



GT5 Practitioner Training Webinar #4: Step 1 - Slashing Inflammation

Christa: We are live. Welcome, practitioners. We're so happy you're here. Hi Jack. Hi Nicole.

Nicole: Hi.

Jack: Hello everyone.

Christa: Another webinar. Okay. Today is where we're really kicking everything off for practical application to theory. We are starting step one today, but what we love to hear is now that people have been implementing the getting started, [00:00:30] what we want to hear from you guys is what is new and good. And if you've been with the whole journey for any length of time, you know we always ask these in the beginning of our webinars. And I started getting some texts from practitioners that I know over the weekend saying, "You'll never believe this. My case study didn't even start step one and just from the getting started, his blood glucose is normalizing," right, or 50% less gas and bloating just from getting started.

We always want to hear what's new and good and really celebrate [00:01:00] what's working, okay? Mariana, Lindsay, Marion, Anna, Lindsay, See, Sharon, what's new and good, guys? We want to know that. And while you're doing that, I'm going to toss this over to Nicole, who's been taking a lot of the tickets from all of you to just make sure everyone's on the same page.

Nicole: Yeah. Hey everyone. It's great to be here and see you guys. I've been getting a lot of emails from you over the last week. And some of you are a little confused [00:01:30] as to where you should be at in the process with your clients right now. Today we're going to be talking about step one, and after today's webinar, then you can start administering step one to your case studies. We really want you to have a thorough understanding of the diet and the supplements, which you should have at the end of this webinar, so then you can take your clients through it over the next week. And then next Monday, we'll be starting to talk about the pathogen purge. And same thing, we want you to have a thorough understanding first and then you can take your clients through it after.



Christa: Awesome. [00:02:00] Okay. Connie says, "Oh, look at all this new and good stuff coming in. I love it." All right. Sharon, you finally have a case study and she's lovely. Marian, "My case studies are super organized." See, "Client's blood glucose is decreasing and weight loss already. We are so happy." Okay. Anna, "One client's skin has been clear already." Can you believe the transformation, guys? If this is happening already, what's going to happen at the end of step five? "Better sleep with the eye mask and packs." Awesome. " [00:02:30] Plan H plan has decreased burning since using apple cider vinegar." Can you believe this? Naomi, "CBO client has 60% less bloating, more energy, more clarity, one week already without migraines that have been plaguing her for nine months." This is fantastic, guys. I'm so proud of you. Aren't you proud of yourself? Naomi, "IBS client has only one solid BM a day and she's astonished." [00:03:00] This is awesome. I'll let you read a couple of more here, Nicole and Jack.

Nicole: Oh, better sleep with castor oil packs. That's a really common thing, so that's great.

Christa: Yeah.

Nicole: More energy, more clarity.

Christa: Okay. We got them?

Nicole: Yeah, I think so.

Christa: Okay. Last week we talked about the diet for step one and we went [00:03:30] over Plan F, the dietary guidelines, and then I showed you the meal plans and in the followup, your homework was to come here having reviewed all four diet plans, because now as soon as you finish this webinar, the very next time, hopefully tomorrow or the next day, that you meet with your case study, you're going to get them on the diet. You are going to explain, you're going to cut your teeth, explain the dietary guidelines to your case studies for whichever plan that they're on, explaining the reasoning behind it, [00:04:00] and you're also going to get them on the supplement.

Before we move on to the supplements and I screen share and you understand where you're headed with that, I want to have Jack, Nicole and myself take any questions related to diet, to why, to what, to how. And so please put those through. Start putting those through now if you have questions regarding the diet plans, because I wasn't planning on going through all four of them today



since you did. I just wanted to answer the questions [00:04:30] because the How to Implement webinar goes into detail of why this is allowed on this plan and why that's not allowed on that plan.

Terry Lee, "Client Plan S has low HCL and acid reflux most foods. Can we give anything that will bring comfort?" Jack, would this be a case that you would allow apple cider vinegar with meals, not at the beginning of a meal, but in the middle of the meal to help with reflux?

Jack: [00:05:00] It may well do that and it can in some cases so definitely, we want to look at what smooths things out for this person. And we can also keep an eye out for the slippery elm and the licorice formulas that can also provide some soothing and the aloe and things like that that could be just calming things down in order for the person to do better getting the program [00:05:30] underway.

Christa: Okay. And also Lindsay says, yes, she knows it's always worked. And so Lindsay, if you've got a client, it's always worked for her, she could take it. This is where we differ, right, in the practitioner program where we've put together something that works for the masses, but now you nuance it because you're working privately. If it's always worked for someone, it can be fine now. And like Jack said, she may want to also increase. And I think a lot of this is going [00:06:00] to go away with the step one supplements when they start using GI Support and Soothe. We'll talk about that when we get to the supplements. They can take it with or without food to have a different effect. If you take it without food, it can troubleshoot. As Jack was saying, it can troubleshoot reflux. It can troubleshoot nausea. Take it with food, it can start to help to heal the gut lining.

Carrie, "Is coconut sugar okay or not? I forget." We prefer that you don't add coconut sugar in until step four, [00:06:30] step five. And we're just trying to keep things very low sugar. We've got monk fruit and cone syrup and also dark liquid stevia as the sweeteners.

Okay. Dani. All right, ACV. We got that. Okay. "Why is dandelion allowed but not Teeccino?" Because the dandelion in the dandy blend is supportive to the liver, so it trumps Teeccino in that way. [00:07:00] And we found it helpful to get people off coffee. When we tested it out in our beta, it worked much better for everyone so it's a lower amount of chicory. It doesn't cause bloating.



Okay. All right. Look, see, you guys are asking the same questions. Oh. And by the way, I just wanted to give you an update. Brent said our tech team is shooting to have our community up tomorrow at noon. That is their goal, so you'll hear from us more on that [00:07:30] in the replay because it's cool because you guys are posting the same questions, so if you've got the question, I'm sure another practitioner or many other practitioners have the same question.

All right, Nicole, do you want to take Lindsay's?

Nicole: Sure. Let me find it. Lindsay, you have a client Wednesday, Thursday, and Friday that slept with the castor oil pack. Friday night to Saturday morning, she started having reflux, burping and a little gas at [00:08:00] about 12:30. At about 2:30, she drank ACV water and took off the castor oil pack. About 4:30, she threw up what looked to be like a thick, almost black liquid with no chunks mixed with what looked like a clear thick mucus. Sometime around 6:00, she went to sleep until 10:00. She did not have reflux again until about 12:30 this morning. She did ACV water [00:08:30] right away and slept until 4:40. Then she got up to pee, slept until 7:00, haven't had reflux. I wonder if the castor oil pack was just too long.

Christa: That's what I'm getting. The castor oil pack was too long.

Nicole: It can be too much. I would just start with either maybe an hour or so or two to get used to it and you can even cut down the amount of oil as well. I wouldn't sleep overnight with it if you're new to it because I think it can be too detoxing for people. [00:09:00] That's what I would suggest with that is to just cut back on it.

Christa: Jack, do you have any opinion on this one?

Jack: No. I was concerned about the black liquid, but because there's not other symptoms, I don't think the black liquid was old blood or anything. I think there are cases where the stomach makes up something that can look like coffee grounds as well as dark, dark liquids. And I think it's just some old bile that had [00:09:30] come up the pipe. The bile goes into the duodenoscope stomach area and if it gets a little bit backed up, there can be the vomiting and so forth. I'm just looking at it as the castor oil pack doing some house cleaning and things should be better moving forward. This hopefully is just for Lindsay a one-time anomaly of doing a therapy and now some of the backlog is



taken care of and there should be smoother sailing [00:10:00] coming. Lindsay, expect smoother sailing or check back in.

Nicole: Yeah. And I would say just ... I work a lot with highly sensitive people, and castor oil packs can really trigger some detox effects. Go slow with them if your client's new to it and they happen to be a more sensitive type person. Start with a lower amount of oil and just less time on with the pack on to start.

Christa: Great. So many questions. I hopefully answered the questions about apple cider vinegar [00:10:30] that you as the clinician can be judicious about if they can use it and how they can use it and they know their own body, if it's working. Janelle's saying, "While on Plan S, I have a case study with a lot of burning when drinking anything that contains ginger. Is there a good alternative?" I mean, you can leave out the ginger and just do turmeric and lemon on the turmeric ginger lemonade and then she can add a little ACV to her food or drink it in the middle of the meal so that it contributes to hydrochloric acid production.

[00:11:00] All right. Theresa, "When I went through GT5 a few years ago, Christa advised those who had already been off gluten and dairy for a long time to take their ZGlutn (now Food Sensitivity Support) between meals instead of with meals. Currently on the supplement this chart, it shows taking these with meals. Clarifying that correct, for those who have already been off gluten or dairy, should they just take them with meals as shown?"

Awesome, Theresa, thank you for preemptively bringing this up before we get to talking about supplements. You are correct in the way that you take [00:11:30] them. And so if you've been off gluten or dairy and your client's been off gluten and dairy for a long time, you can take food sensitivity support away from meals so it can go clean up old molecules of inflammation. And then this is something that they should always stay on. I keep one in my glove box for when we go out to eat and maybe I'm going to cheat with something with gluten, or maybe I'm going to eat something with gluten and I don't know about it, right? But keep in mind that we are targeting much more than gluten and dairy, [00:12:00] soy, corn, eggs if you've had a food sensitivity to eggs with this and peas and peanuts and rice and a lot of different things for people who have a lot of food sensitivities.

Okay. All right. "Is it okay to use powdered spices for CCFT and ginger turmeric lemonade? I have found different answers for this." Yes, it is okay to use powdered spices. [00:12:30] However, especially for the ginger turmeric



lemonade, as long as you heat them up, you release the nutritive properties. The jury is out on the powdered spices, I mean, for the CCFT just for potency's sake. And we don't know how long they ... They start losing enzymes and start losing potency when they've been ground and so we prefer to have the whole spice in terms of the CCFT, but it's not as important for the [00:13:00] ginger turmeric lemonade.

Theresa, "Everyone has questions about the proteolytic enzyme before breakfast. Is it possible to just take two mid-morning or mid-afternoon times? I have case studies participants on thyroid meds, some that exercise and drink electrolyte drinks before working out and then having to fit in a glass of lemon water or eat breakfast feels like too much to squeeze in." Yeah. Okay. I totally get that. And the proteolytic enzyme is fine [00:13:30] if you consume it with lemon water or coconut water and electrolyte drink, just no food. I just want that to be at least 45 minutes before food and at least an hour and a half after food. If you need to pop it into the middle of the day or pop it at night, that's totally fine.

Okay. Marian, "Can all plans take any HCL supplement to optimize stomach acid since a good stomach acid has a domino effect?" [00:14:00] Okay. We have DigestZymes and now we have our digestive enzymes that have Betaine HCL that all plans are taking to take care of helping with having HCL, so I'm kind of confused as to why are you asking if it's okay. They should take extra HCL? If that's the question, the answer's no, not until we get to step four. [00:14:30] Feel free to jump in here, Jack and Nicole, on diet. I mean, I'm going to favor diet questions, and then I'm going to screen share and have you watch the first video on step one supplements and we'll come back to the supplement questions so that everybody's on the same page.

