



---

## GT5 Practitioner Training Webinar #3: Getting Started Q&A

Christa: Happy Monday and welcome everyone to our third, Gut Thrive practitioner webinar. We're so happy you're here and happy to be with you. And I want to jump right in with the agenda for today so that we're all on the same page. We are going to start out with housekeeping, and Nicole is going to go over a couple of things in general that she's been getting a lot of tickets on. Then we're going to take some questions [00:00:30] on the getting started module.

So start thinking about and start typing your questions into the chat of how it's gone with your intakes, with pH, reducing caffeine, gluten, primary food, castor oil packs, anything there. And then I'm going to screen share with you and we're going to go over the dietary guidelines as you're going to start to get your clients and patients, your case studies, onto the food plan.

So we're going to go over step one, and we're going to go over it in detail [00:01:00] in terms of the foods so that you can preemptively start moving in that direction when we get there for next week. And then we're going to come back and do Q&A again. So I am just going to jump it over to Nicole and let you dive into a couple of housekeeping things to get everybody [crosstalk 00:01:18]

Nicole: Hey everyone. It's great to see you guys again this week. And just wanted to touch on a couple of things with you. So I've been getting a lot of questions from our newer practitioners, and some of you guys are feeling [00:01:30] overwhelmed and you don't know if you're qualified to be here and you're feeling like you don't know what you're doing.

And we just want to tell you to just take a deep breath, calm down. We've got you. You are absolutely in the right place. You are absolutely qualified to be here. And it's totally normal when you're a newer practitioner to have a little bit of that imposter syndrome or feel like you don't know what you're doing. But that's what we're here for. And we're going to take you through each step of the program. We're going to guide you through, we're going to guide your case studies through, and as you gain confidence in the material, you'll gain that competence over time. [00:02:00] So don't panic. We're here for you and we've got you going forward.



Christa: Yeah. And there's no rush to the finish line. Some of you ordered your supplements late. You can still follow along. You can still learn. And when you jump in, you jump in. Jack and I, we just started scheduling case studies. So there's going to be plenty of things that you'll be able to watch and learn and really get this information on a cerebral and a cellular level to be able to espouse it.

Nicole: Yeah. And that takes me to supplement [00:02:30] order. So you don't, as Christa just said, you don't have to take all of your case studies through right now if you don't want to. If you just want to take one or just go yourself through the program first to sort of get the lay of the land and get some competence with the material, then that's fine to do, so don't panic.

With supplement orders, the sooner you can get them in the better so that we can get them out to you. For those of you that placed your order before January 22nd, you should get your kits this week if you haven't gotten them already. I'm pretty sure most of you got them already. [00:03:00] And then for those of you that ordered last week, we just got a bunch of inventory in today. So those should ship out. I'm hoping tomorrow. So don't worry about that. You should get some tracking information soon.

And then in terms of just placing the orders, make sure when you log into the practitioner store that you're viewing the actual practitioner store and not our public store. I know some of you got mixed up with that and you actually placed your order in the public store and didn't get that 20% discount. So just make sure that you're in the right store [00:03:30] and you place your order and that's it. So that should take care of that.

And then some of you had questions about the discounting and how to bill your clients for the supplements. So if you purchase it for them in the store, the practitioner store, you get a 20% discount from us. You can then in turn bill your clients for the supplements and you can choose how much you want to bill them for.

You can bill them up to 25% markup, which would be [00:04:00] the full retail price for those supplements. So it's up to you. If you want to pass that discount on to your clients, you can. If you don't want to, and you want to get the full markup, you can do that too. So it's really up to you, but you do have to bill them for the supplements. They're not paying us. If you order through the practitioner store, you're paying us, and then you bill them.



---

So, yeah. And then the last thing is volunteers. If any of you guys still need some case studies, we do have some volunteers available that we'd be happy to connect you with. So just send an email to me at [info@thewholejourney.com](mailto:info@thewholejourney.com) [00:04:30] and we can set you up with that.

Christa: Great. Okay. So our tech team is working on building the community board within the portal, and it is going to be up at some point between February 3rd and the eighth. They gave us a drop dead deadline of February 8th, which is when you'd start step one.

And so that way you guys can start to group off and split off, and we wanted to do this to keep it more private versus a Facebook group, since [00:05:00] these are practitioners. And so I'm seeing some of you say, can we go through a little bit slower? Can we do this? You can go really at your own pace. You don't have to take a client through this in three months, but we're taking you through this process in three months to train you, but you can go slower with your case studies if you want to.

And then you can start to split off when you get into the community portal and share what paces you're at and start to work together in small groups if you like. [00:05:30] The other thing is the handouts have been updated to remove any language that could potentially be confusing to your case studies clients or patients, like referring to videos within the portal. We went through and we did a whole sweep, thank you, Janine, to all of those documents and reuploaded them now. Should be no confusion when you give them to your case studies.

Okay. So let's jump in and take some of these questions that are coming in on the getting started module. [00:06:00] So Anna. Do clients need to be completely off gluten, dairy, et cetera, before starting the supplements? And the answer is yes, because we have to. In step one, the rubber meets the road with lowering the inflammation set point. And we need them off of pro-inflammatory foods because they're going to be taking our food sensitivity support formula, and that's going to clean up. We want to stop the leak of the inflammation. Gluten forces the release of zonulin, [00:06:30] which then will loosen the tight junctions to create leaky gut. And you can't be trying to heal leaky gut at the same time you're creating it. And it cross reacts with dairy.



And then when they're taking the food sensitivity support, we want to clean up old molecules of gluten, corn, soy, dairy, eggs, rice, pea, you name it. We're cleaning up old molecules of inflammation. So they still can't be eating it.

Okay. Okay. Corey, got your supplements in eight days. Awesome. [00:07:00] Tala, good question. Do we fill out the case study sheet as we go along or at the end? And the answer is it's your choice. I mean, you can take a lot of the information that you get in the health intake and transition that to the beginning part of the case studies to start building it. Or if you're the type of detective that wants to lay out all the papers and do it all at the same time, you can do the case study at the end. I'm the type of person where I like to do it as I go along. It's building something, [00:07:30] you're building a case.

So this is the answer to Miriam and a couple of others about spreading out the training webinars rather than everyone finishing in early April. We're going to keep our webinar schedule as planned. Because like I said, I want you guys to see what we've done here now with over 7,000 people and how we've done it. And then you're going to be customizing it through the case studies.

It doesn't mean you need to finish with your case studies by [00:08:00] the time we finished with our live webinars, but you will have all the information in your beautiful brains by the time, by early April. And you can extend it. Because like I said, you have until the end of the year to do case studies, and we'll be releasing the case study schedule within the next couple of weeks.

Tala. Fruit as a snack, is it always with fat? Preferably it's always with fat to slow the release of glucose. But if they have really [00:08:30] great digestion and they don't have blood sugar issues, on occasion it can be alone.

Okay. Danny. Liver support. Jack, I'd love for you to speak to phase one and phase two liver detoxification. Now, Danny is saying, are you familiar with liver support packets by Designs for Health? Would this be an option? Why no cacao on Plan H? Pau d'arco tea, when to add it in? Can we add this on all plans? [00:09:00] Okay. Lots of food questions here.

You mentioned leeks for something in one of the diet plans, cooked or raw? So I'll let you jump in and that Jack since you haven't had a chance to chat yet.



- 
- Jack: I may not be that familiar with Designs for Health, but I think ... are you ... Is Danny trying to add additional liver support to the existing program? I guess it is the ...
- Christa: Yes. I talk about in the videos, I [00:09:30] talk about phase one and phase two liver detoxification in step one. For example, when they get to the pathogen purge, those people who are highly sensitive that we have to cut their path purge in half and double the time, they can do phase one and phase two liver detoxification for a couple of weeks in step one and stay in that longer, then they can handle the entirety of the pathogen.
- Jack: And they do that by adding that product?
- Christa: Well, any products. Artichoke leaves, so you can speak to that. I'm [00:10:00] not familiar with the DFH packets. I mean, I love DFH as a company, but if you could just speak to the types of herbs that you would input. To administer.
- Jack: Sure, sure. So the issue can be that some people are going to have a stronger, let's say, stress put on their detoxification pathways. And then way back in the old days, we called them pathological detoxifiers because their phase one could be very [00:10:30] active, which is shunting or passing more toxins that have to go through phase two. And then if they don't handle phase two very well, then they get a backlog of toxins.
- And this is what starts to lead to Herxheimer. So we're looking at opening up and fully supporting Phase 2, while backing down on the amount of the program that's causing problems. So for those that are worried, the first thing that I would say is we might want to [00:11:00] ask Christa for any statistics here, but most people go through the program just fine.
- Christa: Yeah. We're talking five, maximum 10% of people that would need phase one or phase two liver detoxification additional support as they go through the program.
- Jack: So what I really appreciate are these questions and the concerns from people, because I can tell that the people are very conscientious. And when we're dealing with a core program like this, of which so much [00:11:30] with health depends, we don't want people to get into detox reactions and then throw in the towel, so to speak. That they quit and go, I don't want to do this.



That usually doesn't happen. So Christa says maybe as low as 5%. So when you have a hundred patients, you're only going to be working with five of them that need this type of extra support. But when we realize that they're just getting overloaded, step one, reduce the amount of the pathogen purge, and that's going [00:12:00] to slow down the input to the liver. And then as you get the supplements for people and start helping the liver, then it can kind of do some self-cleansing and be ready to handle a little bit more of the load.

The other thing we'll find is that sometimes if you do need to back off, I call it an acclimatization period. And it's only after a few days, the body starts to realize, Hey, I like this program, it's doing the right [00:12:30] thing. And it will be more accommodating to the program. Sometimes people jump in and they're thinking, Oh, well, if two oregano oil capsules are great, then four must be better. And they slip a little extra in because they're excited and then they run into some difficulty.

