55:30] don't tend to work with essential oils. So we really don't know the concentration of them. So we prefer to use food as medicine when we can. But if you're familiar with them and you use them and you're a practitioner, I would say it's okay to do.

Christa: I'll give you my rec now. Go ahead, go ahead. Please.

Jack: Chime in. The lemon juice is in water and it is to serve the alkalization of the body. And also it provides nascent vitamin C and minerals, but [00:56:00] it's also a cleansing ... it cuts the grease. It's also cleansing... It cuts the grease in the bowel.

Christa: Yes, cut the grease! Thank you!

Jack: And it's thinning and cleaning out of the liver. I'm not so sure the essential oil is going to get the molecular side. The essential oil is certainly for the spirit, and it is a powerful therapy, but it's not necessarily, I think, going to drive what's needed in this program.

Jennifer, if you're... Excuse me, Rochelle, if you're [00:56:30] interested in working with aromatherapy and essential oils, that's a great adjunct to the program. But I'm going to opt for let's get the lemons out and get the lemon drink in the morning.

Christa: Yeah, and you can't replace both live fresh enzymes, so I want you to go through the program, as close to the program as possible before you start



making shifts. That's all. So that you get the full [00:57:00] benefit and you see and then you can compare with lemon essential oil, if you want.

"Jennifer, my husband and I are already off gluten, dairy, doing CCFT, off sugar, and the food prep is no joke. Even for two people, no kids, who already live this way, it's a lot. I get meeting our clients where they're at, and Step 1 is a different length for everyone. It's all baby steps over time. Right?" Right. That is why some people are going to come to you, and you're going to take them through this process for six months, because they're going [00:57:30] to look at you with their eyes crossed if you say, "Okay, well go home and get off gluten, and get off dairy, and get off caffeine, and do all these things." They're going to be like, "How?"

They're going to need you if you're a health coach, or even if you're a medical doctor, you can hire a health coach underneath, right? You two take them to the grocery store, show them all the alternatives, like teach them how to shop and cook. Those are going to be the clients that maybe you take them through in six months and it doesn't matter; there's no race to the finish line. What matters [00:58:00] is that they have a lifestyle after this. This is not just a cleanse and they're going to go back to their old way of eating. It's that they understand how to live for their highest level of health after this.

"Do any of the supplements have phosphatidylserine for sleep?" No, but you can put your clients on 100 milligrams of phosphatidylserine. We have a sleep tips handout in the portal, in the resources section. And that will bind ... [00:58:30] It's a phospholipid, it will bind to high cortisol. If they're not sleeping because of stress or they're waking up between 1:00 and 4:00 AM, it will bind to it and lower cortisol, so cortisol stays low at night so that they can sleep through the night and it'll pop up in the morning as it should.

Nicole: Yeah. There's a supplement from Pure Encapsulations that we use called PS Plus, and that's a good one to use if you're interested in them.

Christa: Yep. Okay. We can put a link to it. I think we have a link to it.

Nicole: We do somewhere.

Christa: In the [00:59:00] portal, under in the sleep study. Okay, Yvonne. "I have a case study that is type Plan S, and is currently on a Parasite Protocol with Young Living. She is on week two of seven. Should she stop now or just continue? It'll be a few weeks until they get the supplements." Jack, what do you say?



Jack: I would continue right on with that. I think Young Living, they use a lot of essential oils, and I don't see ... They're just going [00:59:30] to be more thorough. It's like doing two programs at once. I don't see a contraindication there. If the person is game to go ahead and start with the prep work and get into the Gut Thrive, I don't see ... Unless you think the person's weak and it's just going to be too much cleansing, and too much going on, too many supplements. That's just a call, Yvonne, that you can make, and let the patient [01:00:00] participate in that. Because if they're excited to get going, I think that they can overlap each other and work out just fine.

Christa: Well, and all you really have to look at, Yvonne, is going to be week six and seven because that's going to be the overlap of the Young Living Protocol with the Pathogen Purge, and her body will present if it's too much. She'll get a Herxheimer's response, and we can guide you through that, and then you attenuate the oils at that point.

[01:00:30] Okay. Turkey tail! How do you feel about turkey tail during this program? I think it's fine. Just like all the mushrooms are fine during the program, wouldn't you say? I don't think it's going to drive up the immune system or rev it too much.

All right. You guys see a question that's popping out at you that we have not answered yet? I see... Okay. Miriam is asking [01:01:00] for Plan S, "How would the client know which FODMAP foods agree with them, and that they don't need to stop it?" It's bloating, yeah.

It's basically... Because every person is their own universe and FODMAP is just a guide, it's not an absolute. So there are certain FODMAP foods that are going to really bother Plan S-ers and certain ones that aren't. You can really let their system be a guide because we're opening up the channels of the digestive system heavily in Step 1 with three different types of enzymes that we're using.

So it would be like an immediate... [01:01:30] Like food sensitivity is going to be that bloating with Plan S, like pregnancy distension type of bloating. But also brain fog, or it could be like all of a sudden they're constipated whereas they weren't. So I would say those three things, unless the two of you want to jump in.