Jack:

Well, I'll jump in on the person on coconut oil named Christa. And I have a tendency, if [00:15:00] we have other viable avenues, then a lot of times I don't want to try to convince a person to take something that they may not want to be doing. History shows that if you have to convince them once, you'll have to reconvince them again in a few days, and that process will go on and on. And the coconut oil and the saturated fat involved, it's quite different. And the coconut oil [00:15:30] has so many wonderful values, but it might be a person with a saturated fat phobia and so you might step in just as a gentle educator.

It was only this last week that there was a new study published about the importance of saturated fat in health. Your liver has to have saturated fat in order to humanize every protein molecule your body has. While let's say



[00:16:00] the information starved facets of nutrition are still on the don't eat saturated fat kick, which started back in the 1980s and has never been proven ... excuse me ... now we're seeing that saturated fat is a very, very important fat to the body, and it's not necessarily running cholesterol up off the chart and all of that. [00:16:30] We don't want to necessarily be looking at a diet or a plan that's just bashing saturated fat. Again, this is life on the farm. Eating foods from the farm are going to have saturated fat and these fats do a lot of good work for the cell membranes and the liver.

Science keeps trying to reverse its ignorance of the past, which really wasn't bought into by the clinical nutritionists, but [00:17:00] by the more the registered dieticians coming out of the medical model, which was really about taking fragments of information. Anyway, it's a long story there, but you might want to start collecting some articles, and I can certainly rummage and find the most recent one on the importance of some saturated fat. Now I'm not saying a person should have the majority of their fats as saturated, [00:17:30] but all of these normal natural molecules are friends of the body and it's only the human mind that's denigrated some of these things and made a witch hunt out of them.

One idea here is when you have a patient that's got a preconceived idea, you can give them supportive information that you're not trying to change them. Just say, "Oh, look at this latest science," because this type of person may be just craving [00:18:00] more information and so glad not to be running on false assumption, but this could be a person whose let's say medical doctor or something has said, "No saturated fat," and you don't necessarily want to go directly opposite or go against a medically promulgated directive to a patient because now you're contradicting that, so you can just slip people into, " [00:18:30] Well, wait a minute, let's really look a little more at the fats of coconut oil, how they're uptaken very quickly, how they work with the liver and why it's in the program." We didn't put saturated fat in the program to kill people. We just need to make our case for this person. And Christa, if Christa allows something else in the program or something that might make that person [00:19:00] comfortable instead of the coconut, we could look at, "Well, okay, you can do something else and still get good results."

Christa: Yeah [crosstalk 00:19:09]. Christa, I would love to look at this person's cholesterol and to see. And so there's great research on how coconut oil is beyond amazing and there's also research out ... I think my neighbor just gave you something from the New York Times saying, "Oh, it's not so great for you," and so the dose to anything makes the poison per se, but not only did we add



[00:19:30] it into the program because it's such a powerful dietary antifungal, because it supports the liver, because it's a medium chain fatty acid that immediately feeds the brain, but a lot of our working over the last couple of years has been working on nervous system health, and we want to concurrently ... You can't just work on the gut here, as you see all these different things that are happening already with your case studies.

And when we work on the nervous system and the nervous system, in order to regenerate nerve cells, in order to protect ourselves, [00:20:00] the perfect fat balance is 50% saturated fat, right? And then the rest is going to be the monounsaturated fat and a very little bit of polyunsaturated fat. And that's because saturated fat is the most stable fat. And if we can create stability within the cells and stability within the body, right, it's like if we've got an 18 wheeler and we're riding on the freeway with all 18 wheels, we're going to have a better journey towards where we're going. But if you start popping off wheels, right, which you do when you get all the [00:20:30] way to polyunsaturated fat, it's going to be a harder journey.

I also love its stabilization in the nervous system, and so you can explain this to your client and say, "If you still don't feel comfortable with this, this has been proven with 7,000 people, I understand and here's some alternatives." You want to move more towards the monounsaturated fats, then he or she can favor olive oil and avocado oil and avocados, macadamias, macadamia milk [00:21:00] that's highest in saturated, not unsaturated fat. A lot of chit chatting on coconut oil there.

I'd like to say ... Monica, this is good. She's saying, "My client is vegan, partial vegetarian," and so for those of you that work with a lot of vegans, vegetarians on this, "She's fearful for her diet the first six weeks will be too limited without gluten-free grains. Is this one of those special circumstances where I give her the green light to consume grains like quinoa, black and wild rice, but limit them as much as she's able to?" [00:21:30] Yes. And so this is where your genius, your intuition, your personality, the way you listen really comes into play when you're working with someone, because if they're afraid and they leave feeling defeated, they're not going to actually execute the program.

It's your job to be like, "Okay, if you feel fearful and you don't want to let these foods go, they're fine," but soak them first for one to eight hours before cooking. Add a slice, a three-inch slice of kombu is the sea vegetable that's going to mineralize [00:22:00] it and preferably cook it in some kind of veggie broth, add a little bit of coconut oil, and then that is going to be much easier to



digest and then give her or him emotional comfort that, "Okay, there's some things I can eat." And then they'll start getting benefits. It's like, you've got to be more of a cheerleader. You've got to massage this process a little bit more along the way until it catches a fire and they're like, "I feel better. I feel better," and they keep feeling better and then they're just going to want more and their fears are going to start to abate because [00:22:30] health it's going to start to rise.

Okay. Marian, "Plan S, quinoa, black or wild rice okay after week four or six, please?" Yes, ma'am. Yes. We just want to see how, okay, we want to see how we'll respond to the reseeded before we start throwing in these grains in an ideal world, right? Monica, different story with your client. Based upon how she reacts and responds, we can circumvent [00:23:00] and there's all kinds of different things that we can do and she's making medicinal grains in that way.

Anna, "Is there somewhere that explains why the diet is good for a plan like Plan S is low FODMAP, better for gas and bloating, why is Plan F diet good for fungus and P good for parasites?" Yes. Anna, there's a link in your email to the How to Implement webinar where I go through and I explain the dietary guidelines like I did last week for F, but I explain them for all four plans and I explain the method behind [00:23:30] the madness that Jack and I concurrently worked on together.

Matcha is okay. Yes, Carrie. All right. Cacao, prebiotic. It's got some prebiotics in it and we want to wait to add too many prebiotics until we get into step three, really step four, terraforming, because we want to know which bacteria we're feeding. It's like you don't plant seeds in your garden when you've got a ton of weeds in there, right? We want to weed. [00:24:00] Then we want to till the soil, and then we start planting the seeds and then we start feeding those new seeds. That's the methodology here.

Okay. Tammy, traditionally we don't have lemon water in Plan H and we are using the ACV, but if your client is doing lemon and having no problem with it, then it's completely fine, because again, we had to put this together for the masses [00:24:30] and you guys are doing this individually. And so this is where the way your client responds will allow them to further customize the program.

Okay, Theresa. Okay. Recipe directions. When you guys have really long questions like this, it might be better for you to submit them to customer service so we can really take our time answering them. "Is [00:25:00] it possible



to edit or make some of the recipe directions more clear? This week's menu says burger. What burger? There are three listed in the recipes. Smoothie recipes list variations at the bottom, but don't clarify of what, and some may find this confusing." Nicole, I feel like we've rehabbed these three or four times that they've been very clear to end use Gut Thrivers who aren't guided by a practitioner. And so I'm inclined to say there's got to be a way that this particular [00:25:30] case study could understand this. Can you comment further based upon your experience in clinical customer service?

Nicole: Yeah. I don't know what specifically she's talking about because like Christa just said, it's pretty clear. What plan is this person on?

Christa: Just for time's sake, I'm going to skip over this question and say Theresa, you can take this up privately with Nicole or Lori Jo in the clinical customer service. But this is where I'm going to toss it back to you and [00:26:00] I'm going to have the girls toss it back to you to be the bridge and to explain to your case studies so that you're supposed to bring it to life, right? And the more you understand the program, the more they'll understand the program. And so I'll let you guys work on that, okay?

Jack: I have a passing thought for Theresa here, just a spinoff. And I wanted to make the case for every time we're using kale, [00:26:30] we really need to search out the organic kale. Kale has turned out to be one of the most pesticide treated leaves out there on the market. And the reason why this has become Germane, I just noticed recently here in Austin, Texas, they've opened up some juice bars that are advertising the kale, but they're not using organic kale. The idea is that now they're juicing the kale commercially telling [00:27:00] people everything is healthy, but they're concentrating so many of the herbicides and pesticides that come in kale. A lot of the attitude of big grocers is people don't really eat kale. They just garnish a plate of cold cuts or something on the table with it or in the cafeteria.

At some point, we have our dirty dozen of the top foods, and so at minimum, for a person [00:27:30] to do detoxification properly, we really need to watch the top pesticide treated foods because they'll occupy the liver in doing that and the liver is going to have a harder time taking care of the pathogens and the pathogenic waste that they have to process later. The idea is to lighten up with the diet, make the liver get ready, but if someone goes to the grocery store and gets all gung [00:28:00] ho on kale, they really need to be getting organic. And you might even be interested in helping people grow some kale in a window box right there at their homes as well. It grows very, very easily.



Christa: Yeah. Thanks, Jack. And also, I don't know if you saw that in conventional kale, they're finding thallium, heavy metal. So yeah, it's got to be organic.

Jack: Yeah. One of the most super foods and we've adulterated it now, so organic or nothing.

Christa: Well, it [00:28:30] became a fad. Yeah. It became a fad, so there was this mass grow it. Okay, Susan Erika, clarify pH. Okay. Drink lemon water after the second urine. In troubleshooting, it's better to skip the lemon water to get a more accurate pH. Okay. When people, like you're to have your clients will say, "I need to just do my pH." Totally fine. That's why I said that in troubleshooting. Then we tell them, we say, "Just skip the lemon water if this is stressing you out for those six days so we can get an accurate reading of your pH," [00:29:00] and then they can go back through it after we get an accurate reading of a baseline pH.

But for those people that they're going to go pee at 5:00 AM and then they'll go back to bed for an hour and they're going to wake up at 6:00 or 7:00 and then they're going to pee, right, before they have their lemon water, that's the highest and best for them, right? And for other ones, if they're like, "This is too much. It's stressing me out," just leave out the lemon water and they'll be like, "Oh, k good." You have to emotionally set them up for success.

Okay. Second question. "Two clients have ringing in their ears. I asked the [00:29:30] RA client, rheumatoid arthritis, if this was diagnosed when his RA developed. Is there any relationship with ringing in the ears and autoimmune disease?" Jack, you've answered this question before and I ask that you answer it again, please and jump into if you've gotten this question.

Jack: Yeah. The ringing in the ears is indicative of other things that could be going on. And it's a difficult area because there's been much struggle in getting viable solutions. I [00:30:00] personally have researched and looked for solutions and find that if someone comes to me for a ringing in the ears, I'm feeling like I just have to tell them I think we're running at about a 50/50 rate of helping. And then the five element theory we find the wood element and the water element can be ... excuse me, I'm having a little trouble with the throat ... needs to be sedated, [00:30:30] water sedate and wood sedate and things like that and homeopathy. There's many remedies for this, but it's been a challenge.