So we're looking here at just making a shift where we're subtracting the amount of the pathogen purge herbs and we're increasing the liver's ability. [00:13:00] So a lot of the herbs that are used for the liver can support it. Not only in the cleansing, like always milk thistle is included, but it also helps with the liver self-cleansing and gives the liver greater capacity to do the detox.

So all it is, is a little tweak to the program that will allow the body to accept the program, to realize it's time to deal with some of this. [00:13:30] And part of the process here is called the lipopolysaccharides that as an herb, let's say, kills some candida or insults Blastocystis hominis or something. These organisms release a messenger molecule that the body can read. It's called the lipopolysaccharide. And if it's uptaken with a leaky gut, then there can be a pretty strong immune [inaudible 00:14:00]... I need to take care of this now. And so they will, and then they start realizing, Oh, I feel like a truck ran over me. Maybe I'm doing too much.

Christa: Jack's freezing. Is he freezing on your end?

Nicole: Yeah.

Jack: ... a little bit. Building the liver support. And then you'll find often in less than a week, they can in ...



I hope that's some, first of all, [00:14:30] encouragement that you don't have to be expecting these things, but I'm thrilled that you're questioning these things so that you can be ready, if and when they do, but it's a simple adjustment.

So for Dani, who's asking, what about Designs for Health product? I'm sure that that's fine. I'm sorry. I don't know the specific ingredients. But again, they all may have things like the artichoke leaf, the silymarin, or the milk thistle. [00:15:00] Sometimes they have burdock and those types of things.

One of the things, just so you understand the brilliance that Christa brought to the program, the desiccated liver is probably the reason why this is such a low statistic, it's because they already have the extra liver support they need. It's just all things for all people with one program that they're on. And so this is where you can really shine as the [00:15:30] practitioner to make the little adjustments that will make it run smooth.

But right now I would not anticipate this happening with people because the program is good the way it is. But you run into people who are called sensitive and anything can be extra strong with them. Now you can step right in with this strategy. Again, think of .... my hands are small, they must have thought I'm an ex-president. You simply [00:16:00] are going to lower the pathogen purge by a capsule or two. You're going to raise the liver support. And now you've dialed that program in for people.

Christa: Thank you, Jack. Yeah. So Danny, I like to use food as medicine wherever possible. And that's why the combination of the castor oil packs, the liver, and so if you think of traditional Chinese medicine, there's four ways that this ease originates. Through congestion, stagnation, depletion, and deficiency. And so using [00:16:30] the DFH packet, you're addressing congestion and stagnation, but not necessarily depletion and deficiency. And the desiccated liver addresses all four at the same time and allows the liver to do its own work in combination, which when you move into step one, you see they're drinking turmeric ginger lemonade. And so now you're stimulating the liver to start producing more glutathione peroxidase, the master antioxidant in the body.

And so that has been enough liver support for 90 to 95% of Gut Thrivers. [00:17:00] And so, be judicious about how much liver support you give and err on the side of less in the beginning. And then really, I really want you guys to administer the program as we're telling you to right now. So you understand what this program is, irrespective of all the different paths that can take. And



---

then, that's why we have your support. You have our support for a year to write into customer service as you start to take more and more clients once [00:17:30] this ends. But if you can understand the foundational principles and then you start manipulating it, I feel that that's a better way to learn.

Jack: Yeah. Dan was asking about why you don't use cacao on Plan H, and I'll surmise that the cacao is just an excellent probiotic. It's early in the program to be feeding microorganisms, really a wonderful probiotic that's the raw cacao. And you'll find that [00:18:00] something like H. pylori, they love the cacao and we'll make hot chocolate out of it if you use it too early in the program. So Christa has a good admonishment forum about that.

Christa: It's food is medicine. So it's the steps, right? We don't want to add in any bacteria or start feeding anything until we do the weeding in step two. And that's when we know, okay, what's in our garden and how do we start feeding? Because if you start feeding the gut bacteria now [00:18:30] with any type of food, then you're kind of blowing the whole thing by the time you get to step three, that brilliant strategy that I learned from Jack that brilliant probiotic strategy.

So pau d'arco tea, that comes in during the pathogen purge. It does not need to come in now. And that is wonderful for viruses. So can you add it in on all plans? Again, I'd really like you to administer all [00:19:00] the plans as they are before you start adding it in. But if somebody comes to you and you come to us, instead of asking general questions, I want to know what's going on with your case studies.

What's the history of the Epstein-Barr virus? What are the EBV titers? If somebody comes to you with that and they're on plan S and they don't have pau d'arco tea, then I'm going to recommend that you add it in versus just willy-nilly changing all of the plans.

Leeks should be cooked [00:19:30] especially. Most people should cook like 80 to 90% of their foods as they're healing their gut, because it'll be a lot easier to digest.

Oh, right. Oh Jennifer. What will it look like after this year? Will we be able to have access to you for our clients next year? Yes, absolutely. Included with your membership right now is through all the way through 2021. And then for 4.99 a year, you can sign up and you can get access to Jack, Nicole, [00:20:00] and I on an annual basis with a 48 hour turnaround time.





You'll also get updated research papers from Jack. We'll also do quarterly webinars. We'll do four webinars a year to check in with you after the first year on that. And then keep you up to date listed on our site where we'll send an email out once or twice a year, social media. And we'll keep you listed on our website as an active Gut Thrive in 5 practitioner.

And Nancy, we're so elated that [00:20:30] you're here. Okay. We're going to take questions for another 10 minutes until 3:00 PM Pacific, and then I'm going to jump into the diet plan for step one. And then we'll take questions again after that.

All right, Tala. Okay. What about sweet cravings after dinner? A client was asking me if she can have dessert after dinner. So we'll go over that in step one. Cashew cake batter pudding is like the jam. Right? Everybody loves it. Everybody loves it.

[00:21:00] Okay. Naomi. Where's the proper place to bring up case study questions and client problems that we can't solve, or aren't sure about? Is it email only? I'm assuming we could do them here and learn from one another. Yes, Naomi. Absolutely. That's what this live portion is for. So I want to hear what's going on with your case studies. What are the problems? What are the questions? Where are your roadblocks? And then you've got all three of us that are going to workshop it live. And if you miss the webinars or we don't get to your question, then go ahead [00:21:30] and submit it. And one of the three of us will answer it within 48 business hours.

All right. Let's see. Alana. There used to be biocidin in the kits. What happened to that? Well, we reformulated just because again, we've workshoped Gut Thrive in 5 three times, and you'll see in the videos, I talk about that in the video for the supplements. So what used to be biocidin is now the whole journey's advanced microbial support. So we keep [00:22:00] taking all the information we learn and we keep upleveling the program.

If someone, Janell, is using chlorella in the morning and on thyroid medication, when should they take the chlorella? Also, can you talk about why no vinegar? Yeah. You guys we're ready. We're ready to jump into the diet here soon. So they can take chlorella with their thyroid medications. Thyroid medication is not going to bind to the chlorella. So I don't see an issue with that unless either one of you do, you can speak to it now.



Nicole: [00:22:30] No, I think it's fine to do that.

Christa: Okay. All right. So I'm seeing sugar coming up and Krista's saying sugar cravings. So I'm going to address this when I get into the diet. So then that'll make a lot more sense. Catherine. How long should I wait to hear back from potential case studies before I move on to finding other people? If you haven't heard back from them in 24 hours, then let us set you up with case studies, Catherine. Because I want you to get the practical application to theory as soon as possible.

And so Jack's [00:23:00] also willing to send an email out to his list if ... we still have what, 30 people waiting. Don't we, Nicole?

Nicole: Yeah. About that.

Christa: Okay. Marianne. pH testing question, since we are not to drink lemon water until after urine test two, what can we drink in between test one and test two to produce urination? Plain water. Not tea, just plain water. Okay.

Can you answer, Jack, answer Chelsea's question [00:23:30] and Dr. Oommen, who's a neurologist, asked last time. This is about desiccated liver. Do you recommend desiccated liver for those with high iron levels? And then also address high copper, because we responded the general: No, if you have high copper, but individually you can still give the liver. So can you speak to desiccated liver with high iron and/or high copper?

Jack: Certainly. The elevated iron is [00:24:00] a concern because it can oxidize in the liver and then the oxidative damage. And so for someone with high iron, it becomes a heavy metal and part of what they're going to be detoxifying with the program. A lot of times it can make perfect logic to not do the desiccated liver because it has iron in it. And I think it's definitely worthy of caution there regarding iron. We don't want to see someone's iron values go [00:24:30] up when it's already too high. And so I'm going to ... I would say for people with high iron where they're being told, probably even by whoever discovered it, that they need to watch out with red meat and things that are promoting iron. And I think we should put the desiccated liver there as well.

What I would want to do would be do a subsequent blood test, and if we see the iron coming down, then we might want to replenish with the desiccated liver, [00:25:00] which is a little bit different. Some people will have high iron



because they've been on a supplement like ferrous gluconate, or ferrous peptonate. And these types of supplements, if you can track it down through your detective work that they're taking a supplement with iron, you'll realize that that iron is pretty much akin to rusty nails, that it's just rust.

And that's what a lot of this, and they'll chelate it. And so that's ferrous gluconate and peptonate [00:25:30] and that type of thing in supplements. And so they're getting an inferior form of iron in the name of a vitamin supplement or a mineral supplement. The iron in the desiccated liver is closer to a nontoxic form of iron because it's more biologically attuned to the body.