Nicole: No, I agree. I think it's an individual thing, and they have to just ask their client to kind of track and monitor their symptoms and what they're eating to figure it out.

Christa: [01:02:00] Yep. Okay. Jess, again, about birth control. "My person asked if she should get off ... Continue birth control when she was put on it to balance her hormones and help menstrual pain. She's not on it to prevent pregnancy." If she were my client, Jess, I would just have her continue the birth control until she gets off of the program, and then you can work with her to break up with birth control after that. That's when you can run a Dutch panel, or if you're not running labs, we can send you a link to where she can run them on her [01:02:30] own and help you interpret them. Then we'll go ahead and refill her B vitamin stores, and give her fish oil for prostaglandin function, and give her magnesium. You could do a little bit of hormonal balance at the end and she should be just fine.

Merriam, "Castor oil pack video we watched there was no heat, so I assume no need to put a bottle warmer on the pack." If you're going to use the one in the video, if you're going to use Queen of the Thrones, because [01:03:00] it's the castor oil pack that you can tie, it's got the ties and you can wrap around, that way you can wear it longer. If you wear it longer than you don't need heat.

If you're going to do it the old school way like we have in our handout; in that case, if it's just going to be 30 or 45 minutes then you need the heat. You need to use the heat to let the oil penetrate the castor oil pack.

Jack: Now we know what BG130 is.

Christa: Susan Erica. Yeah, you're teaching something to us; BG - blood glucose. Okay. [01:03:30] 130, needs help with his hunger right now going gluten and sugar free. Can I forward your cookbook and snack ideas now as well?

Yes. You can forward that as well to get him eating those healthier foods. See how he does with fiber and Susan Erica is an Adrenal ReCoder. So you now see that you've got to get him... He should be eating every three hours to stabilize his blood sugar. And you've [01:04:00] got the power there with your macronutrients; protein, carbs, and fat with every meal, every meal and every snack.



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Monica, "I already have general and professional liability insurance. Does that cover supplement recommendations I make? This is a really important issue. Obviously, because I'm not a clinical nutritionist. I found this to be an issue for many policies. I'm looking at the companies that were recommended in last week's email. Any thoughts or suggestions around this additional coverage would be helpful. I know the HAP [01:04:30] natural health police are out there cracking down on quack, coaches." Nicole, I'll let you comment on them.

Nicole: Yeah. I would ask if she's tried Lockton Affinity, which is the company that we recommend. I know that their policies will usually cover both and they work with health coaches quite a bit. So I would check out that company.

If you're going to be selling supplements to your clients then I would recommend that you also get product liability insurance and that will [01:05:00] cover the supplement side of it. So those are two things I would do.

Christa: Okay. Jack, which cell salts do you recommend? Homeopathic cell salts do you recommend?

Jack: Oh, they're asking for a brand. I use Individual Remedies. So first of all, there's the bio plasma, which is all 12 cell salts, I believe at the 3-C potency that can be purchased [01:05:30] for people that just want to boost kind of the mineral and compound aspect.

Otherwise, the pharmacies that I use are like, Hahnemann. Again, I don't think of them so much as cell salts, as I would like mag phos and mag carb and calc carb and calc phos and things like that and I would be picking an individual remedy.

I'm trying to think of the ... [01:06:00] There's a company, if they're still ... Arrowroot. There's Boricke (sp?), there's Hahnemann.

Christa: Hyland? Do you use Hyland cell salts?

Jack: The what?

Christa: Hyland.



Jack: Hyland, yeah. Hyland out of England, I think. They send them over here and Hyland has good things too. So, and if it turned out to be Boiron or something like that, that would be fine as well.

Christa: Nicole is our naturopathic [01:06:30] doctor. She says, "I love that Jack is a homeopath. It makes this ND very happy." I remember our chat, Nicole. I'm so glad you're here.

Okay, "Jennifer, I've got a case study with no thyroid, very little scar tissue from Graves. He's on 135 milligrams MP thyroid and testosterone, suffers from fatigue ,struggles to gain weight. He's on Plan S. Any additional feedback or thoughts?"

I'm going to say right now no, because we need to see how he responds to the system. [01:07:00] The only additional thing I would do is when you're taking him through the diet, he should probably have 10% more carbs than the diet plan allows for, to shut off his stress response, to remove a burden from the adrenals, given that he doesn't have a thyroid. And then he should get tested at the end of the program, because you're going to remove such a gut and immunological burden that you should be able to lower that dose. 135 is high along with testosterone even if you don't have [01:07:30] a thyroid. Then you should check the thyroid testosterone, check his sex hormones and you should be able to lower the dose after that as a maintenance dose.

Jump in, if either one of you want to add to that.