And the other thing we said, Christa, was that so much of what's touted on the internet, particularly stories and the hand moving on the white board and things like that, they're usually pretty bogus that they're not really helping and they end up trying to give people white noise and things like that. Anyway, [00:31:00] I think there is a relationship with these things, but the rheumatoid arthritis is the primary. And as that gets better, it will be interesting to see if the tinnitus gets better as well. I'm sorry, I haven't given you a clear answer to move on, but it's just this one example is something that I struggle with helping people. And so I guess each practitioner has their [00:31:30] forte and their blindsides, but the ringing in the ears has been a tough one clinically to implement the change, and the changes I do get come from the Chinese five element theory and from homeopathy.

But yeah, it is indicative primarily. Perhaps first thing to do here is to increase the antioxidants, so look at getting antioxidants. [00:32:00] We've also run into a phenomenon lately where people that are using, let's say, the full spectrum cannabis, that that seems to be ... can be aggravating to the tinnitus or the ringing, but the CBD portion is soothing.

And so if you have a person that wants to use CBD for this and see if a bottle or two will get some help, that may be a quick solution and definitely worth trying. [00:32:30] But if the same person is also using the full spectrum herb, they may be giving with one hand and taking with another. And I think that's just because the cannabis, the tetra cannabinols will dock to sensors in the brain, and then when it is processed, there can be the ringing. So antioxidants and maybe CBD can step in and help this person if you're looking to [00:33:00] treat something on the side. And I think if ... we might check with Christa, but there's people that resolve tinnitus just by the virtue of doing the Gut Thrive.

Christa: Yeah. I would totally agree with you that I would wait and see if it goes away. I love your advice and suggestions, and then also see ... let's just get them through the pathogen purge and see. You've got Jack's instructions in your back pocket. And also Jack, I don't know if you've ever used ginkgo biloba for tinnitus, but [00:33:30] it depends on the cause of tinnitus. And so as they start to improve, we'll see. And then you could look at CBD and all of that. But if they've been living with it for a while, ask them to live with it just for a little bit longer, get through the next six weeks and then either take ... do CBD and ginkgo, or at least start researching the studies on both.



Let me answer Catherine's question, Sharon's question, and while I'm doing that, Nicole, you can pick a question to answer. And, okay.

[00:34:00] So Catherine says, "My client has a pre-made smoothie she takes to work. She's a nurse. It contains freeze-dried spinach, freeze-dried cucumber, Fuji apple, and sea buckthorn. I know green apples are okay. What about Fuji in this case?"

In this case, it's fine if that's what she's doing, but she should have protein, carb, and fat. Those shouldn't be the only ingredients in her smoothie. There should also be protein, carb, and fat, and we've got tons of smoothie recommendations to help her mix it up. And then Sharon, "My client is on Plan S and wants to [00:34:30] know if she can still have raw cacao, kombucha, and sauerkraut. They make her stomach feel better. The same goes for Glucogenix, a supplement by Metagenics. It helps with her reflux."

So the answer on S is a hard no to raw cacao, to kombucha, and to sauerkraut. And you can let her know, well, so you're on Plan S, which seems to be there's something going on in the lower GI tract, and there's some kind of bacterial overgrowth in the small intestine. Maybe you don't have full fledged SIBO, or you're not diagnosing [00:35:00] them. But if you were to consume kombucha and sauerkraut, it might be a band-aid right now that might make her belly feel better, but ultimately she's not going to be able to get the maximum healing.

So you're going to have to explain to your clients that this is not a linear process. Some of them might backtrack and feel worse before they can feel better. When we remove a crutch or we remove a band-aid it's like when you have to ... it's a gross analogy, but when you have to puncture a wound or let the pus come out [00:35:30] of something. It could get worse before it gets better so that you can actually heal versus just hold the healing in place. And so that's a way you can explain that to her. Glucogenix by Metagenics has aloe. It has licorice, deglycerized licorice, and glutamine. And so that's fine, but you don't want to do double duty because we have much higher quality of that stuff in our GI Support and Soothe. So it can be replaced. Our GI Support and Soothe is an [00:36:00] upgrade to Glucogenix. You're probably going to jump in there. Okay. Nicole, which question are you going to pop into?

Nicole: Jess. "One of my case studies gets bloated after just about everything he eats and has many sensitivities. He's on Plan S. Is there anything I need to instruct



or do outside of trusting the process? Any suggestions?" Well, I think that if somebody gets bloated after everything they eat and they can't really distinguish between things to tell if something's bothering them or not, then I would say to stick to [00:36:30] the plan as closely as possible, at least in the beginning, until they gain some healing and can sort of tune into those differences over time. So I would say have them stick to the plan and trust the process, like you said.

Christa: Yeah. Okay. Food sensitivity support, Danny ... [crosstalk 00:36:49]

Jack: I'm looking at Jennifer's.

Christa: Go ahead please.

Jack: Jennifer gave us this long one. And the first thing that I thought of when I read through this was [00:37:00] the phrase of the cart before the horse, because I think much of the brain fog is probably based on leaky gut. And so until we get to the point in the ...

Christa: I'm sorry to interrupt you, Jack.

Jack: ... leaky gut. Food ...

Christa: Oh. I just want you to read it so we're all on the same page before you answer, so everyone knows what we're answering, if you don't mind.

Jack: Regarding brain fog for a Plan [00:37:30] S, been on the Slashing Inflammation diet about 95% for two weeks, easing into 100%. She submitted a ticket and the client is 51 years old and does not have a thyroid and is on testosterone hormone supplement, but has persistent daily brain fog ranging from one out of 10 to seven out [00:38:00] of 10 and dizziness, so moderate to severe fatigue. And then also I think tied in with this are the hives and things coming up to the skin. So this is really well-centered in the story of Gut Thrive and working in the GI tract. But even during the pathogen purge, while it might be nice to have less going on with [00:38:30] the brain fog, brain fog is often a result of the impact of the pathogens and the immune response.

In other words, if you have leaky gut, leaky brain, the leaky brain is going to have silent inflammation. There's your fog, because when the glial cells in the brain activate, now a person who might normally have a neuro cascade, let's make up a number, of 50,000 neurons, they're only going to get 5,000



[00:39:00] neurons firing because the inflammation has blocked some of that network or that tree of cascade. And so as we reduce inflammation in the gut, we should start seeing some reduction in the brain, but until we get those tight junctions closed, the immune system does not need to then open tight junctions to go into the gut to fight, and the pathogens aren't tricking [00:39:30] the tight junctions in the gut and opening the drawbridge as well, we're going to start seeing the fog.

And then for this person, Jennifer, get ready to use the Neurosyn and CALM formulas that are coming later as an auxiliary program, because that's going to definitely be the cognition activation for this person that the [00:40:00] glymphatic system can get the inflammatory toxins out of the brain and the neuro pathway is reconnected, and then the person's going to be all smiles with no brain fog. All of this good stuff is coming, but it's like right now, the dirty work has been done, and we don't necessarily ... the program is not yet ready to impact the brain fog at this time.

Christa: Perfect. That's such a beautiful answer. [00:40:30] And Lion's Mane, Jenn, is coming in into step three. We don't need it now. We just have to ask this wonderful person to hold on and go through the pathogen purge and things will start to lift.

Okay, Nicole, what would you recommend? Consuela says her client cannot drink coconut water. What can she take in place? And she can not take tumeric.

Nicole: Well, in terms of coconut water, are you looking for something for electrolytes? In that case [00:41:00] you could use maybe Goodonya.

Christa: That's what I was going to [crosstalk 00:41:04] ...

Nicole: So it just depends on what she's using it for. And if it's just for something to drink, there's other beverages on the list that she could use. But as a substitute for electrolytes, I would do Goodonya. And we'll put a link to that.

Christa: Yeah. We'll put a link for that, Goodonya Hydrate, for those who can't do coconut water, or want lower sugar than coconut water. We'll put a link to that in the follow-up email on the replay. And then all the other beverages, Consuela, herbal teas and [00:41:30] all other beverages there.



Carrie wants to take CALM now, because she still can't sleep. And I'm going to say please hold off until step three, but if you still can't sleep, then I would recommend if you need a little support now, taking one to 200 milligrams of PharmaGABA, along with L-theanine. I think that should work really well. And if there's still anxiety that is the reason or heart palps or something like that where you can't sleep, you can add in a little valerian roots. and once these pathogens stop [00:42:00] excreting metabolic waste, you get to the end of the pathogen purge, you should be sleeping well, and then still CALM and Neurosyn would be helpful for you in step three.

All right, Jen is asking you, Jack, for a link to the saturated fats study. You think you could share that with us?

Jack: I'll send it to you, Christa. I'll need to rummage it back up. It's stashed somewhere on my computer now.

Christa: Yeah, no problem. No rush. I'll send it out in the replay. [00:42:30] All right. Marianne is asking about getting extra HCl, as in a burning HCl, to know how many tabs a person needs until they feel the burning and back off. I'm interested to know the reason why we wait till Step 4. Because remember, the Gut Thrive Plan is in a very specific order so that everything happens, and that way we prevent reinfection with the HCl. And so you're giving them enough HCl to digest their food with the digestive [00:43:00] enzymes they're taking before we get there. We don't want to do anything in the wrong order. That's why this program works so well. If you guys want to jump in more on that, please do.

Jack: No, I think you got it. The HCl is what we call a biohack from Dr. Jonathan Shore, Jonathan Wright. And so there's a lot of information on this. He authored a book 10 or 12 years ago that [00:43:30] was very powerful on the GI tract, but it's a way to give the stomach a rest, and it's a way to activate and also measure if the hydrochloric acid is working right. So you might think of it as a lab test, but the brilliance that I tell people, and I mean just the bottom line fact on it, it's Christa's brilliance here that shines on this is because [00:44:00] as they've worked all the way through the gut tract, if they were to leave the digestion at only 70% effectiveness and then cure, then now there's a seed of destruction that in two years, they're back needing more help.

And so the doubling back that Christa does here to go ahead and nail it right at the top of the food chain, so to speak, to get back to the stomach and ensure that digestion is [00:44:30] strong and jumpstart the entire GI tract is a



brilliant move, and it does come in a precise order based on improvements that have already been made in the program. So it's clearly ... the HCl challenge is a timed benefit and a move to go back and re-establish the homebase and digestive control for a person. So it comes at the [00:45:00] perfect time that it's needed.

Christa: Thank you, Jack.

Jack: That's different than taking 50 milligrams of betaine hydrochloride along with a bunch of other enzymes. So don't confuse the HCl and the digest aids with taking what we call heroic doses, massively high doses, of the HCl and pepsin, are used in the testing and the re-establishment of the stomach [00:45:30] integrity.

Christa: Yes. Awesome. Thank you. Jess, "Hello all at Plan P. I was asked why strawberries specifically over other berries?" So other berries, Jess, are totally allowed, but I favor strawberries because Linus Pauling Institute, if you're familiar with them, they've done studies on strawberries amongst other foods that are included in the plan to help root out intestinal parasites quicker. So we want them in the diet. You can also have the other stuff. [00:46:00] They're also high ... higher antioxidants are going to be more helpful for parasite purge. So we favor them, and they're also very high in vitamin C.

Gluten-free grains, can we add them in after step four? Yes. And those are all going to be specific to see who's doing what and who benefits from them. Some clients aren't going to be able to handle them, but many will when you say brown rice or white rice. And so just ask them to hold on and we'll test them out [00:46:30] in step four.