But again, I'm going to say for iron, hold off on the desiccated liver until you see their values are down into normal and then the person [00:26:00] will likely need it. That's just because iron when it's high is a heavy metal. The same as if you found mercury or aluminum or lead.

The issue with elevated copper is a little bit different because the copper that people have is certainly what we call inorganic copper. It's probably coming from the pipes, water pipes in the house. Sometimes it comes from algacides [00:26:30] in swimming pools. And so it's an inorganic form of copper. And to get that replaced in the body, we can look at the supplementation of a little bit of copper, and so I think the desiccated liver is fine.

Now this comes out of a lot of what ... the hair testing avenue of testing people, that they'll find elevated copper, but then we'll find in the recommendations a little copper is included. [00:27:00] And this is just sort of out with the bad and in with the good.

Jack:

And so I don't necessarily... If someone had really elevated copper and you're worried about it, you might give half a dose of the desiccated liver. But the copper in the liver, like the iron, but it's just different metabolic pathways and different concerns. But people with high copper often have it stored in their system also [00:27:30] as a heavy metal. But in order to get copper replaced, it's good to have a little on the inbound.

And people often do things like taking large amounts of vitamin C or the antagonist zinc and this type of thing in order to displace and work with copper. But I think for you, and you're not doing that with this program, what you would want to do is you would just acknowledge that the person has the...



Let's go back to the iron. Okay, you have high iron, let's [00:28:00] hold off on the desiccated liver for now. Let's say, oh, you have high copper, let's cut your dose back in half because copper is best replaced. And it's a different kind of mineral than the iron, and it's best replaced with just a little bit of copper coming in. So without getting deeper than that, that just might be a, take a note on that and you'll find that you're safe and ethical in working that way.

Christa: [00:28:30] Awesome. Thank you, Jack. Miriam. Can you help us encourage our clients to get off of gluten? It's really hard. Mentally, yes, they understand it's bad, but how do you get them to jump over this and stick with it and keep going with alternatives? So in the resources section is... should be a handout about getting off of gluten. And in the webinar follow-up, what I'm going to do is I'm going to send you a video from the Randy and Christa show where I interviewed Dr. Tom O'Bryan, [00:29:00] who's also part of this program, toward the end. And you can send them that video and you can give them the handout, but in the intake... So teach them, especially IINers, we learn overcrowding and upgrading.

So get an entire list of everything they eat that's gluten and then give them a replacement for it that tastes just as good with no negative interaction in the body. And so if you need to go on a step down approach with someone who's eating a ton of gluten and you can't just totally get them on whole foods in Step 1, then [00:29:30] you're going to shift them to let's say rice pasta instead of regular pasta. So you're going to give them those kinds of upgrades, cleanse their body of gluten, and then you'll move them into the full dietary plan after that. So I'll include a couple of follow up links. I made a note there.

Jack: What brought, Christa, the break on the gluten may not be the end of the world if they know they're into it for a 10 week hiatus. In other words, they get off of it for 10 weeks, but they're not discouraged that they [00:30:00] can never have gluten again. Then you can look at having material for people about if they can get a more primitive grain, they can find good substitutes, and there's people that can eat wheat. I mean, why did the Staff of Life suddenly become public enemy number one? We used to... People used to eat wheat just fine. It's... The problem is the wheat.

Christa: The problem is the wheat, yeah. Yeah. [crosstalk 00:30:27].

Jack: And [00:30:30] you can get a more ancient grain and you can also, if you know anything on the what's called the malting process, you can take a red winter wheat or an ancient wheat, einkorn or something, ferment it... or soak it for



hours, dry it, grind your own wheat, make all the muffins. And most people can handle, unless they're highly all grain sensitive, which is still a case in consideration, [00:31:00] but people may be able to get back on it, they're just going to upgrade the wheat that they're doing.

If their goal in life is to get back to the hamburger bun at McDonald's, it's probably a bit of a futile exercise in the best you can do. But I found, when I started talking to people about getting wheat way into the back burner, all they need is to know that someday they'll be able to eat a tasty [00:31:30] pancake again, even if it's particularly the... there's good gluten-free for that. But muffins and things that they think they're going to miss can come back in later when they have a renewed gut microbiome that can maybe tackle those grains a little bit better. So it's not the... Yeah, I understand, Miriam, the despair that people can have of, oh, I can never have a sandwich again or something like that. It can be tough. So give [00:32:00] them some encouragement and gather some materials about an upgrade, and then you'll be right there on the spot to help these people.

Christa: Yeah and you're going to be dealing with a completely different thought process with your client at the end of this than you are right now, right? It just seems so scary for them. But when we get to the 80/20 balance, if you can get fermented wheat... And I know Jack's making so much at home, but I'm not doing that as much anymore. And there's places you can get spelt bread, or we've got a local bakery that does fermented wheat, [00:32:30] and it is the double zero flour. It's from Europe, such a different interaction with the body, doesn't force that release of zonulin. So let me jump in here, answer Lacey's question and a few more. Then we'll screen-share, talk about the food, and then we'll come back and answer the rest of the questions. So this is interesting. Lacey has a client who struggled with recurring parasitic infections.

Lacy is a colon hydrotherapist. Brilliant. One of two, I believe, in our program. Interested [00:33:00] in joining. I'm hopeful she will assess into Plan P, providing me more variety. She's currently on Metagenics UltraClear Plus, which has a hundred percent vitamin A as well as anti-inflammatory. It combines fruit with rice bran, so improperly food combining and rice protein isolate. She says her arthritis flares up anytime she skips these supplements and would like to continue with them. I've explained the reasoning and I'm looking to further support her. How should I proceed?

So this is why we're doing [00:33:30] this privately, like, right? Because we would just tell a Gut Thrive that you have to get it out, but you're working



privately so let this woman continue on this Metagenics product until you get to midway through Step 2. Because when we start implementing Step 1, Lacey, and that will lower the inflammation set point, then you can take away that Metagenics product, and her arthritis is not going to flare again. But that product needs to be removed before you're going [00:34:00] to get like into Step 2. And if it goes into Step 2, the pathogen purge, at least in week two of the pathogen purge, then you can have her release it. So much of this is figuring out what people's emotional capacity for change is. And if they're telling you, I don't want to give this up, then find a way to work around it like we'll do right here.

Jack: Yeah. Lacey's person has found a crutch but not a cure. Now we need to reorient her that as far as the arthritic [00:34:30] pattern, she's going to be working on getting the set point of inflammation corrected and she should look at other things. I can understand how these products can be helping, but she's not getting better. And so when a disease process stays under the radar but it's not getting to the point of being cured, then it's on a slower forward progress. And eventually these products won't hold the line, and [00:35:00] she'll have more trouble. So I would inspire your person, here's your chance to make a big, big inroad in this whole situation with the arthritis. And I think, Christa, I'm just right with you on that recommendation. You bide your time with this and bring it out at the right time.

Some of these things that are in those products, when you deal with the rice bran... There's also, I believe, [00:35:30] there's a rice bran syrup or a concentrated rice protein or something. And anyway, we're going to find that the person can ultimately move forward and not be dependent on daily suppression with products. Sometimes in our natural health field, we will find these cases where people are doing things that are helping, and they're natural products. They're great, but then it's not taking them far enough. This is her chance, [00:36:00] Lacey, to get this person to take the next step, and then they can take or leave the UltraClear and the Inflammox and decide, use it or not use it. But they're not dependent on it because there'll be a higher rung of the ladder. This would be an exciting case for you.

Christa: Yes. As is her question on her other case study, who you see here, case study number two who's taking, I don't know how you pronounce Depakote, Depakote.

Jack: Depakote, yeah.



Christa: Depakote. [00:36:30] As it's extended release, how does the Medi-Clay and the DE combo work under this circumstance? And so they should be taking... I would take... I don't know when you take the Depakote, but I would take the clay in the earth at night, before bed, with nothing else. And then in the morning, take the Depakote, if that can happen. And so that you have that period of time during those first four hours of sleep to let the clay of the earth go to town on the biofilms and hopefully wake up, have a bowel movement, it does [00:37:00] what it needs to do. And then you can add the medication.

Jack: [crosstalk 00:37:06] the concept here is to keep the Depakote away from... let's say literally touching the Depakote, touching the Medi-Clay. So if it's further down the pipe and then they have the Medi-Clay right before bed, it's not going to interfere with the absorption or the utilization of the Depakote. So you're not going to be interfering [00:37:30] with the medication. Just keep them separate. Imagine a conveyor belt and just get to get it on the conveyor belt at a different time, and it works out.

Christa: Yep. And just to touch on THC because it's legal and so many people are using it so much. And Lacey says he also uses THC, has no issue giving up alcohol or coffee. This is a sticking point, is it okay for him to continue? If so, in what form? So this is again where you have to make [00:38:00] that call. He may jump ship if you take away the THC, the one thing that helps him relax and chill and get in a different brain space. So if he were my client, it would be okay to continue until we get into Step 3. And then once we get into Step 3, I'm going to administer the neurological supplements because this is a person who's probably using it to turn off at night, to shift his brain into a different mode. And so you're going to have to be working with breathing or yoga or meditation or reading concurrently with the neurological [00:38:30] supplements.

And then you're going to move him in Step 3 while you're reworking the brain to three days a week or every other day. And then we'll see where we can go with it from there. I'm fine with any form. If it's going to be butter, flour, or smoking, whatever it is that he's doing right now because we're going to address it later. And the last part of this question I'm going to answer, I know you want to jump in Jack, will he need extra liver support in phase one? In consideration of his meds, what do you suggest? [00:39:00] Again, gut thrive is very gentle. And so I wouldn't give him extra liver support, actually right now, I would let the magic of the program work and I would just keep doing the desiccated liver and do the turmeric ginger lemonade.