Nicole: Yeah, I would say at night, he could maybe do some specific carbs. Like you just mentioned things like squashes, green bananas, potato starch with a little bit of fat, like a teaspoon of ghee or butter. That will help. Plus, a little bit of salt. It'll help him maintain or gain a bit of weight and then it'll support his hormones [01:08:00] overnight as well. And so that might be helpful for him.

Christa: Yeah. Great. Carrie, "I'm a baby when it comes to taking pills." And you're going to have some clients that are a baby when it comes to taking pills. "Can I blend them with water and drink them as a tea?" Go ahead, Nicole. You got this question a million times.

Nicole: Yeah, sure. So generally, yeah. I mean, most of the supplements are capsules and you can open them and dump the contents into some water or with some food. And one exception would be your digestive enzymes because they



contain a little bit of BT and HCL and you don't want that [01:08:30] acid to come into contact with the tissue in your throat and your esophagus, upper GI. So that's one where I would say don't open that one up, but the other should be okay. And there are a couple of tinctures in there, like TBI-BI and Tai-Ra-Chi. So it should be generally okay.

Christa: Miriam wants you to offer a homeopathic training after the Gut Thrive training, Jack. So get working on that.

Jack: Well, I have much, I have much.

Christa: We'd certainly share that with you and we hope Jack does that [01:09:00] because it's just such a profound way of practice.

Dani, "If we're taking clients monthly, how would you ... How would that work to order quarterly if we don't know what plans we need?"

Well, okay, so here's the idea. You're a seasoned practitioner, Dani. I think I remember you saying you're charging all of your clients right now. So, just like we do, we kind of know our client base, our customer base and we place quarterly projections.

Okay. What was last year, last quarter? And we place [01:09:30] quarterly projections per plan. And so we'll give you kind of ... Okay, if we've got ... If 47% of people fall in Plan S and this percent fall in these plans, then you can take those numbers. And let's say, you're planning to take 30 Gut Thrivers through, and then you divide that with the percentage of plans and that would be roughly how you place your quarterly orders.

Nicole: I want to also say the kits are good for over a year. So even if you placed an order right now and you didn't use it until the end of the year, you're fine. I mean, most of the supplements [01:10:00] are good for two-plus years so if you don't use it in that particular quarter, it doesn't mean you can't use it.

Christa: Right? Yeah. We've looked through all of this, you know, the probiotics, they over-formulate. Then they drive him around in like 200-degree UPS trucks, and then we see how many are left in there after that. And so we're super clear, like 18 months. So it's okay. You'll work with them and sell them.



Anna, she said, "When did you guys [01:10:30] decide to do quarterly shipping after we graduate? It makes it hard to order supplements for our own personal use."

That is for us to be able to manage our business with you as this grows versus overstocking inventory and not knowing how much people are going to order. So this is the first time that we've done this, right? And so we'll be working with you as we go, but we have [01:11:00] to see how it goes so that we order the right amount of supplements and we know how much supplements to order, how much supplements to make. There's a lead time with growing bacteria and how it's grown and made. And so it was a really fine balance to figure out how to do this effectively.

Anything else you want to add?

Nicole: No. And it's also to ... This is meant to be done professionally and we want you to be working with clients consistently. [01:11:30] And so that's, that's where it comes in as well.

Christa: I mean, I guess we'll talk about that. If you're wanting to order supplements for your own personal use, there will be a way around that. We'll help you figure out how to do that. But like Nicole said, like in terms of being able to plan, really important.

We answered your question, Jess; they're good for about 18 months. Bridget, the [01:12:00] Novavax coming out soon is not MRNA and is cleaner with regards to preservatives. Thank you for sharing that.

Yeah. Jack, please feel free. Jack and Nicole, given that we have 15 minutes left, please feel free to go in and answer directly on the chat. I'm going to cruise through these for the next 10 minutes and we'll answer them. But if you guys want to continue answering, cause I also want to screen share in the portal in the last five minutes before we go, [01:12:30] just so that everyone's on the same page with what's expected to get done with their case studies over the next week until we meet again.

Yvonne, "Do we get charged for everyone that takes the assessment?" No. "For example, if I want to find someone with a different plan that may have other case studies such as age, can I have them take the assessment? They may not make the decision to take it or not."



No, that's fine. If you want to find somebody with a different plan, that's your private assessment link unique [01:13:00] to you to take as many times as you want and have your clients take.

All right. In line with the questionnaire to choose a plan, if it asks if dairy irritates once a month, once a week. But if someone has cut out dairy due to constant irritation, how should they answer that? Well, if they cut it out due to constant irritation, then they would answer the most frequent one. Correct? Is that correct, jack?

Jack: Sure. Yes. I'm sorry. [01:13:30] I was answering. I thought we were supposed to jump in and I saw a long question so I jumped in.

Christa: You go and jump in. That's fine. I think we got it.

Does the system give us an email with what plan they tested for or is it up to them to tell us?

They have to tell you since you're giving them the unique link of what they tested for, but it will click back [01:14:00] to us. We'll have a list of your clients, so we'll have a list of their plans, but they should tell you which plan they are. But know that we'll have that as a backup if you need it. Give us their name and we'll let you know what plan they came out with.

