



GT5 Practitioner Training Webinar #5: Step 2 - The Pathogen Purge

Christa: Hi everybody. Welcome to Step 2: The Pathogen Purge Practitioner Training. We're excited. We welcome you from cloudy Southern California and a snowy Austin, Texas and snowy Connecticut. You guys staying warm out there?

Nicole: Yeah. A lot of snow but...

Christa: Yeah. You're used to the shuffle, [00:00:30] like the de-icing before you go out and-

Nicole: Oh yeah. Yep. All of it.

Christa: I know. I know. It's bringing back my Jersey days.

Christa: Okay. So everybody, here's what we're going to do today. We're opening up with Q&A from Step 1. So we want to hear how it went administering the diet, what challenges you had, what's going on with the supplements. Whatever questions [00:01:00] are coming from real case studies, and Nicole, would you share with me some stuff going on in clinical customer service? I just want to be clear that the best approach to this with your case studies is to have one control group. So have at least one person that's going through the program as the crow flies exactly how we laid it out so that you can understand how the exact process works, and then the other two case studies we help you customize and shift and [00:01:30] stray from the protocol if you will so you can learn that type of acumen on customization and optimization away from the protocol. And that'll really give you the good education of control and experiment so to speak so that you can spread your wings with more and more clients and patients.

Christa: Okay. So we're going to take those questions. Then we're going to intro Step 2, and then we're going to go over the four day bone broth fast and the three variations of those. And we'll [00:02:00] go through your action items that you will be administering to your clients and patients, your case studies over the next two weeks with the Pathogen Purge. And then we'll take questions from there.



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- Christa: Okay. Sharon, Katherine, Hope. Hello? What questions do you have? I see a lot of people are still joining, and Nicole, if you want to jump in with some common questions that you've been getting from the practitioners around Step 1 and the way the case studies are responding.
- Nicole: Yeah. [00:02:30] Some practitioners have had some case studies that seem to be reacting to the Step 1 supplements, and they weren't quite sure what they were reacting to. My guess would be the proteolytic enzymes. That tends to be the one that people struggle with the most. So if you have someone in that situation, you can just have them reduce down to one capsule and build back up. Or if that's not tolerable, you can just leave them out. So that's something.
- Christa: The other thing you can do is buffer it with GI Support and [00:03:00] Soothe. You can take GI Support and Soothe in the morning, and then a few hours later, take the proteolytic enzyme. That's just showing that they're going to have a little bit more repair work to do by the time we start to heal and seal a leaky gut.
- Nicole: Mm-hmm (affirmative).
- Christa: Yeah. Anything else? I see somebody. Oh, look. We got requests to speak here.
- Nicole: Oh. What's that?
- Christa: I'm accepting them. We haven't done this before.
- Nicole: Yeah, [00:03:30] I don't know how to do that.
- Christa: I don't know how to do that either. Can you guys tell us in the chat? I just accepted you. You should be able to come in and speak now that you've raised your hand. Anna, I've accepted you and Rachelle. You're going to be ahead of us technologically. So I see you're all requesting to speak. Guys, that's not something we've done before. So we'll figure that one out before the next webinar. I think it does pull you in on camera. [00:04:00] I've accepted them. I don't know what it says on your end. Oh, here we go. Joining the room.



Nicole: Oh yeah. They're adding. I see the square.

Christa: Okay. Let's see. Hi, Anna.

Anna: Hi, the chat is off.

Christa: Oh, the chat is off. Oh, thank you.

Anna: Okay, bye.

Nicole: That's my fault.

Christa: Nice to see you. You too.

Nicole: That's funny.

Christa: I thought [00:04:30] the chat was on.

Nicole: Oh, that was my fault everyone. It's on now.

Christa: Oh, cool. Yeah. People are joining and jumping in. Anna, while you're here, do you have a question that you want to ask about Step 1?

Anna: Let's see, I have one client that wants to know if Tigernut flour is considered a starch that should not be mixed with fruit?

Christa: No, it's totally fine to mix Tigernut flour with fruit. That's a great question.