---

And then he's definitely an excellent candidate for coffee enemas. When we get into the pathogen part of someone that's pumping a lot of medication through their system, they should be doing the coffee enemas two to three times a week, and that's going to handle [00:39:30] it. And if you're a colon hydrotherapist and he's your client, just have him bring a fully-brewed coffee enema to the session and in the session that way, and that'll be more powerful than even adding in the artichoke leaf the thistle. Jack, tossing it to you. I know you want to say something. And then I'm screen-sharing. We're doing it. Okay.

Jack: I think there's quite a difference between let's say the vapor and the butter on the THC.

Christa: Okay.

Jack: And [00:40:00] the vapor goes through the lungs and impacts the neuro receptors that way. The gut microbiome, some of it likes and has receptors for the THC and so does some of the cells in the gut lining. So usually your person who's using cannabis will say that the butter is different feeling. It's a different process. It's a different impact than the vapor. Find out which one [00:40:30] your patient prefers. And if it's vapor, then you've got it out of the gut microbiome. I was just thinking on this question while Christa was answering. And I started thinking, if the receptors which involve the serotonin in the gut are responding to the THC, then we're having a time that they go hi. And then they have time that they drop off. And I don't know we want to be rocking [00:41:00] that boat with the healing process going on in the gut. So I think I would take them in the order. I don't know what flower is.

Christa: Me neither.

Jack: I may not be savvy enough, but I know the vapor and the butter. And I think between the two, I would lean toward vapor, but see if that can work out. And one thing that I do when I want... when I'm working with people in the Gut Thrive and I'm wanting to do extra [00:41:30] liver, I feel that's necessary, I think my first choice supplement is the desiccated liver, just increase the dose. It's such a beautiful formula. And you're actually increasing the nascent B vitamins and so forth. So if and when you're ready to do that, you might just simply increase a capsule or add an extra dose of the already existing desiccated liver before having to go outside and try to bring in [00:42:00] other liver products. Because pretty soon you have a person taking a whole lot of





products, and it's easy to work with what they already have and get a little more punch.

Christa: Thank you, Jack. Okay, so Rochelle, since this piggybacks off of Lacy's question, the medication piece is very important, we're going to answer this one, and then Theresa, we'll pick it back up when we come back. I have a client on 10 milligrams of Lexapro, 300 milligrams of Wellbutrin... two antidepressants, and Imitrex, [00:42:30] 100 milligrams for migraines. Do you think they should take additional liver support during Step 1 and Step 2 instead of throwing... slowing the process down? So the same advice goes to you, Rochelle, that just keep them with the process, do coffee enemas when you get to Step 2, keep them on the desiccated liver, and then when you get to Step 3, the same thing, right?

We thought about this 7,000 times. So when they get to Step 3, she's going to do... or he is going [00:43:00] to do the neurological supplements at the same time they're going to do an appointment with their prescribing doctor, and they should be able to cut the dose of all three of those medications by 50% by the time you get to Step 3. And then I want you to come back and say, this is how he or she is responding, now should I do additional liver support? Okay? So that's that for now. Nicole, do you want to jump in here at all before I get into the program itself?

Nicole: [00:43:30] Nope. You guys covered it.

Christa: All right. Thank you. Okay, so let's do this. We're going to get... here, and you guys should all be able to see my screen where I am now, module. Okay, I am in Step 1. And what I want to say, because I know some practitioners, Nicole said, were there, that you guys were writing in saying, hey, are you going to actually go through [00:44:00] and dive into the program? And do you want us to do that? But right here, like in every single one, you're going to see how to implement Step 1. And that's where all the presentations are, to show you exactly how to administer it in the language of the client / patient. Right? And that's where you have the transcripts. But I do understand the value of wanting to be with us in real time. So I'm going to toggle back and forth between that.

I just want to maximize being live with [00:44:30] you guys and workshopping together. So we're going to start from here and do a marriage, but watching the how to implement Step 1 webinars, that's going to be very important. If you haven't done that yet, you're going to want to make sure you do that before you show up on Monday. Okay? So right here is your Plan F. We're going to go through Plan F Dietary Guideline. And this is what you're going to print out and



you're going to give to your client or patient. And you're going to go through and you say, "Okay, so here's [00:45:00] how you're going to eat over the next several weeks, several months. Okay?" And so basically vegetables, yeah, they're going to be cooked and you're going to have some starchy carbs that work with you to slow the release of glucose, only carbs that are going to feed the good gut bacteria and not the bad, and then healthy protein and fat.

And we have an entire handout dedicated. Do you see this as 33 pages, right? It's dedicated to vegan/vegetarian as well. And so you're going to go through and you're going to explain what they're [00:45:30] non-starchy vegetables are. If they don't know, you click here. It's going to jump you to the end of the handout, right? These are what the non-starchy vegetables that they're going to be having. And you explain it and you guys workshop a grocery list together as you're going through it. Okay, let them know, adding large quantities of fiber is going to cause gas, and we don't want to do that yet. So they have to get enough of the non-starchy carbs in.

And so [00:46:00] we're going to give them, show them what that actually means. Show them what a serving size, what breakfast actually means, and you're explaining these to them before you give them the meal plans. Okay? Low sugar fruit. I saw a question, "Hey, in my country, berries, they're out of season. They're very expensive." So you can do... And this is a very strict philosophy, but if you want to start to add in other fruits, that would be okay. But gauge their response. So a green apple. [00:46:30] If you can't find green apples, regular apples are in season. You can get those now, they can try those, but just probably not eating them alone. Green bananas we use, not ripe bananas because green bananas are full of resistant starch, which means they're not going to feed any bad gut bacteria. And that's what we're trying to avoid now.

Okay. So don't consume fruit with starch, vegetables, grains, or legumes as a general rule. I can't tell you guys the amount of [00:47:00] clients that would come to me thinking they have IBS, and yet they're putting bananas in the cereal and blueberries in the oatmeal. I just talked to a woman. She said, "I have terrible gas, and I don't know if it's SIBO, and I have blueberries and muesli every morning." And I said to stop putting the blueberries and your muesli, and we upgraded her milk. And 50% better, right? And the digestive enzymes are going to make it another 50% better. And so we want to figure out what are we really dealing with here? And we don't want to cause any unnecessary fermentation, especially on [00:47:30] Plan F when they've probably been on a large number of antibiotics, they've got candida, fungal



roots, maybe psoriasis. And we want to stop feeding that. And if you combine them, the candida overgrowth, if you can-

... [inaudible 00:48:00] to get, you help them find the right protein. If they are sensitive to eggs, they should be eating pasteurized eggs. A lot of people with eggs sensitivity, it's because they ate egg whites until the cows came home because they were on that low fat trend, and they created that food sensitivity because you need to eat the yolk as well, and the yolk is the healthiest part. It's loaded with choline and [00:48:30] inositol for their brain and good cholesterol, and it has lecithin in it, so it takes care of its own cholesterol. It's a myth that eggs spike your cholesterol. And so if it's not going to be eggs, then it's going to be a high quality protein powder, or it's going to be a good quality, let's say, breakfast sausage, or you could do a smoked salmon. There's a lot of different options, and you'll see when we move into the dietary portion.

You're going to tell them, so they're going [00:49:00] to have about a deck of cards. If they are eating meat, that's going to be what's happening. If they're using a protein powder, it should not contain added probiotics like a lot of protein powders do. It should just be like a one or two, three or four maximum, ingredient protein powder. Okay, so we're going to include some type of healthy fat with each in every meal, whether that be coconut butter, coconut oil, avocado, ghee, it can be [00:49:30] extra virgin olive oil, and... I want to limit nuts.

And so if some of you are Adrenal ReCoders and some of you are not, but if you've been following us for any length of time, you know that we've coined the term TAG disorder, thyroid adrenal gut disorder. And every person that you're working with is going to have some degree, if they have gut problems, some degree of adrenal dysfunction and thyroid suppression. And so when we overdo it on the nuts, they're polyunsaturated [00:50:00] fatty acids, and they are not stable. And so what a person that has nervous system dysfunction needs is rock solid stability, which is why nuts are inherently very healthy foods loaded with nutrients, but they're better to come in and higher amounts after a person has already stabilized their nervous system and is running optimally in a thyroid adrenal gut perspective.

Jack: Hello, Christa?

Christa: Yes, sir.



Jack: I think there's something a little glitchy with the presentation. [00:50:30] There's a lot of chats coming in that people... I've lost your screen share. I've lost your [crosstalk 00:50:36].

Christa: Oh, oh, oh.

Jack: I can see Nicole but not you.

Christa: Thank you so much for letting me know.

Jack: Audio is coming through, but... Ah-ha, there's your screen share.

Christa: Am I back?

Jack: You're back.

Christa: Okay. Okay, good. Thank you so much because I'm looking at the full screen, so always, please, one of you jump out and let me know what's going on. And Nicole, Jack too, you're [00:51:00] welcome to jump in. I'm not looking at the chat. You're welcome to jump in and directly answer questions in the chat while I'm going through this, as they pertain to this. Okay. Have your clients store their nuts and seeds in glass containers away from heat, away from light, away from air. And then you say, "Hey, look, these are all the foods that you can have." And that's the thing, this is... you're working with them emotionally. And so when somebody... When you say [00:51:30] you can't eat gluten, you can't eat dairy, and people literally want to run out of your office or they hang up the phone or shut the computer, maybe you start with...