You mentioned the list of supplements for each plan and the resources. Can we share the list with our clients? They may want to know exactly what they're investing in. Sure, no problem. Can you tell me why aloe vera is contraindicated [01:14:30] for SIBO? My functional medicine person has me on it now and I am on Plan S. Would you answer that, Jack?

Jack: Sure. That's the one I was looking for to answer, because you may have picked up on earlier conversations that I'm a pretty big fan of aloe vera, mainly because it's something that I've studied a lot.

And so the thing is if you're using the aloe and it's not tearing your guts up, [01:15:00] then you're fine using the aloe. And you're fine on the Plan S. I think the contraindication is just that it has a carbohydrate base to it, but I've never seen it be a problem. And I use aloe all the time with SIBO, particularly in the soothing and healing phase, or if someone is having any kind of acid reflux



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and things like that. [01:15:30] We don't always get on board with what that's on the internet; we have to look at it with the individual.

So just a rule of thumb that I often employ when someone says, "Oh, can I take this?" Or, "I've been taking that, do I have to stop?" I'll just say, "Well, if it's working for you then it should continue to work and it should not be a problem. And if it's a problem, then you shouldn't be using it because we don't want any of the supplements to be problematic. We [01:16:00] want people to move forward."

So there's just a real, simple, clear logic for that. But I think you're fine with the aloe and it's not feeding the bacteria. There's so many antimicrobial aspects to aloe, and it's closer to the leaf. The mucus on the inside of the leaf is highly antimicrobial and ...

Christa: And antifungal, too.

Jack: Yeah. And [01:16:30] then the gel in the middle is less so but it has more of the mucopolysaccharides that do the healing. So again, I'm just reluctant to get on the bandwagon until someone tells me, "Hey, Jack, I took that aloe and it left me on the floor doubled up in pain." And then I'll go, "Okay. I don't think that's right for you to take."

So they're a little bit of a pragmatic idea there, but the wonders of aloe just make it super for [01:17:00] people and as far as I'm concerned, SIBO people as well. We can look further into this and discuss it further.

Christa: And, and that's the thing and that's why we love it that you're private practitioners. And so as we design our plans, they have to work for large groups, right? For everyone who could have an issue with aloe and SIBO. It doesn't mean that they would.

Jack: Yeah. I'm just seeing on the internet here where ... In fact, a homeopathic physician has said slippery elm, aloe, licorice, that they all have [01:17:30] mucopolysaccharides. Now these are sugars, but they're good sugars, they're healing sugars. I think these people that are posting are either using too much, or they don't understand the difference between a mucopolysaccharide and eating table sugar or something like that. Because just having an ounce of aloe in a day of the liquid is not ... does not have enough carbohydrate in it to start feeding SIBO. I'm sorry, it's just not [01:18:00] there. So sometimes we get



overly fastidious and don't want to ... Hey, throw the baby out with the bath water on that one. So thank you, thank you.

Christa: Dani's confirming her Plan H gal that she landed in H has multiple H Pylori markers positive on a recent GI map test. Yeah. You guys will see that a lot. Carrie, "If we correct this, where the lip lines go away with the parasites?"

They should at least get 50% better, which we've seen, [01:18:30] if not go away completely. It just depends, but they should certainly get better.

Okay. "Handouts, practitioner versus client. Would it be possible to separate which is which when they're posted with a P or a C in the title?" Oh, interesting. Okay. We did that with our videos, by the way, have you seen them? They say 'GT5P' in there. So P or C in the title for handouts. We'll discuss [01:19:00] and see how we can do that.

Nicole: I think though, most of the handouts are written ...

Christa: For the customers.

Nicole: For the clients, yeah. For the client. So you can read them and use them for your own education, but you can also distribute them. All the handouts that are in the resources tab, they're ... They are things that you can give to your clients.

Christa: Yeah. I'd say 90% of the handouts in there, except for like the lab handout, right? The case studies, the intake. Those are the practitioners and that's very obvious. [01:19:30] That wouldn't even make sense to your client. But all of the ones within the portal, as you go through the lessons are intended for you to print them out or download them and email them to your client.

Nicole: Yeah. So all the supplement protocols, the dietary handouts, recipes, all of that stuff you can give to your clients.

Christa: Yeah. The supplement protocols, they're specific for your clients. All the meal plans, specific for your clients that you can send directly to your clients. Aloe. We answered that inner leaf. Quinoa [01:20:00] and black rice referred to as seeds, not grains because they are seeds. How many milligrams of chlorella should take the place of lemon water daily? 200? Mm-hmm (affirmative).

Jack: Well, where I was? What's the question, Krista, is how much, what?



Christa: When you open up the getting started and if they can't handle lemon and they're not on Plan H and they can't [01:20:30] handle apple cider vinegar, we have them do a bit of chlorella. And that should be in the handout. I would say anywhere from 125 to 200 milligrams of chlorella.