Anna: Awesome. [00:05:00] I think I have others, but I can't remember right now. So I'll just put it in the chat. I don't know how to get off of this by the way. [crosstalk 00:05:06]

Christa: We're all in this together. Here, let me see. I'm going to eject you now. Sorry. Great to see you though.

Anna: Thank you.



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- Christa: I love it. This is cool. We could do our case studies this way versus on Zoom. Okay. Yvonne King, we see you. You're here. You want to show your beautiful face? Hi.
- Yvonne King: I was just trying to figure out how [00:05:30] to tell you that the chat was off too.
- Nicole: Well, now you're stuck with us.
- Christa: You're stuck with us, but it's so nice to see your faces. I love it.
- Nicole: Yeah, cool. I like it.
- Yvonne King: I did have a client that was wondering about other sources of starch when it comes to the vegetables. So like coconut flour and stuff like that to put it in a smoothie.
- Christa: You mean to give more starch?
- Yvonne King: [00:06:00] Well, to combine starch with... Do you consider that a starch when you're combining it with fruit?
- Christa: No. No, I don't. Coconut is a fat. I mean, I would do it in a smoothie, I would definitely do a green banana.
- Yvonne King: Yeah, and she's having a bit of a tough time finding protein powder that's not dairy that would also not be a starch, right?
- Christa: Okay. So can she use collagen?
- Yvonne King: Well, she's really sensitive. So [00:06:30] she's scared to try collagen.
- Christa: Collagen.
- Yvonne King: But she could do like a marine collagen or something like that.
- Nicole: Try that.
- Yvonne King: Yeah.



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- Christa: Yeah. If she can't handle goat's whey or anything. Yeah. So I'd say have her do that, and then hemp protein powder.
- Yvonne King: Yeah, because I didn't see rice listed as a no, but I would assume rice would be a no because that's-
- Christa: It's going to cause bloating. Yeah. So [00:07:00] I would do like Nicole said, the marine collagen. Jack, you feel free to jump in. Oh, I see Jack's reading the chat. Okay. He's going to figure out... I see him. The marine collagen or then try hemp, see how that goes. Honestly, I do love bone broth protein as well. They make bone broth protein powder.
- Yvonne King: Mm-hmm (affirmative). Yeah, I've had it before. I don't like it by itself, but throw it in a smoothie so you can't taste it.
- Christa: Yeah. You have to disguise it. I'm with you. I don't like it alone either.
- Yvonne King: [00:07:30] Kind of gross. Okay. I'll put the other questions in the chat.
- Christa: Okay. Nice seeing you.
- Christa: All right. This is cool. Now we know we can bring you guys up on camera. I like it. Okay, Jack, I can see you eyeing the questions. Why don't you jump in and answer a question?
- Jack: Oh, I was thinking about I think there was a question coming up regarding caffeine, and I was thinking oh gosh, [00:08:00] there are so many questions now since I started reading some of the long ones. But I'll jump in. I think way back someone was asking about why the... Okay, Katherine. Yerba mate and green tea. I think just real in general, coffee has a much stronger wallop of caffeine. So if you look at breaking [00:08:30] it down into raw materials, your coffee can be up to 150 milligrams and can be quite a lot. So the quantity issue is one issue, but that's not the whole issue.
- Jack: In the unroasted yerba mate type beverages and certainly green tea, the caffeine is bound to another molecule, and the body will [00:09:00] have to break it apart in order to get the caffeine. So it's putting it through a metabolic process, very similar to having a complex carbohydrate versus refined sugar. So caffeine in coffee is a little more refined, hit it



with the caffeine, and the green tea has all of these other synergists, and it has a lower amount. And the body has to process it. So while you do get the lift, you also [00:09:30] get the brain power and so many other things.

Jack: So when you say why does coffee need to be controlled on the program, people can substitute something like the yerba mate or any of the mates that also will claim caffeine. It's all about the body's metabolic processes. So they're not going to be jamming their adrenals, and they're not going to be getting that big buzz. And in fact, the caffeine [00:10:00] in the plants there, the yerba mate and all, is just a whole lot more healthy for the body anyway because it's also teaming up with different antioxidants that occur in a roasted coffee bean.