All right, let's do this. Let's take two more questions, Nicole, you pick one. Jack, can you do Cindy? This patient ...

Jack: Sure.

Christa: Okay.

Nicole: I lost my place.

Jack: I think Cindy's coming up next, so give Nicole time to read.

Nicole: Yeah, I lost my place. [crosstalk 00:46:53].



Jack: [crosstalk 00:46:54] ... to speak to it. Okay, Cindy, you've got a tough case here. No doubt about it. Big auto-immune and [00:47:00] sections of the bowel missing. So when I read that right there ... and thyroid, holy cow ... you're in the right place. The person is doing the right thing here because we have to ... for this person to have a future healthy life, despite these things that have been done, we have to reestablish whatever is the gut. And some of the small intestines will take over for some of the large intestine [00:47:30] and whatever's left has to perform optimally. So you're in the right place. But realizing that the Gut Thrive has been built on, let's say eight feet of colon, when you get down to smaller segments that have been resected, the peristalsis is having to reestablish some kind of waveform.

And there's things going on, and then there's the control of the body metabolics via the medication. [00:48:00] So the big message here, easy does it. Start with small amounts, gradually build up. And on something that's the laxative, I think you're definitely going to be looking at a lower amount here, just testing it until you get the right response. So that's the message for this person, is you're doing the right strategy. We just want to make sure we don't blow someone out of the water [00:48:30] with a big dose of something when they don't quite have all the working parts. But little by little, there's so much help for people. And then the triphala is three therapeutic Ayurvedic herbs in their own right that perform healing and not just motility. So we want to use all of these supplements and things, but take them down.

And I think if this [00:49:00] is a case at all similar to one that I had a few months ago, we were actually cutting tablets with a razorblade to make them smaller and pouring contents of capsules out so there wasn't even one capsule dose to start. And that started working. I actually had a person start working like this on one-fourth of a capsule. And then after griping about the cost of throwing so much [00:49:30] away, she got some 00 capsules and she could re-build her own thing. But the point here is different people are going to have different sensitivities, and we want to tailor into this person and try to avoid the loose stool and things that might happen. Just easy does it, and your case study should be pretty happy here coming on down the road with this program.

Christa: [00:50:00] Did you want to answer one, Nicole?

Nicole: Yeah, sure. I see a group of three here I can knock out pretty quick. Yvonne said her first case study's Plan S. She's trying to keep out high histamine foods and wants to know if the food plan's already taken them out. And the answer is



partly. You're going to have to do with some additional tweaking with her to remove the highest histamine foods, which are things like avocado, spinach, strawberries, some things you might not expect. [00:50:30] And there's actually a handout in the resources section of the portal that is all about histamine intolerance, and it gives you some guidance. So I would check that out for some additional information about it, but that's what I would do. So you will have to do a few more tweaks. But for the most part, it's a pretty low histamine diet generally.

Then Nancy said, "Do castor oil packs instigate headaches?" Her client has the Queen of Thrones pack and slept in it. Didn't have a skin reaction. Didn't really have a reaction with motility. She rests better, but she [00:51:00] still has headaches. And I would say yeah, it's like we talked about earlier. It could just be she shouldn't sleep in it that long.

Christa: She's having [inaudible 00:51:07] detox now.

Nicole: Yeah, it's a different detox effect. [crosstalk 00:51:12] I would just not sleep in it necessarily, do it a little less, make sure she stays hydrated. And then Haley asked, "One of my case studies had a lot of antibiotics 14 years ago after surgery." She didn't include this information when she took the assessment, and she's asked to clarify if that's okay, or if she should add that in. I would say yeah. I mean, [00:51:30] as we said, the assessment is so comprehensive and it's getting at the same thing from different vantage points, so one question is not going to tip the scales in what plan she placed in. So I would just trust the plan that she placed into.

Christa: Okay. Thank you. So Jennifer would love a handout on saturated fat and the detriment of consuming wine every night. My dad has kidney disease and is making the connection that wine isn't doing him any favors. I will include a show link [00:52:00] to kidney cleansing cocktail, as well as details about wine and wine consumption and different types of wine also might be cleaning up the type of wine that he consumes, as well as what we have on fat. We've got a show on fat.

Christa, we're coming back to the woman on coconut oil, and her cholesterol was total one 94, LDL slightly elevated, low density lipoprotein at 118. So I would have this woman [00:52:30] for her own peace of mind, just to do a half a teaspoon of coconut oil a day. But Christa, for your edification, how I would explain this to her is cholesterol is very healthy. It's a very important molecule, and it's like, we need cholesterol. And this sign that her LDL, the low density



lipoprotein, is a little bit high, is nothing more than a marker of inflammation, right? Because that's what was going to drive up cholesterol so that we can protect the body.

And as she goes through the [00:53:00] pathogen purge, you're going to be getting rid of so much inflammation, she should then test her cholesterol again. I would be kind of shocked if her LDL wasn't at least below 100 at that point. And then maybe she'll be a little bit more copacetic with coconut oil once we hit step three.

And Yvonne, if there's a true allergy to coconut oil, of course, you've got to leave it out and just favor ghee, favor olive oil, favor avocados, avocado oil. It's [00:53:30] no problem with that. And now Jess, "One of my case studies gets bloated after just about everything he eats." You guys are going to run into this a lot with Plan S. "Many sensitivities, is there anything I need to instruct or do outside of trusting the process, any suggestions?"

So right after this, I'm going to go into sharing this about the supplements and additional supplements that you can do. I would probably put him on 500 milligrams of berberine now and do that three times a day, so 1500 [00:54:00] milligrams of berberine total, just to make him a little more comfortable. And if you are a practitioner that can run an IgG food sensitivity blood panel, I would do that. If not, we have a lab test handout within the portal where he can order his own test, take it to Quest or take it to LabCorp, get a blood test, and you can interpret the results or we can help you interpret the results, and that might help fine tune a little bit. Anything you want to say on there, Jack, before I jump [00:54:30] into ... [crosstalk 00:54:31]

Jack: No, I like both those answers and I think that nails it, and the third one is we do need to trust the process. But we have to sometimes wonder if a person is eating something that's directly aggravating to them. And my question on this person would be, well, do you drink water and bloat? And we're just trying to identify if it's a brain gut connection. And that definitely will resolve as they go through the program. [00:55:00] So that's the third case, is yep, we need to buy a little time, maybe make a couple of efforts like that. I love the idea of the food sensitivity test. And now we can get data specific to what this person is eating. A lot of times you'll find people are eating things that are just directly aggravating to them. In fact, they actually can crave things that they react to.

Christa: Yeah. And I think ... okay. Just the way humans are, [00:55:30] we're resistant to change, right? And so I'm seeing this in some of the comments. And so it's like,



you're coaching them until they get to the other side. Alicia's saying backlash from a client why no brown rice? Okay. You shouldn't be getting backlash from them. However, if you are, so rice, in and of itself, is an inherently healthy food. It has B vitamins and it has fiber, but we are working to heal the gut.

And so rice and grains have something called phytic acid, phytates, which can be irritating to [00:56:00] the gut lining, a little bit of gastritis. They can just exacerbate. And what we need to do is take away everything that is any remote assault to the gut, heal the gut, and then we bring the brown rice back as long as it's organic, because it's coming back with arsenic and all kinds of things. Organic brown rice, soak it to increase digestibility. When you soak it for one to eight hours, you will remove the phytates of the phytic acid. This goes for all grains. And then you'll be able to access the fiber easier and easier. [00:56:30] You'll be able to use the B vitamins in it.

But yes, it's a trust the process thing, but it's also ... a lot of people are going to want the science behind it and it's there. And so that's what you can say. Because you want to be on the same page. You shouldn't be getting backlash per se. Usually enough information and knowledge is going to be enough for them to be like, "Oh, okay. That makes sense," right? They want to do what's right for themselves hopefully.

Okay, really this is the last two questions on food. Golden Milk, Cindy. Golden Milk from [00:57:00] the Flavor Chef is an acceptable bone broth option. Yes, that's fine. And then it can also take the place of the turmeric ginger lemonade. You can even put a little ginger in it, but it does not ... you don't want to do Golden Milk from the Flavor Chef, because I know it's a bone broth, on the bone broth fast to replace broth. You can have a little bit of it, but not the whole time, replace it.

Marianne, why do you want to add the sea vegetables to mineralize the rice when soaking them? What are you mineralizing? And so, okay. [00:57:30] We're soaking it. We're removing the phytates, but when you're adding back minerals, so many of us are depleted in minerals. So, so many of us. And so if we can add back the minerals, it's going to highly support the digestive process and allow the body to digest that process and to use the nutrients that it has easier because vitamins and minerals can be synergistic, right? And when you mix them together, you get more nutrients. As they increase the bioavailability, you get more nutrients out of that same food that you otherwise would if you didn't remineralize [00:58:00] it.



Okay. So now I'm going in, guys. I'm going into the portal. Okay. So give me a minute to do this. Are we in? No. Okay. Here. Okay. We're sharing, right?

Nicole: Yep.

Christa: Okay. Now I'm going to play this video and ask that you guys watch it. [00:58:30] It's only five minutes and then we're going to move into answering questions about the supplements and whatever other questions that you have. I'm going to pop into this here afterwards and some of the supplement protocols, okay? Here we go.

Speaker 1: Let's start off with step one. The supplements you're taking, we're now going to be slashing inflammation with the diet, but we're also using [00:59:00] supplements to do that. So I have found over the years that people who have digestive issues also tend to have a little bit of a sluggish liver. They have adrenal fatigue, whether it's phase one or phase two, pretty tired lethargy, not a lot of energy. And that goes hand in hand with the thyroid. The adrenals and the thyroid are a team. And so working this in, I want you to move into Step 2 feeling good.

So I decided to put a desiccated [00:59:30] liver. This is grass-fed beef liver, so natural, into the program. And basically you're going to be taking this formula for a month. And so by taking the desiccated liver, that will strengthen your own liver, which is already dealing with a lot if you have leaky gut. The liver is working double time. So we want to build it up in step one, we want to support it. We want to [crosstalk 00:59:55] energy so that you can go into this feeling better. You'll get low with the B vitamins, supports the adrenal glands, and then we move into using enzymes. So we do the house cleaning with enzymes. You're slashing inflammation a lot with the foods that you're going to be eating in Step 1, but we're giving you carefully crafted digestive enzymes that cover all parts of digestion. So we're taking care of the pancreas, the stomach, the gallbladder, the liver, and really what we want to do here is give [01:00:30] the body as little work as possible.

What does an enzyme do? An enzyme catalyzes a response. It makes something happen faster. So with the enzymes that you're taking, you're going to have betaine, HCl, because a lot of you aren't producing enough of it. And you're going to have pancreatic enzymes to help you actually digest your protein much better so you can think clearly. And you're going to be able to digest carbohydrates better than you were before. So we want to [01:01:00] give



the body a lift right away with these kinds of enzymes, but then we have to clean up old molecules of inflammation.

So just like a vacuum cleaner is going to be your ZGLUTN. It's going to go in and it's going to clean up old caseins from dairy and old gluten molecules that are still causing inflammation two, three, four weeks after you've consumed those foods, even if you're not consuming them now, and get into the deep holes of the intestines to start cleaning [01:01:30] that up. It's like we're putting you through a carwash.