Jack: Yeah. Some people now are going to have issues with citrus. And so lemon, grapefruit, and things like that are going to be an issue. Sometimes, it'll bother people with interstitial cystitis. And so the, the chlorella is a brilliant way to get some impact there and stay away from the citrus.

Christa: [01:21:00] Yep. I want to add that one, update the handout. 125 to 200 milligrams. Okay.

You don't need to put them on whey, especially if you're omitting dairy. But the reason that whey is allowed is because a lot of people can do well on it. It's casein, which is what they're really reacting to. But you're welcome to use, as we list in there, you're welcome to use hemp protein or egg white protein, as long as they're not mixing it with fruit, [01:21:30] a little bit of pea protein or collagen, of course, that we love.

Referring to the portal in the handouts. You can explain that to them. Sure. That can be updated. It will be updated. But for right now, you can explain that to them; how to do it, and that you can answer any questions within the portal.

CCF. What's the efficacy when adding to smoothies or adding in other teas versus on its own? [01:22:00] You don't want to add CCF to smoothies because the cumin, coriander, and fennel, the nutritive properties are released with heat. So if you don't want to drink it as a tea, then you would kind of cook it in oil and mix it with your foods to get those three herbs to release more of the nutritive properties. Good questions, Dani. Good. She's doing her homework. She's getting out there. Okay.

Me in one of my case studies have [01:22:30] had serious acne issues and we're surprised only one question related to it. And it's acne rosacea, which we have a hard time relating to. Can you talk more about acne? I'll let you. I'll let you answer that one, Jack.

Jack: Okay. Generally, there's several layers to acne, but the first one that we look at will be hormonal. And so when a person has the hormone imbalance, which makes the [01:23:00] oil coming from the skin lubrication thicker, and then



they get bacteria in the enlarged pores, that would be an aggravation that's not only from hormones but topical to the skin so it's not bearing a lot of repeated questions in the questionnaire.

Another issue with the acne can be stemming from the disturbance in [01:23:30] the gut microbiome. And so that's predominantly why that question is there. And the rosacea is ... it's just one of the leading areas. So I don't know what to say on that. I mean, there's so many conditions, so we're trying to catch the ones that are most germane to the gut. But we've got the gut covered with 160 other questions. So [01:24:00] I don't know. That's probably I don't know that I would... I don't know. That's probably... I don't know that I would add another question about acne or particularly the acne of puberty. The adult onset is often the hormonal issue. So it might be one... I might just say, I think it's one step removed and we've got the gut covered. So I hope that's a good answer. I think it's a lovely question because it's really had me put my thinking cap on.

Christa: Yeah. Yeah. [01:24:30] I think that's a great answer. I've been looking at the other questions coming in. I don't know what... Both of you. We had the scheduled to go for an hour and a half. I'm happy to stay for an extra 15, 20 minutes. Do you both have that time to stay and answer questions?

Jack: Sure.

Nicole: Yep.

Christa: Okay, great. Thank you. You're welcome, [Miriam 00:00:50]. Okay. Well you guys, I love it. I love it. I love it. You're so into it. You're asking great questions. Okay. Where did we leave [01:25:00] off? That was... Okay, Lacy. One case study and you're going to come across this, crazy, takes multiple meds. Okay. One, two, three, four, five, six, seven, eight, nine medications that can cause loose stool and frequent BMs daily. With the castor oil packs and [triphala 00:01:23], should I be concerned this effect may worsen? Also he has FBN2 gene [01:25:30] mutation, connective tissue, any special considerations or suggestions in regard to this? I'll let you start Jack. Nicole, you can weigh in after that.

Jack: Okay. I'm trying to figure out why someone is on that array of medications here, but [01:26:00] well, there's a number of concerns here that... I'm sorry to be flustered here at a loss on this, because I'm also trying to do what's the fibrillin gene here is also being cited, but there's so many medications. One might only assume that there's going to be frequent bowel movements because the liver's



having to process all of that and push it back through the system and trying to break a lot [01:26:30] of that down. So if there's just too much loose stool, then you might want to back off on the dosage or modify the dosage of the triphala so that you're not just pushing the purpose of that. Not only is triphala a wonderful healing herb from the Ayurvedic tradition with other implications than just loosening the stool, but obviously in a person who doesn't need the stool loosened, you are just going to cut back [01:27:00] a little bit on that and see if you can get a little bit of the triphala in there for some of the other benefits.

Then see if that type of adjustment, I'm trying to think of, we're not going to want to do anything that slows things down. We just don't want to aggravate the looseness of the stool. The other thing that Christa emphasizes throughout the program is to start really easy. Now, when you have someone on this many medications, [01:27:30] you really do need to heed that and start that person gently because every new influence, maybe those drugs have that person in a strange balance that's actually working and their system has adapted. Now, you're coming in with new influences. So we don't want to bring our influences in. If you ease into that, then a lot of times [01:28:00] you may find that person adapts and you don't have any trouble anyway. So that's kind of where I'm at on that and just keep the medications going and endeavor not to aggravate.