You assess them. You start and say, "Okay, so on this program..." Before you get to what they can't have, you say, "Here's everything that you can have. Here's all these amazing foods." And you espouse the food is medicine benefits for them, and you tell them they're going to be feeling 30 to 50% better within a couple of weeks. And that's going to give them that motivation and that inspiration. So you're going to go through, and you're going to say, "I [00:52:00] know you love coffee and maybe you need the caffeine, so let's get rid of the acid from the coffee. Let's get rid of the nervous system fry-out from it, and let's do green tea because it has thiamine to balance your brain. Or yerba mate. That gives you just as much caffeine with none of the jitteriness and none of the adverse gut reactions." Right?



So you're going to tell them, aloe vera juice, this is a wonderful way to combat candida, the inner leaf aloe, two ounces a day. They can throw that in their lemon water [00:52:30] in the morning, or they can drink it before bed at night. And especially if you're working with someone with chronic yeast infections or UTIs, this is going to be something that you just want to add in. It's just such an incredible food and a medicinal plant. Bone broth, which you'll see a lot of recipes, they can make it or they can purchase it. And so we don't want your clients and patients spending their life in the kitchen. We don't want to think that this has to hijack their life. So if they want to purchase it, they can buy a case of bone broth [00:53:00] online, right to their door. They can buy it at the store. Or they can make it.

Coconut water, it's not going to feed bad bacteria. It's not too much sugar. So we really want to pay attention to supporting their adrenals and giving them adequate sodium potassium balance. Coconut water was used during World War II instead of blood plasma when they couldn't get to it. It is truly a wonder food. It's fine in their smoothies or after workout or something like that. They've got the CCF [00:53:30] tea. Dandy Blend is a good coffee substitute. So talk to them and say, "Okay, is it so hard to give up coffee because it's because of the caffeine? Or is it so hard to give up coffee because it's that bold rich kind of ceremonial..."

Oops. Can we turn that off? Thank you.

...bold, rich, like ceremonial cup of something in the morning? And if it's the latter, then say, "Here's Dandy Blend. Have that when you wake up in the morning, and have your yerba mate [00:54:00] at 10 o'clock or have it with your breakfast." Right? So that way they're like, "Oh, okay, I can do this." These are the kinds of things you do with gluten, too. Say, "How about we do this? How about we do that?" And get them excited. Sparkling water is an occasional treat because it thins carbonation can sit in the lining of the gut, which we're working the opposite of. Plana, Pau d'Arco tea, is going to be amazing. Everyone's going to be drinking turmeric ginger lemonade to lower the inflammation set point and to start tonifying [00:54:30] natural hydrochloric acid build optimization. Unsweetened coconut milk, almond milk, or hemp milk, try to get it without carrageenan. You can also go towards macadamia nut milk. That's a nut milk that's much lower in polyunsaturated fatty acids so that's a good choice, too. If they're constipated aloe vera, again, is great.



Here's all the condiments. Cacao, nibs [00:55:00] and like Danny, if you're in Plan H, I want you guys to read all four of these plans before you come to step one. We're only going over Plan H today. Because you would leave these out of Plan H, but you can include cacao nibs and cacao powder with Plan F. Camu camu for vitamin C. These are really good for hormonal balance. They can add maca powder or the medicinal mushrooms. My recipe for cleansing, [00:55:30] cilantro oregano pesto, has been around for literally 15 years and most people love it unless you hate cilantro. If you hate cilantro, you're going to leave it out, but we want the oregano in there. It's the most powerful dietary antifungal there is and they can do up to four tablespoons a day.

F can use garlic, Plan S cannot use garlic. Ginger, these are things that are okay. Oregano, parsley, coriander, fennel, turmeric, cinnamon. [00:56:00] If you are a health coach and you do a lot of cooking, then you're going to say, "Oh, use these three spices. You can use cumin and you can use cilantro and you can use different spices to make anything taste, let's say, Mexican or Asian or Italian or Indian." Show them how they can make basic meals on a Sunday night and then combine different herbs and spices together to give it that flavor and flare and differentiation so they don't feel pigeonholed. Pomegranate [00:56:30] seeds will work great. Berries, green apple, lemon, lime, avocado, plantain, plantain chips, slightly green bananas.

After week four, their guts should be ready. If they want to, to start adding in black rice, wild rice, fula. Legume should be used in moderation if they cause any bloating or gas. Completely omit them until Step 4. These are going to be the best choices. Nuts and seeds, again, these [00:57:00] are going to be the best choices. Here are your best choices for oils and fats. Go over this with them, the different ways to use them. Then, animal proteins. Here's what they're going to be able to choose. Quality is everything guys. They're eating what the animal ate. Like I said, a lot of eggs, sensitivities or sensitivities to either the whites or the corn and the soy that the chicken ate, because those are such common food sensitivities and usually it's genetically modified corn [00:57:30] and soy. You're giving them an education on food quality.

Here are your protein powders, your sweeteners. We're going to go teach them about dark liquid Stevia. Some people hate that taste. Monk fruit is going to be the alternative. Then, your low starch vegetables and your higher starch vegetables. The thing is when we're working with tag disorder and if you're working with someone who's completely exhausted, who is waking up between 1:00 and 4:00 AM, they're not sleeping well. Or [00:58:00] a new mom or



someone who's running around with young kids, they're going to need 10 to 15% more carbs to take care of their adrenals, shut off the stress response, and feed the thyroid as they heal the gut, other gut thrivers, other clients and patients are going to need. You want to make sure that they have a complex carb with lunch.

Those of you who are working with clients who have sugar cravings, you will hit it off at the pass if you can give them a little bit more. You can give them up to [00:58:30] one full cup of complex carbs at lunch. That's going to anchor them, anchor their blood sugar, slow the release of glucose in their system so they don't hopefully get that sweet craving at night or after dinner like most people do. If they still get it, we'll, hey, that's okay. We've got some things that they can do and make. They could melt coconut butter over some berries. They can make cashew cake batter pudding. We'll get to a couple more as we go, but you basically, you want to go through an exercise in blood sugar regulation. [00:59:00] It's the single best thing you can do for the adrenal gland and the hormones.

Then you say, okay, so here's what you're going to avoid. These are the condiments that have things like apple cider vinegar is an amazing food and it is allowed for Plan H but not other, any other plans now. It is going to feed candida. I remember I first came out with my candida protocol, people were like, "What? I've been taking it to get rid of candida." I want nothing fermented. I want to stop the leak. Nothing fermented. [00:59:30] This is an example of that can feed the yeast overgrowth within the gut. I want to take it all away until we know exactly what we're feeding and then we'll add it and we'll optimize hydrochloric acid when we get into Step 4. No fermented foods.

Again, dairy, this is one ... Okay, dried fruits, no. Goji berries are okay but I think it was Miriam who said, "What other fruit?" You can play with, let's [01:00:00] say, peeled pears and have them with a little fat and a little protein, if you can't get apples or things like that, especially we're winter time and they're in season. You can play with a couple of different kinds of fruits as you go through, if it feels too restricted to them, if they have thyroid and adrenal problems.

Grains, when we get there, they're avoiding them. Legumes. You want to avoid peanuts. They're and actually not even a nut. Avoid [01:00:30] pistachios. They're higher in mold producing. Avoid conventional meat products, artificial sweeteners. They can have shiitake and maitake mushrooms, and crimini mushrooms, but any other mushrooms I prefer that they avoid. Then, we did



talk about having the medicinal mushroom powders like chaga and reishi, and those are okay.

The meal plans, you're going to be giving these, [01:01:00] Step 2. Let me see here, I'm going to go through, I don't want to take up too much time. Then, you're going to say, "Here's what this looks like. You're going to have a smoothie with breakfast and a chicken breast with daikon salad and greens for lunch." They might add a half a sweet potato. Again, thyroid adrenal. They may add an entire sweet potato or beets or butternut squash for something like that to anchor their blood sugar. Then, [01:01:30] chicken, vegetable stewed with greens and a cooled white potato that's resisted starch and that's why that's allowed.

Here are these sample meal plans. Nobody wants to spend their life in the kitchen so have them make double or triple whatever they're making for dinners. They can have it for lunch the next day. The thing with those with gut problems, we don't want too much histamine intolerance so we don't want leftovers hanging around more than three days. Four days maximum so we're not driving up the histamine response. [01:02:00] Gut Thrive pancake. My dad still makes this Gut Thrive pancake. He did Gut Thrive five years ago. You're hoping that they start to learn and then they start to meal plan and so these are the foods that they're going to be eating.

Then, you can give them a grocery list if they want to execute the exact meal plan. Some people are really going to want this, the planners. Other people, they just got to know the bones of it and then they're going to go make their own meals. That's how I operate. I would make a bunch of batches of things. I do my proteins. [01:02:30] I do my root vegetables. I clean my vegetables from the grocery store and then I mix and match throughout the week.

Here you go. There's weeks two, three. You could see the variety. We're going to talk about the bone broth fast next week. I don't want to get into that yet, because I think that that is going to be overwhelming to talk about today. This is like the general dietary philosophy [01:03:00] for Plan F and then they vary with some of the other plans. I'm going to stop screen sharing now. Let me see if I can. Can you guys see me? My webcam? Hello.

Jack: There you are.

Christa: Great. I'm back. I'm still [01:03:30] on the portal. I just want to see if there's anything else I wanted to show you. Let me do this real quick so that we're all





---

on the same page with our homework before we get to Step 1. Can you see my screen? Yes?

Jack: Yes.

Christa: Here you are, Step 1. I want you to review. That was for Plan F. Then here, you've got H, P, S, then the recipes for all plans. [01:04:00] Download these, keep them on a folder on your desktop. You're going to email them right to your client because you don't want to be printing out 33 pages and the recipes are longer than that. Then, if you're working with a vegan, vegetarian, here are the guidelines. Here are those recipes. They can still follow along and get just as much benefit of the program. Then, here are snack ideas and recipes for all plans. Get really familiar with the food. I think that's not going to be a problem for you guys, but [01:04:30] we can help you in the coaching aspect of how you present this to them, who's doing what, and we'll go from there.