And then the next thing, we also use a different type of enzyme called a proteolytic enzyme. So we have digestive enzymes to digest our food. We have the ZGLUTN to clean up old molecules of inflammation, but what about inflammation that exists throughout the rest of the body? That's where you use a proteolytic enzyme that is going to go through and scavenge the body for molecules of inflammation and process them through the valve. I love [01:02:00] using this whenever women have female issues or fibroids, you can get to them before they get so big. I mean, you can prevent surgery some of the time, as long as you get to it soon when you're using a proteolytic enzyme. So you should start to notice on these formulas right away, a lift in energy, less joint pain. You start to notice, you can think a little clearer, and obviously we're looking for digestive improvement with these guys.

What's the number one symptom [01:02:30] that I found? I found constipation is a problem for so many of you. We need to get the pipes flowing right away, make sure the channels of elimination are open, so by the time we get to Step 2, the pathogen purge, you can get further, faster. But again, we want to work with the body instead of against it and not give it a laxative, so to speak, so it forgets how to do peristalsis. We just want to support the natural process of the body.

So, we use something [01:03:00] called Triphala which comes from India. If you've heard of Ayurveda, which is the Indian natural medical system, Triphala is fantastic. It's a combination of three different fruits that will nourish and moisturize the lining of the intestine to help with constipation. So it's going to help right where we're trying to add the value to the lining and approach healing leaky gut from a very gentle place. So this is the strategy that we [01:03:30] employ for Step 1 for slashing inflammation.

Okay. Let me come back here. Okay. So you are basically going to say those exact things with your case studies, whether you're on Zoom with them and



you have got the supplements to show them or you're with them. I really want you to be able to explain, just this idea, there's a transcript below that video to where they can start to understand how [01:04:00] the formulas are working. We have found that people are much more compliant when they understand the process that's going on in their body and how powerful it is. And it's really nice to get this baseline because they're just now going to be starting supplements to see, okay, how is this all affecting them? Like some of you were saying, "Why can't I add the ACL in now? Why can't I do this or that? They're all working synergistically. We don't want to throw too much in, right? It's like we have to let the process go and do the process.

[01:04:30] One thing I wanted to say is I really don't want you guys having anyone using cascara sagrada or senna, because it's so scraping to the intestinal tract. I ask that we stick with the Triphala. Let me see here. Okay. So I am going to screen share... Jack, I want you to please talk about the VRM formulas. [01:05:00] So what you'll notice is in the supplement... This is for anyone who's working with Plan P. Okay. So wait... I'm sorry, give me a second here.

Yeah. The only difference that we didn't talk about in that video is, in Plan P there are VRM formulas, VRM1 and VRM3. That's the only plan that's basically doing a preemptive pathogen purge. Okay. [01:05:30] And so that's like, when you look at your supplement protocols here, you're going to see... and supplement protocol and dosage chart. This is what you're going to give them. And as you explain, "Okay, here, you're going to take a proteolytic enzyme before breakfast." You're going to explain exactly what that's doing, right? And you're going to explain everything. And so Jack, can you talk a little bit about these two formulas?

Jack: Certainly. I think it might be interesting to look briefly... If [01:06:00] I don't take too much time, Christa, about some of the history of this. These formulas were made by an old 20th century, eclectic healer named Dr. Stuart Wheelwright. And Wheelwright had traveled the globe and had had a particular interest in parasites. So he would visit with many of what he called the barefoot doctors, for the methods and so forth. You're going to find in this [inaudible 00:01:06:30] [01:06:30] and Malaysian herbs and European herbs and native American herbs. And so as he gathered these from all over the world, he started doing studies and he became a fairly renowned parasitologist in his own research and, and to the world.



So these are some of the best formulas for expelling the parasites. [01:07:00] Now you'll see a lot of the common things in these formulas that are similar with most everybody's formulas. Everybody uses, let's say black walnut, or green black walnut. It's just sort of a staple. But we don't want to confuse that these are just another run of the mill formula because of the other ingredients. In the VRM1, you're going to find some of the protein digestants, because [01:07:30] this formula can be eaten or absorbed by a large parasite, and then it will digest the parasite from the inside out.

So a lot of times such a parasite will pass out of the body and it'll be more of a gelatinous mush than it'll be [inaudible 01:07:55], which might become a blessing for people as they'll get skittish. [01:08:00] And there's also a very excellent Mexican herbs here, the zapilopatle bean, has a long, long history of being a fabulous expeller.

And the worm is expelled...Then there's components here that also look at the house-cleaning of any eggs left behind, and we don't want them hatching out by [01:08:30] getting off of the program. So, that's the VRM1. And you can think of VRM1 as to handle any larger worm that you could see. This can be the tapeworm, and the roundworm, and even some of the thread worms such as pinworms and so forth. The VRM3 Doc Wheelwright made later in his career, because after working on [01:09:00] the big guys, we were seeing more and more throughout society, the over-proliferation of the microscopic species. And these are what you'll often find in a bacteriology, a stool test.

So while it has some similar ingredients, it has also some quite different ones like the Kamala in it is from the [01:09:30] African and Australasian tradition. And as we go through, the wild geranium is a native American and something called this story, which I think is called snake weed or knotweed. And this gets right down into the microvilli where some of these pathogens could be lurking. And when they're there, they're what's opening the tight junctions for leaky gut and they're what's causing perpetual inflammation.

So VRM1 [01:10:00] for large parasites, anything from three inches to bigger than we want to talk about. And then the VRM3 for the microscopic. So what you get here is a clean sweep program, and it's very effective for just getting a lot of this backlog of uninvited guests to dinner here, getting them out of the body. Christa, did you have any other information that you wanted me to [01:10:30] touch on?



Christa: No. I think, I think you've fully and comprehensively covered it and-

Jack: Yeah. There's some herbs that put the microbes to sleep and then the immune system and the body can expel. And then there's other herbs that just attack and destroy. And so this is serious business and it's a long-term tried and true program. That's something to talk about over the campfire some evening when we want to tell stories and [01:11:00] interesting things.

Christa: From the practitioner retreat that we do? So right here, guys... Thank you, Jack. Right here, guys, under Getting Started In The Supplements, everything you need, I'm sure you know, where all this is. But inside your supplement kit lists every single ingredient in all the supplements, if your client needs that. But usually, this will probably be mostly for you. Here are all the supplement protocols. And then I just wanted to call attention to this handout, which is Additional Supplements [01:11:30] and Product Substitutions, which you're going to come across. And I've seen some questions already come through.

So just like print this out, become familiar with it, and it's going to help you start to customize based upon, Does somebody have rosacea and Graves' disease? Or, alpha-lipoic acid is also good for lupus and it supports thyroid function. Ashwagandha, someone really struggling with their adrenals and their thyroid. They have clinical hypothyroidism, somebody with a [01:12:00] B complex. And so we definitely want to refill, and we talk about this later in the program.

But someone who's really having a terrible H. pylori and they've been on acid blockers for a really long time. You know, this might be a person that yes, they're taking the desiccated liver, but you may also want to add a lower dose, like 50 milligrams, B-complex liquid, bypass the digestive system to keep them comfortable, and their brain working throughout.

I [01:12:30] mentioned here, the Berb-Evail, if you've got somebody with SIBO and they can't even eat, right. Can't even eat to get on the program. That's when you would start to use this preemptively. I'm not going to talk about Betaine HCL because we already did. I can't remember right now who says she wasn't sleeping, but the Best Rest Formula or the GABA within... Candidid Forte.

I just wanted to touch base, and Jack [01:13:00] in Nicole and I were talking before we came on the webinar. And for those who have people on Plan F and Plan H, you need to also touch on their partner. Ask them questions about their



partner because candida and H. pylori can also be transmitted. H. pylori through the saliva, candida sexually. And so that partner, we're going to ask if they're at least taking... On Plan F, that the partner takes Candicid Forte to knock back their yeast for preventative measures. [01:13:30] And then would you say... Jack or Nicole, would you have the partner on Plan H also take the Pepti-Guard?

Nicole: I would. Yeah.

Christa: Okay. And then people you know that have a history of heavy metal toxicity, we're working to take down heavy metals, but you can add in additional chlorella, especially if they just recently had their amalgams removed. This is where you start to customize. If you've got somebody [01:14:00] with Type II diabetes or metabolic syndrome, you may want to give them some glucose support along the way. If someone's having... You know, they could come up with a urinary tract, right at the beginning or in the middle, this is in Cran Stat - it's a formula that you could use. So just make sure you go through and read all of this. If you have questions, you can submit them through customer service or you can bring them to the next webinar. If you've already read through this, you can bring them to us now, right?

Like if someone is vegan and they say, "Oh, I'm not going [01:14:30] to use the desiccated liver because I'm vegan vegetarian." Well, Liver Rescue is something good that they can use in Step 1, as a vegan replacement for the desiccated liver. It's not going to have the enormous direct benefit on cellular energy or on the thyroid that the desiccated liver has, but by way of improving liver health, they'll improve their thyroid health as well.

Couple of different forms of magnesium reminded me when, before coming on that, I'm going to send a show that we did on all different forms of magnesium, so you can understand that. We [01:15:00] also, in Step 2, have a magnesium self test you can do with your clients. We already talked about medicinal mushrooms several times. I know you guys asked those questions, information about prokinetics here and all the good stuff, fish oil.

So make sure you're familiar with his handout as you go in and you start getting questions from your clients, and then you're going to test out your clinical acumen of, "Okay, I tried this with this person and that," and then you can bring it back [01:15:30] to us or send it in through customer service or bring it back to us on the webinars. Okay. All right. Why don't we get back to



answering questions for our last 15 minutes here? Have you guys been perusing them? You want to jump in?

Nicole: I have-

Jack: Well, there's some awfully good questions here.

Christa: Okay.

Jack: I hope there's a way to get them all answered. I had to take a peek at something and because [01:16:00] there's a person in here that's craving radishes I saw. And I, I'm not seeing the one now, like I said, I scrolled and got lost in all the questions, but I found that particularly interesting because the radishes are also aggravating, causing the burping. But I look at that as a constitutional state. And I just thought, since we're trying to get some extra help for people, I would just mention [01:16:30] there's a remedy called sabadilla that has got that.

So if this is a person that happens to have hay fever, as well as the desire and irritation from radishes, that would be a remedy that hopefully would be right at the health food store or something that would be helpful. But I found that to be a very unique symptom that was probably very [01:17:00] defining and including histamine reactions and so forth. So a lot more on that case would be interesting, but there's a solution within the Gut Thrive for that person. And I don't know how we want to tackle it. There's so many more questions and all so good. Cryotherapy. Sure, jump in [crosstalk 01:17:21].

Christa: I'm going to jump... Where I am, where we left off was with Chelsea Ward. It's about a little more than halfway down-

Jack: Oh, with an active infection?

Nicole: [01:17:30] Are you still there?

Jack: Chelsea with the infection? Oh...

Christa: Sure. Yeah. You can take that question. Go ahead and take it. There are a few more-

Jack: Well, I wasn't trying to hog the question. I was just trying to get on the right page here, Christa.