Christa: And absolutely make sure that the medications are taken away from the diatomaceous earth and the clay once we get into doing this, but also like Lacy, they're not going to be needed, right? Like we're replicating the genetic code to the sinus cavities. You're not going to need... He's not going to need Flonase at the [01:28:30] end of this. Zoloft, you're producing so much of your serotonin in your gut, so whoever his prescribing doctor is, have him go visit with that doctor, within a month, and evaluate the need for these medications. The problem with some of them just go to their doctor and they just stay on the medications, but these should all be looked at. I would say at the very least, like six weeks in, all of them should be evaluated and at least half of them, you're going to be able to lower the dose [01:29:00] and then you're going to have to do another dose lower at the end of three months, which is beautiful. This is going to be giving this person his or her life back.

Jack: Great thing is that the program is so supportive of the extracellular matrix. So the connective tissue, gosh, I'm trying to think of the word contractural arachnodactyly or something that's often associated with this gene mutation, but because there is a connective tissue issue, I'm thinking, [01:29:30] wow, get the gut working, get the collagen support. You're still going to run into the



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FBN2, but the FBN2 is not a complete death sentence and you gotta see what the other genes are doing because there obviously is some connective tissue integrity. That's going to be maximized with the nutrition in this program, and [01:30:00] you might actually see some improvements coming along because of this work. So I would pay particular attention to this type of genetic defect. And if it's just a heterozygous snip, or is it a homozygous snip there, the nutrition can give some good work around. So Lacy, that's going to be a really interesting case, and I'll be glad to receive any other insights or questions on that because it's very interesting.

Christa: [01:30:30] Yep. Dani's asking, will the webinars always be Q&A format, or will we also go over actual implementation of steps? Most of the webinars are going to be half and half, Dani, but here's the thing. We wanted to have as much live time with you as possible and we teach you exactly how to implement the steps within the portal, within the videos, within the handouts. We didn't want to rego over that information. So [01:31:00] at the end of this in a couple of minutes, I'm just going to go through and show you in the portal, the action items. If that's not working for the majority of you, then you can let us know. But for us, this feels like as the crow flies. So we're not repeating ourselves since we teach you how to implement it within the program.

Miriam says, I learned from other practitioners, if a person has H. pylori, and this has come up before, we shouldn't give them HCL. It can burrow further into the gut, causing more problems, [01:31:30] and we should give them bicarbonate 20 minutes before to alkalize the stomach, encouraging the H. pylori to surface while hitting them with mastic gum and broccoli powder. I'm just going to stop it right there and say, there is not enough HCL in the digestive enzymes that we're giving to do that to make it burrow further. Trust this process that we've been working with H. pylori for many, many, many years, and have eradicated thousands of cases of it. That's a little too much fanfare to go [01:32:00] into when you don't necessarily need to, because all the other factors are working to support and create an environment that is going to allow the H. pylori to leave on its own. That's another huge benefit of quorum sensing because interrupting quorum sensing helps you eradicate the pathogen as the crow flies in a gentle way.

All right. Theresa, I agree. It'd be super helpful to separate out the handouts, which ones are supposed to give out. Okay. That's [01:32:30] an easy enough thing for us to do. I just have to check in with the team to see how quickly we can do it with a P for practitioners, C for client if that is going to make it clear. No problem.



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All right. Naomi has PCOS and healed it holistically, reach out if she needs some help. Awesome. Infertility is not the answer. Yes. The Dutch test is expensive, but it's worth it. But in the lab sheet that you have in your portal, we have other hormone tests [01:32:57] that are less expensive.

Nicole: There's an Access Labs one that's only about \$150 [01:33:00] that you can run that's pretty good.

Christa: Right. Maryam says, I noticed chamomile tea is not on all the diet plans. Is there any reason for this? That is just because chamomile is wonderful and all the plans can have chamomile, none seem to be affected by it, but you can only fit so many things in the human body. And so we pick the most effective things for that specific plan.

Can we just eat food on Plan S outside [01:33:30] the FODMAP diet and see if we don't get gassy or bloated and then is it okay to eat them or will these foods continue to harm the digestive tract if it is not causing symptoms? Let the body be the guide. So follow the plan and let the body be the guide. So you're going to be working with the plan and the individual. If it's not causing digestive distress, then you should be fine.

Jack: I'm going to add to that, that we don't want any influence that can undermine the effectiveness of the program. So during [01:34:00] the Gut Thrive, try to steer people to do the diet the way the diet is written. Obviously, if it's something that's just desperately important to them, just for the few weeks, we're trying to take a break from potential aggravators. But yeah, we don't need to remove a food that's not causing a problem. And with FODMAPs, you know. It's strong symptoms. There's not so much of a silent FODMAPs [01:34:30] where these things work and are causing problems and are not known. It becomes very evident. So you always want to set the stage to give that body the best chance to heal and then add these things back in. So later on, if everything is going great and they've never had a problem with apples anyway, then certainly when the granny smith apple turns up or something, you can [01:35:00] pursue that avenue.