All right. We were picking up there. Have you guys been answering some things along the way? Were you guys answering in the chat? Let me see.

Jack: I just ran into Myriam. She was asking [01:05:00] why aren't pomegranates a part of the program? I just wrote to her privately and said that pomegranates are wonderful and they can go in when the berries go in. Would you agree?

Christa: Sure.

Jack: Pomegranates are just a superfood.

Christa: I'm seeing here as I'm going for, they are super food. I'm seeing the PDFs were grouped in batches and we had a checklist that would be helpful. [01:05:30] When we get to the business, somebody asked, I think it was Jess, it's going to be probably the third week in March that I launched the business webinars and I'm going to give you, here's every session and there'll be zip folders with all of the PDFs that you are to give out. That is a work in progress. Those webinars will probably be Wednesdays at 11:00 AM Pacific. I'm going to send a survey out to all of you based upon, I just want to get a feel for where your businesses are, what your strengths are [01:06:00] and weaknesses, and to really customize that. That will come out by month's end and then you'll know where we're headed with the business stuff by mid-March. First week of March, and we'll start mid to third week of March.



All right. Why don't you address, Nicole, Chelsea's question while I toggle back to where we left off. She says, "I have a new client with mast cell activation. [01:06:30] Will this work for her? Any chance on how I should start?" Nicole is the specialist in mast cell activation syndrome. Please tell a little bit about your story and share how you can work with someone with that on this program.

Nicole: Sure. I have mast cell activation syndrome. It was triggered for me by a vaccine about eight years ago. I almost died from it. I was hospitalized for the better part of the year. I [01:07:00] was totally disabled in a wheelchair. I could only tolerate four foods without going into anaphylaxis. At the time it wasn't really a well talked about condition and I couldn't really find any resources for myself as I was going through it. I sort of had to climb myself out of it on my own, which I did through nutrition and diet.

But I think with respect to your client ... Oh, and I should say I also, [01:07:30] in my private practice, 90% of the people I work with have NPS or some sort of muscle issue. As you know, in working with them, there were a couple of things. One is they have an extremely low tolerance for supplements of any kind and they also have a low tolerance for foods and have a lot of food sensitivities. I think it just depends on where they're at in managing their conditions. If they're newly-diagnosed and they're hyper, hyper, hyper sensitive, then you're going to have to go really, really low [01:08:00] and slow with it and they may not be ready for it quite yet. But if they're managing their condition well, and they have a wide variety of foods that they can tolerate, then I would say, you can take them through the program but very slowly. I would do pathogen purge at half a dose to quarter dose at a minimum. I would go very low and slow with them. I guess I would have to know more about your client in terms of where they're at with it.

Christa: That's a perfect use of the clinical customer service, that question. Because you can get real specific. You [01:08:30] can send it to Nicole. What I also want to let you guys know is we're capturing all the questions that come in and we're going to load them up to a help center so everyone can benefit from every question that's asked and then you'll be able to search it within the portal.

Nicole: And there are some certain supplements that are natural mast cell stabilizers that they can use. Usually, what it is with people is you have to find that remedy that works for them and it's different for every person. But if you can find a way to calm their mast cells down and then you get more traction with



---

the other things. But if you wanted [01:09:00] to write in about it, I could definitely recommend some supplements that tend to work.

Christa: Great. This starts the chat. I wanted to pick up with Theresa, but when the video cut out, I don't know if you guys believe in mercury and retrograde but I do.

Nicole: [crosstalk 01:09:15].

Christa: And I've got the best internet possible. On the replay, any glitches should be worked out and you should be able to hear and see everything. Sorry that happened live. But now I'm picking up with Corey. [01:09:30] Questions here. Naomi. Is grass fed beef isolate okay? Yes. Then, I'm going to get through all these that I can see. Christa, I'm kicked out. Taylor, do you know why some people have such a hard time drinking and absorbing water? They seem to get bloated from water more so than any other beverage or food. I would like people to be well-hydrated before starting this program. Jack, what say you?

Jack: Well, I have a [01:10:00] different approach to this. I'm suddenly struggling to answer and be helpful. But because in certain disciplines that's called water aggravates or drinking water aggravates is the term. It just certainly happens that a person drinks water, and it sends signals to the brain and the brain kicks them into this bloat pattern. It's not feeding SIBO or anything because there's [01:10:30] not any sugars.

One recommendation is to look for the improved water. This is something that you may find a lot of information on the internet by clustered water and alkaline water and different things. One thing to look at to get absorption in water, there's even something inexpensive called willard water which adds lignite [01:11:00] to the water. I think it's out of the Black Hills, but other than trying to alter water and, and get some help from this, I see this as a neurological response, but the lack of absorbing the water is just like a huge concern and definitely the job for the Gut Thrive to start making some inroads on the entire digestive system.

Does anyone else have insight? Otherwise, I need to research this and try to give Taylor [01:11:30] some more information on this because there are people that don't like water and they have aggravation from drinking water. So other than changing the water, we have to help the person change, and certainly Gut Thrive is a master plan to do that. But I wish I had something specific that would fall outside of homeopathy where we find rubrics for water aggravating.



---

We know [01:12:00] it's a problem. We know there are solutions. I'm not sure of the mechanism. Anyone have anything to add on that? I'm all ears.

Christa: I would add 28 drops of concentrated trace minerals. Straight up have them drink it. It's vile. It's disgusting. But just have them get it down. Shoot it like a shot. Then, do that for a 30 day course and see if they can tolerate water when they have enough of the trace minerals to act as a delivery system. The other thing I would do is get good on your hydrate. You can order it off of [01:12:30] Amazon. Don't just drink straight water and it'll be the perfect electrolyte balance. If all else fails, then they should get, if they have it, if there's a naturopathic clinic nearby, they should get hydration IVs while they're going through this.

Taylor, there is a video in Step 2. I'm going to skip the question because we're not in Step 2 of the program where we talk about the ileocecal valve. Step 2, I believe, has not been released. [01:13:00] Jack, remember we did that? In Elisabeth's kitchen, Jack shot a video for you on how to teach your client how to close the ileocecal valve. But I just don't want to jump ahead. Naomi has a client with SIBO. He suspects he might have a fungal issue as well or a parasite because he has finished a few courses of antibiotics with no improvement. He finished his last round two weeks ago. Further, when he has diarrhea, he actually feels not bloated and has good energy and is thinking clearly. When he has normal bowel [01:13:30] movements or constipation, he feels bloated and pregnant, foggy, headed, and bubbly guts. I wasn't sure the reasoning behind this other than diff bacteria. I worry he was misdiagnosed with SIBO and this weighed too heavily in his questionnaire. What are your thoughts? Should I tell him to do anything specific or just monitor him through the program?

Did either one of you want to comment before I jump in?

Jack: A person could theoretically skew the [01:14:00] questionnaire towards SIBO if they had checked that they had been ... I think the question in the questionnaire is, have you been diagnosed with SIBO? If someone, that means a breath test, a lab test, the doctor saying you have SIBO. If a person were to select that and a couple other given SIBO questions, it could definitely skew them into SIBO [01:14:30] and SIBO can be a source of diarrhea. More, more, more people will have constipation and constipation contributes to CBO, but some people because of it. But here's, I think the underlying factor here is a bad case of some leaky gut. And so the body, to get diarrhea it has to push water into the bowel. That's how you get diarrhea. It takes water out of your tissue tissues and pushes it into the colon. Then, [01:15:00] the person



evacuates the watery stool. That's the reverse of leaky gut. So the person's feeling better with diarrhea when everything is moving out. The key point of help here is to look at the leaky gut process and the Gut Thrive, we'll be addressing that as they go along.

I would be tempted to look at bringing in [01:15:30] something to be soothing and healing if there's not something that could be assisting that does not interfere with the master strategy of the program and it might be as simple as having a small amount of aloe vera or something just to be soothing and healing and get taking down the inflammation response that's really driving the leaky gut. The leaky gut could well be from a pathogen [01:16:00] or a parasite, and so that will end up being addressed in the course of the program. All things in time, but we always want to help our person when they're reaching out with trouble. My first instinct would be, why not try a little aloe concentrate or something and see if we just can't soothe the system down and then get on with the program. You take it away Christa.

Christa: [01:16:30] Naomi, I would go forward with Plan S because there's a heavy anti-fungal component in Plan S. Because remember, all plans address all things. There's a minor parasitic component and we're going to know by the time this person, by the time he gets midway through the pathogen purge, we will know, or at least by week three, if a parasite is the main problem based upon how he is responding or not responding. We can always add the [01:17:00] two VRM formulas to address parasites at that time. So I think that he's in the right place. You take Jack's advice, throw some aloe in the morning water, or take the gel, and I think he is going to show us what's going on by the time he gets to week three of the pathogen purge.

Chelsea and Nicole, you can back this up. We work with a ton of auto-immune. If they're coming to you and they're already AIP, they're well set up, they should truly [01:17:30] have no problem whatsoever with the rice bran. I don't know if you wanted to say anything about that, Nicole.

Nicole: Yeah, no, I mean, this is a perfect program for auto-immune. I don't think they're going to have a problem at all.

Christa: How do you feel about psyllium husk, Jack?

Jack: That's the *Plantago major* and it can be really good stuff. It's a great bulking agent and some of the bacteria like it. *Plantago*, though, is also what's



[01:18:00] called a therapeutic and so I like to see the psyllium in more short term use.