Jack: So there you go. A little bit in the background on why can that be in the program. It's we're really looking at the difference. Just think of the refined versus the complex carbohydrates. It just works differently and it [00:10:30] has more integrity when the tea has not been roasted and goes through a lot of the processing that it takes to get the coffee cherry ready for a beverage. So there's a little discourse on the caffeines. And the industry touts all forms or all these plants with natural caffeine occurring as pretty beneficial. But in the [00:11:00] actuality of it, your green tea and yerba mate are going to be head and shoulders more healthy than the coffee. And people still are not going to give up their coffee, so they can look at how to optimize coffee when it's allowed back in. But green tea is just a good, healthy beverage for longevity for everyone practically.

Christa: Awesome. Connie, I think we answered your question for the most part. [00:11:30] Plan H client having burning taking a first round of enzymes. That makes a lot of sense. This person's missing mucosal lining, especially around their stomach. She's tapered off her pharmaceutical, having a hard time feeling comfortable. I took her off enzymes except digestive and GI Support and Soothe. Any suggestions for more soothing options? This is something that now can drink two to four ounces of the Inner Leaf Aloe daily, and then increase GI Support and Soothe. [00:12:00] Have her or him take either two with each meal, so six a day, or they can take it away from food three mid-morning and three mid-afternoon. Go through the bone broth fast with them, and then you should've gotten enough mucosal lining healing that you can add back the proteolytics on the tail end of the bone broth fast.



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- Christa: All right. Nicole, you want to read Terry Lee's answer?
- Nicole: Terry Lee has a client on Plan [00:12:30] H, started slashing inflammation week one today. Took supplements without problems until lunch. Drunk a smoothie and took the lunch supplements and now is having a gastroparesis episode. Hasn't had one in about six months. Not taking any meds for stomach issues other than Prevacid for acid reflux as needed. The client believes this was brought on by stress, lots of belching, bloating, and stomach acne. I have the client stopping all supplements for the moment until the stomach empties. Other than that, is there something [00:13:00] she should be doing differently.
- Nicole: I think in that case, I think that's the right thing to do is to stop the supplements and start back at a low and slow when you get back on. I don't know, Jack, what do you think about the gastroparesis?
- Jack: Yeah, I don't know why it would suddenly be turned on. But there's obviously a long history there not only with stomach emptying but also with the acid [00:13:30] that's made and then lingers in the stomach. I was wishing that we knew a mechanical issue where the stomach could be... make sure it's in the right position. Some people get their stomachs tilted, and then they'll have trouble emptying because the food has to come up and go over. There can be weakness and so forth. I'm thinking of in the olden days there were [00:14:00] little exercises where you could kind of press in and get things... I'm wondering if that hiatic hernia reflex point might help reset the switch there, and then I think you're spot on, Nicole, to say yeah, back off and then you have to come back a lot more gently.
- Jack: I think that's really kind of one of our knee jerk responses to these things. So someone jumped in maybe with both feet, [00:14:30] and then they have a reaction. It's really the sign, okay, let's back up a step and give the body time to adjust to the good things that are coming its way. That they're not making demands and surprising the body.
- Nicole: Yeah.
- Jack: If people don't know, that reflex point because it's good for hiatic hernia. And I'm just thinking I wonder what the chances are that this person



has a hiatic membrane issue that calls for the Prevacid [00:15:00] to have to be used as well as the gastroparesis. Sometimes there's, we call it a mechanical issue. The tipped stomach. So that definitely should be looked at.

Nicole: Yeah. I would just say, Jack, like you've just mentioned, how we tend to say, our go-to is to slow it down and to go low and slow with supplements. I think sometimes as practitioners we think more is better, and being a highly sensitive person myself and having gone through that, it's not always the case. You really have to meet [00:15:30] the client's body where it's at. And sometimes we think if we go lower and slower, you're not getting that therapeutic benefit. But you really are. So it really is okay to slow it down and do lower doses, and you'll have a much better outcome with people who are highly sensitive if you do that.