But I think Nicole is good at saying this too. It's like, we're going to start looking at people as individuals and case by case, just because Gut Thrive has a 95% degree of accuracy of just doing the program blindfolded. It doesn't mean that we don't want to tinker a little bit and I think I'll bounce back to the earlier question from Miriam about the gum [01:35:30] mastic and broccoli powder.



Christa's program is going to be employing some bismuth and some tea and things like that for H pylori. But if you've got something in there you might say locally, that's kind of giving your personal touch to use that as long as the person doesn't have a cruciferous issue. Again, you're going to have to make that decision and the gum mastic [01:36:00] can be an assistance there. So during the pathogen purge, you're just hitting it harder based on what you're learning and what's in your avenue of expertise and I think that's terrific.

Christa: Yeah. Awesome. Thank you. Okay. I'm looking at, and actually a lot of these questions have been answered or they're double questions. Miriam wants to help me translate into French. Okay. Good. Spanish first, French second. [01:36:30] Okay. Can smokers do this? Yeah, sure. I mean, obviously you want to try to get him off of smoking. All right, guys, I'm seeing a lot of similar questions, so I'm going to go through and I'm going to screen share in the portal so everybody's clear where they're headed, what they're doing and Jack and Nicole in the last 10 minutes here, if you see anything that you can answer, please answer it. Just [01:37:00] guys, when you respond in the chat, some of you are responding privately and then everybody can't see it. So just make sure your response is public so everybody can see it. Then give me a second to screen-share here.

Okay. All right. So now if you haven't already, and by the way, Dani and Lindsay, you're asking about putting the P or the C. I think what we're going to do in the [01:37:30] handouts is we're not going to do every handout. We're just going to put a P in front of the practitioner ones, and then that should help you. So basically you go to the getting started module, and then I want you to watch the videos. And you see, I wrote all of this in practitioner language, and then you watch the videos and then I want you to see how to present it.

Nancy, you asked if you could use my words until you get your own and the answer is yes. [01:38:00] When you're speaking to them, there's a transcript here. There's an audio file for each one. You've got to set the right expectations for your clients, for your patients, and then the next thing that you're going to do is you're going to have them fill out, you're going to give them one of these. You're going to explain the physical symptom wheel. You just want to get a snapshot of what they're looking for in their life. Okay. What is bothering them the most? How do they perceive it?

Because even if [01:38:30] brain fog is horrendous, maybe constipation's really getting them worse. How do they perceive it? Because then once you get to Step 5, the end of the program, you're not going to let them look at the first one.



Then they're going to fill out the second one. It's just amazing what happens at the end. If you've been working with me in my other programs to see we do this for all of them, and then again, the end of terraforming, how much better does it even get after that? So that's what you're going to do in your first session.

Then you're going to have them, you're going [01:39:00] to print out your goal sheet and you really say, "Okay, I want to set expectations." So you're going to say, "I want to clarify which issues," one month, two months, three months. What do they think is possible? And you, as the clinician, are supposed to set realistic expectations. If they're putting in one month, they want to lose 50 pounds. That's your time to set the expectations, six to eight pounds a month. Those who have a lot more inflammation can lose up to 12 pounds a month, but you want to set realistic expectations [01:39:30] because honestly in health coaching, that's half the battle and you want to let them know that health is not a linear process either. So if they get benefits and then they backtrack, it's part of the healing process. Then you'll fill this out again with them in Step 5.

Program timeline, program outline. You can, or don't need to give these to them. It really just depends on what you feel that they'll [01:40:00] need. Everything is clickable in blue, here as well. You already did the assessment. Take the assessment, the supplements, prepping the body and mind. Okay, this is going to be important. If you haven't gone through this already, you learn to trust the process so that they can vibe off your energy with trusting the process. So much of their healing is going to be resting into you, as the expert.

Here are all of the handouts [01:40:30] that you're going to download. You're going to download and print them out for your client or patient. I think I saw Anna made them a binder and they loved it. People really like that. I said that in the video, they just really like having something printed out in this technological world that they can understand. So print these out and you want to get familiar with them. Here's the action items that they're going to be doing. Fill in the goal sheet, do the physical symptom wheel. Here's the hydration where [01:41:00] we're getting a couple of duplicate questions. Like someone said, "Hey, if they can't handle lemon water." Consuelo, I think it was you, "Can we do apple cider vinegar?" And the answer is yes. Nicole, do you want to jump in?

Nicole: No. No, go ahead. I'm sorry.



Christa: Okay, cool. CCFT, right here's a handout that you can give them one to two cups daily. This might be so easy for some clients or patients and super overwhelming for others. So make sure that they leave your office or the session like, "Yeah, I can do [01:41:30] it." So gradually reduce caffeine, sugar, gluten, and dairy. Now let me go here for a second. If you say, if you're a newer health coach and you're like, "How do I do that?" Then you get to go into the resources here. We've got all of your handouts that you can give to them. pH, gluten, dairy, sugar. These are basic nutritional counseling documents that you can give to them and start to cultivate your sessions [01:42:00] in a way that really works specific for your client.