Now, if you're talking here about having a little psyllium in with the almond flour, I think that's just great. I don't really have any problem there. I've run into people who are taking massive amounts of psyllium and they've done it for a long period of time. We actually find that they start having, let's say, they're proving the psyllium [01:18:30] or they're creating symptoms with it. But I think a little bit of psyllium along the road of life is just a good bulking agent, a good fiber that the bacteria will like too.

Christa: In Step 3 but not now, right?

Jack: Yeah.

Christa: I know you make good bread, but hold off till you get to Step 3. Jennifer. Is the rule of thumb of gas that you experienced it almost immediately after eating the food? What if you're gassy in the morning [01:19:00] and have not eaten anything? It can be one to eight hours after you've eaten that food. It just depends on your gut process and fermentation. Do either of you want to comment on people who wake up with gas and haven't eaten, that's kind of typical of a Plan S when they're fermenting overnight?

Jack: That's what they're doing.

Christa: That's what they're doing. Yeah, you're probably Plan S if that's you. I did want to comment [01:19:30] on someone that what I'm going to do to make it easier for you is when I write your follow-up emails for the webinar and the replay that you get the next day, I'm going to include a zip file of all the handouts that you can give to your clients. I think that should help take away some of the anxiety. Then, you just download it, send it off. That's what you read. I think that'll help you guys. Then, Miriam's asking, can I give more references to read about diet nutrition philosophy? As a medical practitioner, we're not trained in diet much. It's a learning [01:20:00] curve. If you want to know, here, I am going to. If you want to know more about basically any aspect of food, I want you to go to [thewholejourney.com](http://thewholejourney.com). Let me screen share real quick.

Basically if you have a question about something, here's our blog, [thewholejourney.com](http://thewholejourney.com). You can go through, we have over 400 shows. I guarantee if it's out there, [01:20:30] I've talked about it. My show's called Food is Medicine. I would say, poke around on the website and start to educate



---

yourself that way. If you have questions on nutritional philosophy, send them into the team. Laurie Joe's another wonderful clinician on our team. If it's too overwhelming to go through our website, say, I want to know your food philosophy on these specific things and she can get you pointed [01:21:00] in the right direction to understand food as medicine, because my training and my interest has been how can we maximize it for bioavailability, bio-individuality? How can we use food synergistically? So to use multiple different kinds of food for their nutrient value, but when you combine and you amplify their powerful effects, that's been a lot of my work. Totally get that it's a learning curve.

Nicole: I was just going to add something about, I can't remember [01:21:30] who asked it, about the handouts and how to disperse them to your clients and being overwhelmed by that. For those of you that practice online and use some sort of online portal, like I use Practice Better, you can set up automations and you can set up files for your clients to access. So you can make it a lot easier on yourself that way, too, if you set up certain emails to go out every week and then they have the zip file with the handouts, you can set it up once where you automate it, so that as they go through different steps, you can do that.

Christa: Awesome. Yeah. And so, Nicole, I'm going to lay [01:22:00] all of this out for you guys. The timeline, the checklist, mostly it was you do that in the business seminars. So I think it'll help you, that I start adding them to what you should give to your case study. I'll just tag it in each of the emails and then, but you don't want to send them something before you meet with them. They'll be overwhelmed. You don't want to just send them a bunch of handouts. You want to go over and you want to be, if you're doing Zoom or you're in person, and this is a wonderful crutch, [01:22:30] either print out the handouts if you're in person with them or you screen-share if you're on Zoom or Skype and you're going to go through them and you're going to explain them so they understand them, and then you send them to them as backup. They'll be a lot less overwhelmed and more inclined to be compliant.

Nancy, I'm cool with the Rasa coffee. Plan S, I just have to see if there's any chicory or anything in there. Rasa is an adaptogenic coffee. They use ashwagandha and a whole bunch [01:23:00] of adaptogens.

Jack: It has chicory.

Christa: Okay. Then no, sorry.



Jack: It's one of the dozen of the herbs in their blend.

Christa: Okay. So we're going to Step 3, Nancy. The Rasa is okay. We talked about mass cell activation, Chelsea. And again, if you guys, Nicole is the single best expert, so write in and ask her. Swiss water process decaffeinated coffee is totally [01:23:30] fine. Not regular decaffeinated coffee, but Swiss water process and organic.

All right. We handled the Apple cider vinegar. We handled the handouts, no maca with Hashimoto's. Yeah. You don't need to be giving somebody maca who has Hashimoto's, but they could handle it once you remove the gut and immunological burden, by Step 3, you can really get some headway with hormonal balancing [01:24:00] and you would use something like Femmenessence Pro where you're using that reduced molecule. Okay? Okay. Mariem, garlic, yes, it can and should be used in Plan F as in fungus. It should not be used in Plan S as in SIBO, it will exacerbate the SIBO condition, but it will be helpful for Plan F. Garlic is a powerful antifungal. [01:24:30] Okay. Joseph is a Georges. Do you know Jack Georges Aloe Vera juice?

Jack: Yeah. That's a good one. They're one of the good guys.

Christa: It doesn't have the starch that's in the normal aloe vera juice. So yes.

Jack: Yeah.

Christa: Pomegranates, we explained.

Jack: Again, on the aloe, most of the time it's going to work well with SIBO, but if it will aggravate a person, then they don't do it. And if they [01:25:00] can use it and they don't feel any aggravation, such as the bloating and exacerbation of symptoms, then it should be really good for them.

Christa: Great. Susan Erica, Dr. Susan Erica, in Albuquerque. We're grateful to have you here. So two of her case studies received supplements. Should I have them wait until February 8th? Yeah, we're going to talk about the supplements because you're going to start administering the supplements on February 8th, that go with Step 1 and we're fully in Step 1 next week. [01:25:30] And yes, we will advise you, desiccated liver. I noticed the dosage chart states three desiccated liver, and wanting to start them with one. You can go ahead and see how they





do on three desiccated liver. And so, we'll address the rest of that, see next week, if you're okay with that. Okay, Catherine.

Okay. [01:26:00] This is from you having trouble with case studies. If this is repeat, but I'm sending it, one case study is on track. One met with me on Zoom. I sent an initial handout and it seemed to be going well. Haven't heard from her in five days. Certainly follow up and say, you're moving along with the process. And in order to take her through the process, you need to hear back from her within 24 hours. My third case study emailed a couple of questions, and I haven't heard from her in over a week. Do you mind suggesting [01:26:30] wording for letting them know I'll be moving on to other people? You are involved in a comprehensive training program. It is very important to stay on track, to work with the group and you need their commitment. They are getting almost \$3,000 of free coaching and counseling from you, and you need their commitment that they can be responsive and compliant. Please let me know within 24 hours or I will have to find a new case study.

All right, [01:27:00] Nancy. Chaga, Four Sigmatic in the morning, hot drink with vital proteins and a bit of ghee. Okay in the am? Yes, ma'am. That's fine in the am. Okay. Cory, you asked where the recipes were that were included in the meal plans and they are all listed. Those recipes for all plans where I showed you and I screen shared the recipes for all plans are included. You'll see that F, P, S you'll see what's appropriate for who, when you go through that. All right. [01:27:30] Nightshade spices. We find that people are okay with night shades spices, even when they have autoimmune disease and autoimmune protocol. If you want to air extremely on the side of caution, you could leave them out. You guys want to jump in here?

Nicole: Track down the cookbook.

Jack: On nightshades or the next question?

Christa: The next question here. [01:28:00] We're almost at our hour and a half. If you guys have an extra 15 minutes, I do.

Nicole: I haven't been able to track it down. Yeah. The recipes, guys, are in the resources tab. If you go to that tab, there's a handout with all of them in there, as well as the cookbook. So they're two separate things.

Christa: Okay, great.



[01:28:30] Yes. Nancy, plan for an hour and a half for the business webinars when they start on Wednesdays, likely the third week of March. All right, Jennifer. I'm so excited. I was already off gluten and dairy, but cutting sugar has been next level on sleeping and dreaming so deeply. I have so much more sustained mental and physical energy. Awesome. I usually pee every night, at least once, sometimes twice. I recently had a night where I didn't get up to pee until 6:00 AM, hashtag world record. Would it be okay? [01:29:00] Would that be due to reducing inflammation in the body? So many clients have issues with waking in the middle of the night to pee. Can you elaborate? A lot of it when you say getting off of gluten and dairy, yes. You're lowering your inflammation load. When you cut out sugar, you're stabilizing your blood sugar.

And you do the first four hours of sleep is going to be physical repair. Second four hours is going to be psychic repair. If you can stay asleep during all of that, it [01:29:30] is the single best thing that you can do. And probably a lot of people don't get up in the middle of the night when they cut caffeine out, because it's such a diuretic. But if you are going to be stabilizing your blood sugar, then that's going to contribute to kidney health. Kidney and adrenal health are so inextricably connected. Yes. Nicole is an inspiration.

Nicole: Thanks. Question from Taylor. It says, so the recommended serving sizes don't seem like enough food for someone who [01:30:00] exercises a lot or is already very healthy and lean. I assume it's okay to increase portion sizes per the individual? Absolutely. You don't want people dropping a lot of weight, so it's absolutely fine to increase the serving sizes to increase your food frequency, whatever you need to do for your client because we're all different in our caloric needs. So yeah, absolutely.

Christa: Okay. We've got it. So Terry Lee has a complicated Plan H case. This is important, Jack, I need you to jump in here because this person's on a ton [01:30:30] of medications. Okay. They're on Prevacid and Aciphex for acid reflux. Okay. They're shutting down their acid response. We're going to need to make sure they're off of that by Step 4. They also take Paxil for anxiety, estradiol for estrogen, Wellbutrin antidepressant, progesterone, Ambien for sleep, Benadryl for sinus and allergies. I'm like, how is this person functioning? Coldness, melatonin. So before we go into client two, Jack, can you speak [01:31:00] to this case study please?