Christa: Katherine asks, "Is there any cheat sheets of easy foods to take while traveling?" Easy foods to take while traveling: hard cooked eggs, avocados, nut butter packets, [00:16:00] PaleoValley bars. The bars that they have and Cassava tortillas. All of those travel well. I've taken them as far as Hong Kong. They do a really good job on the plane, and then you have an easy, quick breakfast. Cassava tortilla over two hard cooked eggs, bring some pink salt and pepper and add some avocado and you're kind of good to go. And I will be thinking of this when I send out the replay and add some more ideas. [00:16:30] Okay, Nicole? And I will put our heads together.

Nicole: I think you have [crosstalk 00:16:35]-

Nicole: No, I don't think we have a handout, but I know you have a video that you did on traveling that probably has some good ideas in there that we...

Christa: It has good... Yeah, and then you'll have to make it Gut Thrive appropriate.

Nicole: Exactly, exactly.

Christa: Thank you. All right, Marian, thank you for bringing this up. Where are we with the practitioner forum? I'm sorry. I'm infinitely sorry. I just checked my phone when I saw that. I had [00:17:00] a very polite ream to



our tech team this morning like I promised last week, and it's a scope creep type of an issue for what they're doing and building. And they promised me they would let me know by the end of the day. So I will give you a drop-dead deadline. We'll have the community forum up and running and ready in the replay email. I'm sorry for the delay. We didn't expect it to be such a beast of a project. [00:17:30] Taylor, "Love seeing people." I think we can start bringing people on. We should just bring on at least three or five people each time.

Nicole: Yeah, and talk about a client, a case that they have.

Christa: Yeah. So let's do that. We'll start doing that. You'll request to speak, and we'll randomly pick three to five of you each webinar so we can see each other's faces. But have like a case study type of questions to ask us that we can workshop with you. Okay? [00:18:00] Okay. Tammy, I'll toss this one to you, Jack. "I have Plan S client who have very itchy ears and anal. Is this normal for Plan S or maybe a histamine issue?"

Jack: Well, we wouldn't say it's normal. But when we start these programs, we can get some of the species riled up a little bit. The one that's so famous for the itching like that would be the candida [00:18:30] and the fungal form. So if you go in and you start making end roads regarding the bacterial biodiversity, then the yeast may be kicking up its heels a little bit here. I don't know that it's a normal thing to have this flair up, but I start paying attention when I hear it. I want to make sure there's not an additional element of yeast fungus that could be opportunistic [00:19:00] as we get the bacteria overgrowth dealt with. And then as we start knocking off the bacteria, they will sometimes start resisting, and they will send out messenger molecules, and some of these of course will generate the histamine response.

Jack: So you've got the right idea that something is happening as a result of the program. You're really [00:19:30] looking at walking that tightrope again between the dosing to get through it and get it over with versus cutting back and having a more gentle start so the body has time to adapt to basically this process. One of the things that I think up for this is to look at the employment of the sluggy [00:20:00] as something that can be helpful in picking up the toxins and things that could also be contributing to this. So you might even look at slipping a little extra sluggy into the process in order for its soothing and binding aspects.



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- Christa: I also think the candida aspect, the itching's going to start to go away once she starts administering the Step 2 supplements, as soon as she gets on the oregano [00:20:30] oils, going to chase back some extra layers of fungus and keep her more comfortable. So thank you.
- Christa: Okay. Jennifer, "Could liver pain be from bio identical hormones? Was on them for 10 months in 2019. Went off of about a year to go to the doctor, not believing they could cause pain. Liver, gallbladder ultrasound was normal."
- Christa: The answer to that, Jennifer, is yes or no. It's not incredibly helpful to throw bio identical hormones into an already chaotic system. If [00:21:00] the gut is not okay, if the adrenals are taxed, if the thyroid's taxed, they can put that additional burden on the liver. I haven't seen them actually cause liver pain per se, but that is something... We always recommend especially in our Adrenal ReCode program to calm and quiet the system, to get the blood sugar balanced and stabilized, which you're doing in this program, and to really start to nourish, treat the adrenals, kindly nourish them, [00:21:30] optimize the thyroid before you would introduce bio identicals.
- Christa: So you can do your castor oil pack on the back to support the back pain on the liver, and maybe once you get to the tail end of Step 3 or even Step 4, ask this question again. Liver pain should be completely gone, and we'll know. So I wouldn't put anyone on bioidenticals or take them until they're all the way through this because we [00:22:00] want to remove the gut immunological problems that cause hormonal imbalance. So we actually know what we're working with in terms of that.
- Christa: And then Connie has a Plan S client with ulcerative proctitis. Three flairs since 2015. Coffee enemas are scary for her. Please comment on the safety of CEs for her. She's currently taking Mesalamine. I'm sure I pronounced that wrong.
- Christa: I would say no coffee enemas since she had ulcerative [00:22:30] proctitis, and I would skip those and just do the salt flushes and potentially increase the [Trafala 00:22:37], go all the way up to four. You can go all the way up to six. But if you have a different opinion on that, Jack, please jump in.