Christa: She posted three. So if you go down a little bit more, she says, "I'm going to just knock some out and I'll get up to that question." Chelsea, "I noticed HCL is given before the pathogen purge on Plan H. I thought HCL could make H. Pylori worse. Will you explain this? The amount of HCL [01:18:00] is low. And so the only way it makes H pylori worse is without that lack of mucosal lining. So if you think about the stomach, like a wooden table. And if you coat the table, you put your coating on it and you spill water, it's going to be fine.

But if there's no coating on that table, and then you spill water on it, in this case, the water is HCL. Yeah, that's going to burn and that's going to be bad. But we're doing so much with the GI Support and Soothe. So that HCL is not going to burn the stomach, [01:18:30] so you should be just fine. If the odd case gets the burn with it, then you can swap out the enzymes and you can give them a digestive enzyme without Betaine HCL. But we found that the vast majority of Plan H have no problem with it, because of the way we're working with aloe and deglycyrrhizinated licorice at the same time, and the glutamine and all the food and the collagen and the broth. All of this is working to basically heal that aspect.

Jack: There's a theoretical [01:19:00] side to that question that is, if you chase the H. pylori with hydrochloric acid, it may try to burrow deeper into the stomach lining and elicit more of an autoimmune response from the person, but I'm not finding enough research that would raise that, other than maybe in a very, very rare instance. And usually the first thing is that [01:19:30] the H. pylori is there because the stomach acid has been too low for too long, and it's allowed it to be there. The amount, as you said, Christa is exactly right. Some 50 milligrams, which is just a smidgen, would already be there in the stomach for digestion.

It's not much, and I don't think... Nothing in an enzyme formula is driving the H. pylori in, and then the larger doses wouldn't be used [01:20:00] until the H pylori is already gone. And that would be the challenge that comes much later in the program. So I think the Gut Thrive philosophy remains intact, and we don't have the scientific data yet, which would be nice to see, that H. pylori that is going to be chased or driven away by hydrochloric acid.

More than anything else, all these species want to adapt and survive. But we [01:20:30] mentioned earlier, the bismuth, or you can look at the gum mastic. I believe that Marianne brought up and the last time, both of these are most excellent for just knocking it out. And that's the medical model is they'll give an antibiotic and just try to knock it out. And we have some tools that do the



knocking out, but we're also doing the soothing and the healing. So right now, all the research points [01:21:00] to the Gut Thrive strategy as being spot on.

And I don't think we need to worry about an HCL that's in a digestive supplement causing an aggravation, other than Christa's point of that, it'll irritate an ulcer or irritate a sensitive lining. And so these are just things to be aware of and work around, but it's a good point. And Chelsea, I've got your question and your point on my radar. And [01:21:30] I did a short look for research, and I'm looking for more. If you have more on that and would like to send it to me, I would like to check it out further. So, anyway, thanks for bringing that up.

Christa: Nancy, are you saying don't have clients do resistant starches until later? No. Mrs. Jensen, I'm saying they should have resistant starch. That is on the meal plans. We absolutely need to have starch with... I remember my Adrenal ReCode and we got to support thyroid, we got to support the [01:22:00] adrenals. Resistance starch like cassava and the cooled white potato and the green banana. Those are all going to be things that give them... Slow the release of glucose into their cells, give them enough carbs to stay satiated, but don't add any food whatsoever to bad bacteria. And don't add any foods to the pathogens.

And this is an awesome question from Nancy, because they're going to be heading soon, and we're going to talk about this next week into their 4-Day Bone Broth Fast. And so you're going to be consuming those [01:22:30] materials, especially if this is new to you. We're doing that to starve the bacteria, to get a jump start on the pathogen purge before we head into it. And so Nancy says one client wants to know how much bone broth to order for the bone broth. They'll be on a trip and I want to send ahead.

If you're doing Flavor Chef, 12 pouches of broth. So they're going to consume about three pouches a day. Okay. Nicole, I'm going to let you jump in and answer a few questions.

Nicole: Okay.

Christa: And you'll answer questions specific to our topic [01:23:00] here today, not questions on Step 2, yet.

Nicole: Okay. So no Step 2. Do you want it to just be supplements or is that okay too?



Christa: Yeah. Whatever's going to help them administer the diet plan and the supplements this coming week.

Nicole: Okay. This is interesting. This is actually... I'm breaking the rule right now, but this is interesting. I had a client ask about doing cryotherapy. We talked about her being someone who runs colder, Plan H, and probably not great. But she was thinking about doing it for lowering the inflammation. What's your thoughts?

Yeah. I think it's okay. But I would [01:23:30] say if she has adrenal or thyroid, I probably would not want to do that, it'd be too stressful on her. But I do have clients who have used it and had some good success with it. I don't know what you guys think about it?

Christa: My personal feel is that we have so many self care techniques already. It's expensive and it's time consuming. And it's... I mean, if she absolutely wants to do it, go ahead and do it, if it's fun. But the castor oil packs are working, and Nancy's a long time Gut Thriver, [01:24:00] so you could tell her what's coming ahead, coffee, enemas and salt flushes. And all of these things are going to do a lot of work. But if she wants to do cryotherapy, I don't see any issue with it.

Nicole: Okay. Plan H, takes l-histidine for severe eczema. Can she still take it? Yes.

Christa: Monica, my clients vegan, partial vegetarian. Consumes marine collagen powder on the program. Yes. Marine collagen is awesome for those who are pescatarian. [01:24:30] Yeah. You got it.

Is it as nutrient dense as repairing the mucosal barrier as chicken or beef? No, but it's still something. And there's other things that will repair the mucosal barrier and we'll check and see where her leaky gut is, at the end of Step 3, and make maybe some of the vegans and vegetarians might need another round of the GI Support and Soothe, and some won't.

Nicole: Okay.

Christa: So we're doing choline for the brain, that's [01:25:00] a huge one. Way to go, Naomi. Okay. Angie, I'm going to skip answering your question about intermittent fasting and I'm going to instead send an article, a detailed show that we did on intermittent fasting. Just for the sake of answering our questions, I'm adding it to my list. Jack and Nicole, please jump in.



- Nicole: Okay. [01:25:30] My understanding it's just that I didn't want to check-in... There we go. Okay. What am I... Yes. Oh, we already answered that one. Let's see. Yeah. Trying to find someone we haven't answered.
- Christa: Okay. Jessica, whey protein powder is okay for the first couple of weeks. [01:26:00] It should be fine unless it causes bloating. Okay. Yes, Danny, thank you for answering. Okay. Nancy, if a person has IgG, that's moderate for chicken, should she stay away from it? If so, does that mean bone broth too? And if she wondered if she shouldn't have beef, does that mean no beef broth too? If it's chicken and it's moderate, then I would avoid consuming the muscle meat of the chicken. But bone broth should be fine, because you're talking about the minerals [01:26:30] in the bones. Usually, when they're testing, the antigen is to the meat, it's not to the bone.
- [Carrie 01:26:42] , saying she started supplements today, not as hungry, smoking cannabis to improve her anxiety and appetite. Can she continue? She's on Plan S. I think, yeah, she can continue, but eventually, you never want to be smoking cannabis every day. That's not going to be healthy. Try to [01:27:00] get her to go, like midway through the pathogen purge to every other day, and then maybe down to three times a week.
- Nicole: Okay. Is there any additional need for a case study with their gallbladder removed? So the digestive enzymes have ox bile, which will be supportive of fat digestion. You could also do some bile salts, but she should be covered with the digestants.
- Christa: [01:27:30] Yeah.
- Jack: I was going to suggest to Nancy, in the cacao, that you might try looking at 5-hydroxytryptophan, or even some L-tryptophan. It's just an amino acid supplement that can be compatible with everything, but it may take a little bit off of the craving for the chocolate or the cacao.
- Christa: Oh, great. That's perfect. Anna cracks me up. She says maybe when my [01:28:00] brain fog subsides, I'll remember all these facts, like you guys. Christa said the same. You guys are funny. Okay. This is interesting, Jack. Ilana says my clients sleep-
- Nicole: Oh.



- Christa: Any help on that? You have experience with sleep-eating, Nicole?
- Nicole: I have one client who did this actually.
- Christa: Okay. So, so how was that? How'd that go?
- Nicole: We locked the refrigerator. I'm kidding, we didn't.
- Christa: Oh. Oh.
- Nicole: [01:28:30] No, I actually tried to do some of... Make sure before she went to sleep, that she had a good snack with some proteins and fats. Some salt to help regulate her hormones overnight so that she wouldn't have the urge [crosstalk 01:28:43].
- Jack: I'm not seeing the question. Is this a person that's waking from sleep hungry or?
- Christa: I think they're actually eating in their sleep. You know, people sleep-walk. Some people sleep-eat.
- Nicole: [crosstalk 01:28:53].
- Jack: Oh. I'll just ensure they're not on Ambien or some sleep aid like that that'll send people to the refrigerator when [01:29:00] they sleep.
- Christa: If that's the case, I have had huge success using 250 milligrams of small molecule GABA, pharma GABA and theanine, 2:3 to replace Ambien. And if that doesn't work, then you can get Indian valerian root, not regular valerian, but Indian valerian relearn root, and add that to their protocol for 21 days and then take it out. And that should help get them off Ambien. You'd be doing them a huge service if that's why they're sleep-eating. [01:29:30] Are we complete on that?
- Nicole: Mm-hmm (affirmative).
- Christa: Okay. So [Alana 01:08:00] says, "If my client hates fish of any kind, should they be taking fish oil? You can remove the fish oil, that's completely fine. And you can add it in later. Of course it's important for prostaglandin function. I think it's an important supplement, but for my clients, when they hated fish and



they're like, "Yeah. I tasted this..." Man, I would just have them keep the fish oil in the freezer and then take the supplement. And then by [01:30:00] the time it defrosts, it's already way down in the belly and should not give any fish burps.

Okay. Jess, I know this is a supplement question. How do we know if we should recommend *Saccharomyces boulardii*, is it optional? It's optional, but I'm guessing it would be very beneficial for some. So those people who have recently taken antibiotics and they have not... So Sac-B is a positive yeast that combats pathogenic yeast. And so if you know they have a history of candida. If [01:30:30] they're having vaginal itching. If they're having skin itching related to candida, or they've recently taken a full broad spectrum antibiotic, you can certainly add in some Sac-B at night.

Okay. All right. We did answer Alicia, what to do with the coconut allergy. So hopefully you got that answer. Lacy, intense seasonal allergies. What portions of this protocol are most [01:31:00] important to support lowering the histamine response, mostly constant sneezing and itching of the throat and eyes. Is there a homeopathic protocol that could assist? Lacy, I definitely think this person should be on D-Hist, that's high in quercetin amongst others, I think it's nettles. They should be taking like two, twice a day of D-Hist by Ortho Molecular, and Nicole can get you that link if you don't have it. But Jack, you're the homeopath among us. So what else would you do, [01:31:30] sir?

Jack: Yeah. There is a homeopathic protocol, but they're case determined or individually determined. So there's not necessarily something in general, if I had to say, well, something just broadly in general, it would be, there's the remedy called histaminum, which is actually potentized histamine. And it could have a favorable impact on getting the balance to histamine responses to foods. So I've seen that work [01:32:00] quite nicely, but when we have the sneezing and itching of the throat and eyes, I think that's kind of funny.