Okay, let me go back to action items. All right, decreasing basic food combining, you're going to start to have them practice that now and then see, you're going to have them consume healthy fats. This is for the hormones, healthy fat and protein within an hour of waking and preferably some carbohydrate there too. So if they're not breakfast eaters, you want to kind of start to anchor them [01:42:30] because we have to also address hormonal health and nervous system health if we want to do a comprehensive healing protocol. You're going to get them to increase their greens. You print out this handout and these are great to have these handouts in session guys, to where you're sitting next to them, or you're screen sharing on Zoom and you're going through and you're explaining it. You're going to look and see, do they have kidney issues? Do they have Hashimoto's or thyroid troubles and talk to them about cooking their greens and having low oxalate greens [01:43:00] and what that means.

Your job is to help them make this work in their life. Trader Joe's has all the pre-washed greens. Just to do convenient things and so that they can cook faster and easier. Somebody did ask about delivery service and in the US, Pete's Paleo is pretty good. And I do believe they're familiar with our Gut Thrive program. I do believe they will customize meals specifically, if you ask them. It's been a couple of years since we worked with them. So [01:43:30] you can reach out to them if your client or patient does not want to do food prep and wants to get their meals just mailed to them.

Then you've got to look in your area and see what's willing. Like we live in a holistic Mecca here in North County, San Diego. I can get basically anything and I know a lot of chefs and things like that. So you would get to know all those people in your area and you start to build your network of having chefs, and when I was in private practice, I had a team of nutritionists and a team of



chefs that we would send to people's houses. [01:44:00] As a health coach, if you want to build up that way, that's something I would be more than happy to help you with in the business coaching webinars.

Okay. Castor oil packs, right? Nancy asked the question about castor oil packs, not using plastic. That's totally fine. I love, since I discovered, I love the Queen of the Thrones and that's what I use. It's easy. It's not messy. It takes like two seconds. You just put two tablespoons of castor oil on the pack. You wrap it around your belly. Or if you've [01:44:30] got liver issues, you wrap it around your liver or both and sleep with it is fine too. Here's your CCFP handout that you will go ahead and put them on. You can also find this. People are making CCFT where you can find it in the grocery store now. So looking in your health food store, have your clients, your patients look.

All right, let's go back here. Let's go back. [01:45:00] Let me see. Action items. You should all have experience with your people doing all of these things by next time. Nobody really asked about pH testing, which I thought was interesting. I shot a video for you, a practitioner video for you on this. They can order their test strips online. They can get their test strips and the idea is you're teaching them about acidity. [01:45:30] Then here's how they're going to go ahead and they're going to test their first and second morning urine, but you're going to want them to print out the last page here, which I'm stuck, but you can see this last page here is a chart that I like them to print out and put on their refrigerator so you can teach them. I'd have to download this, it looks like, to get you into the whole thing, but so you can teach them which foods are which acidic. There we go.

[01:46:00] I think our webinar time might be coming up and that's why this is getting slow, but you want to teach them which foods are acid, which foods are alkaline forming and really connect them. If you do your job correctly as a practitioner, you're training them to see how food affects them and food is medicine and slowly shifting their diet and then they'll be able to do this for themselves by understanding their own body and the power that food has on it towards the end. So that is on [01:46:30] your pH. I'm going to stop screen sharing now because the internet is getting slow. Our room is expiring. That's what's happening here.

Okay. You guys? Answering? You did it? You were answering as well? Awesome. Okay, Carrie, one last question, pH. I [01:47:00] am saliva balanced both times. Urine is still acidic. Is this really, seems like you meant to say bad. No, it's not bad. It just means that your kidneys are working and they might be working a



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little bit over time and you need to stay hydrated with mineralized water, and you might be a little mineral deficient.

Lacy, I want to talk about pH, how should we encourage them to do the urine before lemon water and before breakfast, which should happen within an hour [01:47:30] of waking? Honestly, do your best and I feel like everybody has a couple drops of pee in them, and maybe they could try to go to the bathroom twice because it's like the 5:00 AM or like that sort of middle of the night, 5:00, 6:00 AM, that's the first one. And then if they could go at like 7:00 or so, that would be great.

Thanks for all your kind words, guys. Nicole, Jack, I so appreciate you. This is really fun. All right, everybody. [01:48:00] So much love. You got this. Meet with your people. Go over the getting started. Next week is going to be more Q&A on all these things that we just went over in the action items and we're going to do a tee up to Step 1 where they will actually be starting the full on diet and starting the supplements. Okay? All right. Same time, same place next week. We'll see you here. Nicole is going to see some of you on email between now and then. All right? [01:48:30] Have a great evening or day wherever you are in the world. Bye guys. Thank you.

Nicole: Bye.

Christa: Bye.