Jack: So this person has auto-immune diseases and a whole lot of other stuff. And I think we should all buy some extra stock in big pharma because this person



can support us all. But, "Holy cow," is what I said when I read this. But yeah, so you already, Christa, you dealt with the proton pump inhibitor [01:31:30] that we're looking to see that be able to drop away. I'm trying to figure out, okay, the PV is Polycythemia Vera and that's an auto-immune.

Christa: That's a separate client. That's the second client.

Jack: Thank you. Oh, okay. So back on the first one. Okay. What am I to say about client one? I don't. Oh, here, should they continue [01:32:00] to take this? Keep in mind that we're trying to support people's natural health and we have to be very, very careful about saying anything about prescription drugs, which are outside the scope of most people's license to have an opinion and comment on is pretty much the attitude today. Christa answered part one. And then on the PV, [01:32:30] again, all of these auto-immune illnesses, they may well have started in the gut and ran into certain genetics and the body doesn't want these types of auto-immune diseases itself anyway.

So we were looking at getting people to reset, so they're in the right place to do the Gut Thrive and take care of the GI tract. That's going to lower the inflammation and get the core of the person [01:33:00] working right again. That's the place to start. And then, you can certainly look at there's good alternatives for the PV. And you can find those, everything from Nattokinase to the Omega 3s and so forth that may well start helping and helping with management of that for that person. It doesn't look like that person has had, oh, [01:33:30] nevermind. I get it. There's three things here. Sorry to be on the uptake a little slow.

The thing with the daily coffee enemas is they have a tendency to become habit forming and the body won't have normal motions without wham the stimulation. So you're really trying to work with someone almost like a drug withdrawal. As they work through the Gut Thrive, the person should be able [01:34:00] to start getting the migrating motor complex working without the stimulation. And that's going to be a big goal, but I've seen people do this time and again, particularly under the Gut Thrive.

So yeah, as far as should they stop doing them? Well, we can't really have the person become constipated, but the main thing would be can they cut back and gradually have their own [01:34:30] motions start up again? So, this is a very interesting concern because they're probably needing, when you say they enjoy the coffee enemas, woohoo, that can really make your day there. But we're looking at what happens, see most likely when they quit, the first one they're



going to stay stopped up and then have to go back to the coffee enema. So this is going to be a balancing [01:35:00] act between the program and then maybe a motility enhancement as you get ... Go ahead, Christa.

Christa: I am sorry to cut you off, just for the sake of time, I'm going to wrap this up and say, they should at least start doing coffee enemas every other day. And then, they need to go to doing them three times a week max in Step 2. And we can always put them on a prokinetic when we get on a motility activator, which is going to be much more [01:35:30] helpful. And then, they are going to absolutely have to do the neurological supplements in Step 3 to re-establish the gut-brain, brain-gut connection. And they're going to need to work on the vagus nerve on the neuroactivation techniques. And I have to comment. I'm like feeling this fire inside of me as I'm reading about client one. Guys, look at client one, Plan H, H pylori. They're on an acid blocker, right? This is my issue with mainstream medicine of band-aiding the problem.

H pylori [01:36:00] left untreated for years can then lead to stomach cancer. And we need our stomach acid like Jack, good fences, make good neighbors to keep out reinfection. Now you're going to block that person's stomach acid and just invite in other pathogens to come along the way. Of course, their inflammation is sky high, so they're not sleeping and they need Ambien and they're exhausted and they're anxious and they're depressed. So it's like the stacking up of medication. This person, if they didn't find you and work with you or someone like you, they have [01:36:30] zero chance of a happy, healthy life, and all reason for early morbidity. And so, what you're going to be doing as you're reestablishing this, you have to reestablish the gut-brain highway with this person in Step 3 and have them working with their medical doctor.

I would call the doctors and say, "Here's what I'm doing." And you explain it, educate that medical doctor. And you can say from my experience, Paxil is the hardest antidepressant to get off of. That's the one you have to titrate the [01:37:00] slowest, and it's not your job to do that, but you should know that they should be working with that with their doctor, as the serotonin comes back within their gut. And the same thing with the anxiety medications by reestablishing the gut-brain, brain-gut highway, and bolstering the neurotransmitters in the brain, that's going to be natural anti-anxiety along with obviously dealing with mental, emotional stressors. And so, they should be able to, I would probably have my client, if they're my client, they would be on less than half the [01:37:30] dose of Wellbutrin by the end. And a third of the Paxil dose, and off of Ambien completely. You can use valerian root for 21 days, I



would stop the Ambien cold turkey at the end or the middle of the pathogen purge and put them on a valerian root for 21 days.

Wouldn't keep them on that longer than 21 days because it can cause liver issues and then use GABA and L-theanine instead. It'll work just as well to get them off of Ambien and have them feel calm [01:38:00] and sleep.

Antihistamines age the brain prematurely, and they're dangerous to stay on for sinus and allergies, but we're turning over the gut microbiome, the genetic code in the gut, and it's going to replicate that to the sinuses, so they shouldn't need it anymore. And this is where you write into clients like this. We would use, I would use Ortho Molecular's D-Hist. They obviously have a high histamine issue going on and they can take a natural anti-histamine before bed so that they're not doing that.

So, sorry to go off [01:38:30] and spend a lot of time, but this is, as you guys work with these complicated cases, just want you to feel the power of how much you're helping somebody change their lives, but you're doing it responsibly and they should go in and run labs with their medical doctor, if you're not a medical doctor and you can work, you can partner. And this is really the best of both worlds. Okay. So guys, do you want to jump in on any of these quickly, there's a lot more questions. We're going to take three more [01:39:00] questions and then I'll review the chat. If we didn't get to you and we don't answer it in the follow-up, then please write in.

Jack: Well, I'll go with Elena and pemphigoid. It's an auto-immune disease and your first job is to get the person through the Gut Thrive and get a better GI tract. So that's our mission here in this program is we were, again, I'm just using [01:39:30] this Elena as a caution too. We're not ready to tackle that type of an auto-immune issue until we first get the gut improved and you may already see help with the auto-immune condition. And then from there, once that prerequisite is done, then we can be looking at some of the genetic situations that lean into that, the epigenetic responses. [01:40:00] And there may be other steps that you want to take, but our focus is on the gut and we get that done. And then we're going to see 10 weeks down the road or 12 weeks down the road, how they're doing. And then the stage is set where there may be other help possible.

Christa: Great.

Nicole: Okay. Someone had a question about, I can't find it, but it was about lipoprotein(a) and how to address that.



Christa: Okay.

Nicole: So that's the sticky cholesterol [01:40:30] and it's genetic. Your levels, if you have it tend not to move too much. Sometimes women, I think when they hit menopause, it might increase. But I know I just recently read some studies about the use of extended release niacin and some L-carnitine. So that might be something that you want to look into for that.

Christa: Great. Okay. I'm going to answer Miriam's diet question since we're on diet, why is papaya only in Plan H and P? Can the other plans take them? [01:41:00] So papaya has papain. It's a proteolytic enzyme that really helps break proteins into smaller protein fragments. And so, we really love it and it's this effective, it works with the proteolytic enzymes in Step 1, but the sugar content is too high for F and S, which is why we don't include it, but you can have it. It's not going to feed the parasites. It's not going to feed the H pylori, but it will feed the candida and it will exacerbate the SIBO. [01:41:30] So, that's that.

Jack: I'll jump in on the aloe for Nancy and Theresa. With the aloe, just real quickly, the outer leaf is the more toxic form of the aloe. And in fact, so it's poisonous enough to kill cats and it doesn't kill human beings because there's companies that throw the whole plant into the hopper and make a whole plant aloe juice, [01:42:00] but then they heat it. But the point here is the outer leaf, the tough part, is very much going to be rejected by the body toward diarrhea. And on the inside of that outer leaf is a yellowish mucus, and that is a good laxative. And so, a person using more of the scraping, the inner leaf, they're going to get more of that and it can be more rejected by the body and bring more [01:42:30] water. It's a hydro gog, it brings water into the bowel and it can cause diarrhea more easily.

So those are good things for people that are constipated to use the gel from right inside the leaf. But the thick gel that is left in the middle is much softer. It's more nourishing. It's where a lot of the mineral content is of the aloe. And so, when we use a little bit of the inner leaf, aloe vera, it takes [01:43:00] quite a bit to make a person have diarrhea. So the person with diarrhea may find that a little bit of aloe is in, I'm going to say one ounce or less, is going to conserve something that's soothing and healing, where three ounces could make the diarrhea worse. So for both those questions, they revolve around each other and it's really about the dose.



Christa: Awesome. Miriam, okra is okay to take. [01:43:30] Hailey, welcome, please welcome Hailey. She caught up and she's here from the UK, and I know it's awfully late out there. If someone has amalgam fillings, is there any issue with pulling that mercury out of the supplements? No, there is no issue, but once they complete the Gut Thrive program, they should really look into getting their amalgams removed in a safe way. And then, we can help you, Jack, especially, with gentle kelaters to support their process at that time.

[01:44:00] Guys, thank you so much for being here. Nicole and Jack, I know it's getting laid out there too. We got three time zones the three of us are working with, so we're going to end it here and I will review the chat. I'm going to write your replay and get everything ready to get to you tomorrow and answer whatever I can in the follow-up email. What if I don't get there, please feel free to write in. So you're going to call customer service and Nicole, Jack, [01:44:30] myself or Lori Jo, will answer. Okay? And I know it's a lot of information and just take it in stride. There's no race to the finish line. Okay. Thanks for being here. Jack, Nicole, thank you guys. Okay. Same time, same place. Bye everybody.