Because earlier I mentioned the remedy *sabadilla*, and it's a remedy that has this itching like that with the throat. So, things are kind of revolving there for some homeopathic support, but the right remedy that helps your person needs to be determined by a homeopath based on the actual case. But you might look at the remedy, histaminum [01:32:30] just to give carte-blanche help to someone. I've seen that help, and that would be a smart one. Then you're not basing it on the case. You're just giving it because of the clinical facts there.

Christa: Awesome. Okay. This is an interesting question from Jennifer, or Jen. If a client is feeling crappy on slashing inflammation, do we need to wait for the die-off



to play out in order to start the pathogen purge? Or can we begin the pathogen purge even if they don't feel well? [01:33:00] And so this is a chicken or egg issue, right? I would start them on the pathogen purge, even if they don't feel well, start to kick out some of the metabolic waste and then report back to us after seven days on the pathogen purge and see and if they continue to feel worse, then we would cut the pathogen purge in half and bump up the liver support. Maybe add in like a liver rescue or GI liver detox. What would you do, [01:33:30] Jack or Nicole?

Jack: Let's see. Well, right when you said chicken or the egg, I was thinking it's a chicken or the egg and I'm sure Nicole was probably thinking chicken or egg right then too. I think that that is what's going on there. If I felt that anything was on the brink was slashing inflammation, that could be helpful to feeling crappy and I would increase it and or linger, but I think marching on seeing if the [01:34:00] next phase doesn't advance the cause and turn the tide. That just seems to be the most likely that your results are going to happen by moving forward.

Nicole: Yeah. And you could see how they do when they get into the pathogen purge. And if it's too much, you can slow it down or cut the dosage a little bit to slow the detox effect in their body.

Christa: Yeah. Great. Okay. I see Teresa, I'm going to let you guys jump in. It is 404. [01:34:30] Do both of you have until 4:15 Pacific? Can we stay an extra?

Nicole: Yep.

Christa: Okay. Jack?

Jack: Yeah, I think we need to, there's some awfully good questions here that need to be addressed.

Christa: Great. Thank you so much. Teresa has somebody, a case study that reacted to triphala in the past, as it made her bloat and gas. She's just been taking that the haritaki. Should we try low dose triphala again or just leave her on plant haritaki? Well, I really searched. I feel like I searched the world over to find the cleanest [01:35:00] form of triphala so I would say, see if she takes one or two. I would love to know what plan she's on Teresa, but takes one or two for two or three nights in a row. And if she bloats, then she can go back to just taking the haritaki.



Thank you, Danny, for answering Carrie's question. No smooth move. Okay. Okay. Here's Nancy, what should I say to a client who says she's been using Fleet enemas [01:35:30] and you're going to come into this a lot guys. Many times she's not even having the urge to go to the bathroom for up to six days. First and foremost, this woman needs to do the calm and the nurse and Nancy in step three, for sure. She's lost the gut brain, brain gut connection. She's on Plan S she's a classic tough Plan S case. May need, Jack, I'd like you to weigh in, a prokinetic now. She hasn't gotten her supplements yet. Still in getting started. Working to let go of red wine, make her continue to work on that. And [01:36:00] a little gluten. Should I tell her to stop the enemas until it's time in the program? She's dealing with a ton of pain when she does go to the bathroom and it's very hard. Nicole, I know you get this question all the time, so I'm going to let you lead and then toss it to Jack.

Nicole: Yeah. Just the fact that she's going up to six days without a bowel movement is pretty, she's clearly lost the natural peristalsis in her body because she's now dependent on the enemas. I would say, get her on the [01:36:30] triphala. I would say some magnesium and let's see, I would say I wouldn't have her just stop the Fleet enemas altogether because I think she's so dependent on them it won't help. Or try to wean her off of them and then replace it with the supplements and the other tools that we're going to be using. Like Christa said, the gut brain connection is going to be huge. Those calm and nurasan are going to be a really big thing for her.

Christa: She's definitely going to need salt flushes, when we get [01:37:00] to the pathogen purge. And she's just a couple weeks out from that.

Nicole: Yeah. I would just wait. I would start the triphala as soon as she gets it.

Jack: Likely part of her issue is about addiction or complete dependence on the Fleet. And the Fleet's pretty strong. The Fleet is definitely more on the heroic side. And so the fact that she has to do that just means [01:37:30] that nothing is happening and then her system is making the pellets very dry. We just want to work with her through the program, but this has been going on for quite some time because people don't go to Fleet enema dependency without a whole lot of trouble coming before this. And there can even be emotional trauma that occurred in years ago that can be tied in with [01:38:00] this. Nancy, you're going to be lending an ear to this person and you may end up finding that you're trying a thing or two in order to unlock this case.



But the strategy of the Gut Thrive is going to make a considerable improvement here. You just want to optimize it and see if there are any areas where you have to use that additional motility support. And maybe as Nicole said, the gradual withdrawal [01:38:30] from Fleet, because I think this person is totally dependent on this. But rest assured, people that have to have mechanical extraction of their feces or people that are just so shut down, there's answers here for them. We just want to watch this case step by step and then maximize each phase so that this person gets the results. You've got a tough one here, but you've also got the tools to get the answer.

Christa: [01:39:00] Yeah. You're going to be bringing her or him up a lot and hopefully we can really help them. Nicole, Taylor's asking if you can take the proteolytic enzymes out of the capsules?

Nicole: Yeah. I think the only supplement you really can't take out of the capsule is the digestive enzymes because of the HCL. You don't want that coming in contact with the tissue in your throat, but yeah, I think the rest of them are okay to open if you need to.

Christa: Nancy's asking, on Plan S hot flashes [01:39:30] if they'll go away. She's 50, is it a rite of passage? Nancy, let's see with this particular client on Plan S how she is on hot flashes, because by removing we're definitely going to detox excess estrogen. We're going to remove the gut and immunological burden and then we'll see what's left. You can also put her on the carrot balancer from The Adrenal Recode, have her do that once a day. And then [01:40:00] we'll see what's left. I love to use a 5-Htp at night before bed for hot flashes and so let's see what's left and if you could bring this up again, when she gets to Step 3, we may on someone like this, whose menopause average age is age 51, we may do the neurological supplements and then add in a 5-Htp for that.

Okay. Jack, Chelsea Ward is asking, "Systemic Formulas has a parasite healing protocol with VRM1, [01:40:30] 2, 3, and 4, to make sure we are addressing the entire scope of parasites that could be causing symptoms. What is your rationale for using only the two formulas?"

Jack: The 1 and 2 are for larger intestinal parasites and they simply differentiate species. The 1 covers it all, 2 is an enhancement, 3 is for the microscopic, 4 is for [01:41:00] parasites that are migratory. And so this might be the faction of the roundworm that's maybe embedded in the lungs and is going to be there for 10 years and that type of thing. You can master these four formulas and use



them. If you use all four of them, you're going to have more types of die off reactions because you're getting concentrations of some similar [01:41:30] herbs that are going to be cleaning out a lot of the mucoid debris in the intestines and so it's going to flare up a need for more liver support, detox support, maybe even neurological support. By going to 1 and 3, you get the best of both worlds and get the job done specific to the gut.

And beyond that, there's advantages to those two other formulas [01:42:00] and then you'll also see in the systemic protocol, the WO oil, which is also pretty strong business because that has to be poured into a capsule so there's actually a fifth formula that comes to play. Like for someone, if you know, here's how I would give this to you. 1 and 3 are going to get the job done for most people. If anyone were to pass a worm and see it in the stool. And again, this is not a rope worm. [01:42:30] This would be an actual tapeworm or roundworm. Then you might want to say, "Okay, we're going to stay in this pathogen purge for at least another month and we're just going to hold it right here. And I'm going to bring in two more formulas and we're going to make sure we don't leave anybody anyway behind. And we're going to make it much stronger by bringing in those other formulas."

It's a matter of how much can [01:43:00] people afford? How much can people take? How many pills can they swallow? But you would do the 1, 2, 3, 3, which was called a clean sweep program. That's the serious, I've got nothing else to do in life but deal with parasites. And usually you want to actually see a parasite and know for sure that it's time to stop the program, step off, deal with the parasites, then come back to the program. You can learn about the 2 and the 4, but [01:43:30] you've got it covered with 1 and the 3. The other, if I may step in, correct me if I'm wrong, Christa, but just because you do the parasite phase here in the Plan P, the rest of the program is still going after parasites. It's not the only way to get rid of parasites, is VRM1 and 3. The probiotics are going to start getting uppity with parasites and the cleaning of the terrain is going to get them.

Christa: And the diatomaceous earth. [01:44:00] There's so many aspects of all the other formulas, Chelsea, that are all so concurrently rooting it out, along with other things, other pathogens that are keeping the parasite rooted. Yeah. Sorry to interrupt you there, Jack.

Jack: No, you got it. That's it. It's like, well, when you design the program, there's other elements. And so not just one formula is not the only way or the only component of the program to get the job done. There's [01:44:30] constant



overlapping, bolstering and coming at the issues from other angles, which makes it one very comprehensive program. That's got it in a nutshell.

Christa: Lindsay, this is good for all of you going forward with your clients. One of my cases didn't really do the prep. We completely had some gluten, caffeine, wine, but did castor oil and the greens. Should I put them back through prep or is it okay to start week two? The plan was to start with me tomorrow. [01:45:00] And so this is where you and your client are going to work together. And if you need to tell them, okay, before they start step one, they can't be eating gluten. It's just counterproductive and start the food sensitivity support formula. They're going to feel so bad when they drink wine. And so you need to tell them, say, "You can't give your buyers such competing priority." Their symptoms are going to get worse. And so if they need, say, "Do you need another week before you start these supplements?"

What I [01:45:30] would do is if they need another week, say, "Let's work on getting off of caffeine and wine." Because those are huge. They're huge addictions. People are so used to starting their day with coffee and ending it with wine. And so you want to create a lifestyle. If they were my client, I would ask them, "Okay, what's possible here?" Probably I'd give them another week to get off of caffeine, wine and gluten. But I would add in the digestive enzymes and I would add in the triphala and I would hold off on food sensitivity support and I'm definitely adding the liver and I would hold off on [01:46:00] the proteolytic enzymes and then have them on the full thing after a week.

Okay. Oh, Yvonne, where can we learn more about identifying the parasite expelled? I have a roundworm of some kind. When you get to Step 2 within your portal, you're going to see Jack in all his brilliance, has put together a pathogen dossier and that is going to help you in your [01:46:30] career for many years to come where he goes through all the different parasites and pathogens and explains them and helps you identify them. And also there's protocols for very specific pathogens throughout the dossier.

I also just really quickly want to make sure that you guys have seen everything that's in the resources section because I think it can be really helpful. If you go here, you go in and then you click resources. [01:47:00] I wanted to show you. I just saw, here's the histamine intolerance. That's something you're going to want to look at. Oh, here it is. The pathogen dossier is in Step 2, but it's also in bonuses. Yvonne, there's your answer. And then Jack wrote something specific for you guys on SIBO and for customizing. Just want to make sure you know that that's there for you.



Jack: I'm pretty excited for Marion [01:47:30] here. If we scroll up, I think that's where we were headed. I hope I didn't skip somebody.

Christa: Can you read that out loud? It's making me smile just seeing pals coming back.

Jack: I was able to get rid of raging *Blastocystis hominis* there for six years, thanks to the Gut Thrive after working with naturopaths and a very high dose of antibiotics, which made things worse. This program works. You can absolutely trust it. And [01:48:00] the *Blastocystis* is a tough customer. It's very, very adaptable and it can encyst and hide. But one of the secrets of why Christa goes after that VRM3 is some of those more exotic. It's not the black walnut, but some of the other herbs are about the best thing going for *Blastocystis*. And certainly oregano oil is of course one of the tried ones for *Blastocystis* but [01:48:30] for this program to turn the corner on that, hopefully now you have a terrain that will not be an invitation for it ever to come back. And that protozoa is a mean adaptable customer. This is so exciting to hear that that's been resolved for you. It's within the capability of the program and looks like it paid off.

Christa: Amen. P Pals, remember we named all our groups? That's awesome, [01:49:00] Marion.

And a supplement question. Should we always ask you guys first before we add an extra supplement or substitute? It depends on how seasoned of a practitioner you are. And my goal for you with these live portions is for you to experience the system as it is and at least with one of yours, straight all the way through. And so I would like for you to ask us just to get the rationale behind until you get your sea legs to figure out how to substitute and how to shift and just to make sure you're implementing [01:49:30] the full plan.

Jennifer, discrepancies in how the steps are presented. In the slide we just saw for Plan P it says, Step 1, take these supplements. But I thought Step 1 is just food and slashing inflammation. Prep week is just food. But Step 1, slashing inflammation is the diet and these phase one supplements that we just went over. Do you see where that can be confusing, Nicole? Have you gotten that before?

Nicole: I have not gotten that before. I think she's [01:50:00] getting confused with the Getting Started prep versus Step 1. They're different things. I think people hear



the Step 1 meaning the first thing that we did, which was cleaning up the diet, but it's not. It's actually, that's the Getting Started prep.

Christa: Yeah, Lacy, I don't see a problem with the cooled, skinless, white potato for autoimmune. If someone really gets a correlation of joint pain and they've done the autoimmune protocol before. Typically, since it's been boiled, they wouldn't have that same reaction, [01:50:30] but let this be a case of, do you get joint pain one to four hours after eating it? They probably won't. But if they do then have them do green bananas or have them do cassava instead.

Consuela, we talked about the COVID vaccine last time. If someone's going to take their COVID vaccine this Friday, can she start the program after? 100% can and should.

Okay. All right. Elana, [01:51:00] my each Plan H plan has high blood pressure. No licorice. No licorice for this person because I recommend licorice tea for Plan H, but not for high blood pressure. She can not take any Rx without breathing issues due to asthma. She's been taking nitric oxide and beet root, which has helped somewhat. Is this okay to keep taking? And why no beef for one week on this plan? I don't see an issue. Do you Jack with nitric oxide and beet root?

Jack: No, I think that should continue since it's [01:51:30] helping with the nitric oxide and blood pressure. Yeah.

Christa: And beef was just, why no beef on Plan H for one week on this plan?

Jack: Why? I think it elicits too much hydrochloric acid, maybe. Just to have some.

Christa: Beef is the hardest to digest and requires the most hydrochloric acid to digest and people on Plan H already have low hydrochloric acid.

All right. [01:52:00] Okay. You guys are funny. VRA1 and 3 sounds so exciting. Ew and yay.

Sauna sleeping bag. Oh, I just ordered one of those, Carrie. I do my sauna sleeping bag during this? And how will it help? Sure. The infrared sauna sleeping bag, it's just another form of detoxifying and the sweat is different. We want to eliminate toxins and eliminate them safely and you're being heated up from the inside out versus the outside in in a regular sauna. And [01:52:30] the studies are there to show higher amounts of toxins in infrared sauna sweat



than regular saunas. I think that that's fine. You know what you can handle. You just want to over cleanse and over detox and don't sleep in it too long, it's kind of a lot if you've got adrenal dysfunction. Let your body tell you how long to stay in there.

Okay. Taylor, with the COVID vaccine. Any advice for doing this program if a [01:53:00] person gets the COVID vaccine? In your email, Taylor, we gave you things last week. I think it was after last week's webinar, right guys? We gave them detailed homeopathics that you could concurrently use as well as vitamins if somebody gets the homeopathic vaccine to help the vaccine take in their body, help reduce the inflammation, help remove the adjuvants and help their body process it.

Jack: Getting the COVID is going to activate what's called the innate immune system, [01:53:30] the first responder and the other concern there is too much response, it's not going to be modulating down where the vaccine won't work by the ingredients in this program. Then we're looking at a person either with COVID or with the vaccine, being able to develop some kind of antibodies and [01:54:00] once they get the fragments of the virus, that's not dependent any longer on the inflammation. The adjuvants are so strong, the PEG and the vaccine, it's not a contest. You're not going to have the anti-inflammatories in this program negate the vaccination. I think they're fine to proceed as normal.

Christa: Yeah. [01:54:30] Thank you. Nicole, can you take Monica's question? You see it? It says, you see it, since there are no vegan. Can you read it and take it please?

Nicole: Sure. Since there are no vegan, vegetarian Gut Thrive supplement kits available to purchase, is it expected for my clients to separately purchase the supplements that they want to swap out in the suggested options handout, thus buying several supplements in the original GT5 kit that they will not ever use. This seems like a hard sell from my perspective as the practitioner. I know the original kit contains the best supplements, but [01:55:00] would love some suggestions on tackling this potential conflict with them. Yeah. There's four supplements that we use that are not vegan and we do offer some suggested replacements in the supplement handouts.

They would have two options. Like you said, one option would be to buy the kit and that's what most people do. And then I just purchase the four other supplements to substitute. They then give those supplements they can't use to their family or someone in their household that can make use of them. Or alternatively, you can just have them buy the supplements [01:55:30]



individually and not purchase the kit. That's another option, so they can get the four versions they want to use and then the additional supplements that way. you could do it either way.

Christa: Awesome. Thank you. Lindsey, I will send the sleep aid ideas in the followup. The India Valeria, I need to make a note.

And diverticulitis client, anything to add or to caution? Well, you just don't want to get things stuck in the pocket so I wouldn't give the diverticulitis [01:56:00] client any nuts or seeds and I may stay away from berries with a diverticulitis client. And for fruit instead, I would use peeled pears and cooked green apples until we get their gut in a little bit better shape.

Chelsea, is there ever an instance where we would extend the pathogen purge beyond the recommended time for each plan? Yes. And that's going to be case specific and I'm going to save that conversation, especially since we're a little over for when we get next week to Step 2. [01:56:30] There's all kinds of variations here based upon how they respond.

All right. Jennifer, cold potatoes and resistant starch. Does the starch get reactivated if you take the cold potato and heat it again? I think the answer is yes and I wouldn't recommend that. And I know it's annoying for food prep, but it's better when it's freshly made or eaten without reheated.

Okay. One more question from Jack and one more question, Nicole, and then we will [01:57:00] call it an evening and I will make sure I look at the rest of the questions before I write the replay email. Okay. All right.

Nicole: I'm going to grab one. Okay. Monica said, "My client is highly sensitive, has Hashi's. I feel led to direct her to take supplements low and slow, especially at first, versus jumping right into the recommended dosages. Do you all recommend that I do that for my highly sensitive people? Or start with [01:57:30] the recommended doses and slow down, lower down if their body reacts harshly?" Yeah. I recommend with highly sensitive people that you start low and slow and build up rather than force an overreaction and try to pull them out of that. Yeah, I think your instinct is right. I would always listen to that intuition you have about people about taking it slower. And there's absolutely nothing wrong with doing that. That would be my absolute recommendation with sensitive people. Start low and slow and then build them up.



Christa: Awesome. I'm just so pumped [01:58:00] seeing this dialogue between all of you guys. It's so cool. See you're answering together, all your hot flashes are already going away and then this is so great.

Alicia, thank you so much. You're right, the GI Support and Soothe is not mentioned in the video. Why has this been added to gut healing? Yes, that wasn't in the video since I filmed that video several years ago. We have added it in because we want to get a jumpstart on leaky gut and so many people are having so many issues. And so that's going [01:58:30] to calm and soothe and support. It's got the aloe, the deglycerized licorice in there. And it's just an awesome formula that really helps people navigate the pathogen purge with more grace. And that was done in the lab when we upgraded the third time.

Okay. Jack, is there one you want... the burning desire to answer one more before we end?

Jack: There's one with some logistics from Yvonne about some help for people getting [01:59:00] the vaccine and I can send you the ingredients or what we do here in the clinic is we make something rather unique where we're going to use the three homeopathics, the letum, the silica and the thuja. But we also have the genus Epidemicus. We have COVID in potency. And so just like influenzinum, it's the same thing. It's made by the Pasteur Institute [01:59:30] in France. And with that in there, we're finding an improved responsiveness as well as the safety factor. This is just something that we make in clinic, and we can certainly provide it to you if you want to go that route or I'll give you the information that you can at least get three fourths of it together for people. But if you would just go ahead and contact me and I'll help you help people that are doing that.

Christa: [02:00:00] Great. I think let's say, okay. I love Danny. Thanks for answering all these, you seasoned lady. Jennifer says that, "The castor oil pack pulls out toxins, do we need to wash the oily grossness?" Or I've seen people reuse with the castor oil and Danny answered that perfectly. It supports the liver to circulate and dump toxins through the detox pathways. Not necessarily be the stomach onto the pack. And so that's absolutely true. You're not eliminating toxins [02:00:30] through the skin. Thanks for answering that. We did a video on that. Yes, I did it with Dr. Marisol, but I wash. If I'm doing consistent castor oil packs, I wash it once a week with dish soap in the sink.



Anna, I'm a little confused about the sensitivity support. I have 27 food sensitivities. Oh, you're going to have five by the time this is over. If I take a pill before I have one of these foods, I won't get a reaction? No, no, no. The pill is not [02:01:00] a license to eat the stuff you shouldn't eat. You're having all of these food sensitivities because you have leaky gut and the GI Support and Soothe is part of the entire program. It's one part that's going to go heal and seal the lining of the gut and then you rerun your test for food sensitivities. And it's now when food particles are not escaping through the lining of the small intestine, what are we really dealing with?

And that's going to be the five to seven foods you're probably going to need to stay away from for the longterm that are true sensitivities. Not just because you have leaky gut. But for right now, if [02:01:30] you know, you have food sensitivities and they're in the moderate or the high zone, I would take them out. The low ones are fine. And then retest at the end of the program.

Okay. Last question I'm going to answer here from Danny, blood pressure. You mean licorice root versus deglycerized licorice being a no for high BP, right? Yes. Thank you for asking. I'm so glad to clarify that. DGL, deglycerized licorice totally fine. Wish it was named something else, [02:02:00] but it's the licorice root that's going to drive up the blood pressure or can drive up blood pressure. And we use it to raise blood pressure for adrenal dysfunction when you get stars going from sitting to standing.

At that, Nicole, I know at 7:30 out there, I will peek through the rest of these. Thank you guys so much for your brilliance. You're awesome. I love doing this with you. Guys, we're so happy for all of you, and we're so grateful to be doing this with you. It's a lot of fun, so good luck [02:02:30] on Step 1, administering Step 1, the diet and the supplements and we look forward to hearing how it goes next week. And we'll also do an intro to the pathogen purge. Okay. Have a great day or evening wherever you are. Bye bye.

Nicole: Bye.



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