- Jack: Oh no, not at all. I think it's important because ulcerative proctitis is a form of ulcerative colitis, and if there's ulcers and degeneration, it's just a walking cousin of Crohn's disease. And if there's been ulcerations [00:23:00] there, it just sounds risky to have the insertion and the do-it-yourself aspect. I don't think there's going to be a problem from the coffee, but the last thing we would want a person to do would be to get a perforation or to irritate an ulceration that might still be present. I'm starting to think, Christa, about the salt water. When that comes up, [00:23:30] they're going to get the cleaning and that starts with the mouth and goes whoosh, goes through the system. So that should not be putting a big shock or strain on the end of the pipe there and still get the benefit of the house cleaning that the coffee enema would do. What it won't get at that point is the activation of the vagal, [00:24:00] the enteric system vagal activation to the brain that the caffeine does.
- Jack: So this person should then be certain that they do the exercises that will come up in the program, which will be the gagging and the singing in the shower and that type of thing. Work those connections [crosstalk 00:24:27]. It'll work the connection here and get that charge to the brain to work that out without the caffeine going in that end. So that's a good plan here for that person to avoid anything that could come back on a practitioner as invasive.
- Christa: [00:24:30] And you can continue to get liver support through castor oil packs through, again, putting them on the back instead because when caffeine hits the liver, forces it to do a hiccup, we [00:25:00] get a huge bio dump, and we want to keep supporting the liver so that there's more than one path up the same mountain. So keep the castor oil packs going to get the similar effect, just a little less oomph.
- Christa: Four Sigmatic Mushroom Coffee elixir is okay as a coffee as a substitution for coffee. Thank you for asking that, Katherine.
- Christa: Okay, Bridgette. In the desert, I was just in the desert last week, and I was thinking of you." I [00:25:30] have a client on Plan S. She has been on a mostly plant-based diet most of her life and has done a lot of fermented foods and prebiotic fiber. She has integrated more of the animal protein and is experiencing pronounced constipation. She is using the triphala, added magnesium. Any other suggestions?"



- Christa: This is going to be very common when you have people that have been vegetarians and they're used to putting a certain amount of fiber in their system, and then they go to animal protein. And we have to kind of [00:26:00] circumvent this with the resistant starches, like getting into green bananas, getting into Cassava and the Cassava flour and making sure she's staying hydrated and added concentrated trace mineral drops to her water. She may want to back off a little bit on the animal protein as her system's calibrating to what she's doing.
- Christa: Nicole, please feel-
- Jack: Okay. Often there's a weakness in the pepsin [00:26:30] and the hydrochloric acid activating the protease enzymes from the pancreas. So we want to watch this person and heed if there's a pancreatic insufficiency. Now the immediate fix can be taking maybe a little more of the digestive enzymes because of the protease. Now we're just helping out a weak system, but we want to make sure as this client goes through the [00:27:00] program, that we're making sure that the pancreas is responding, and the person learns during the program to handle the broader diet because it's probably just likely as sluggish protease system from the pancreas. It's a system that hadn't been used quite as extensively as it would for a carnivore. So the cells that make [00:27:30] the protease can get a little sleepy, and they just need a little exercise. The program will give that, but we just want to nurture this right along.
- Jack: One time, I can't mention a name, but I had a celebrity patient who was doing John Diamond's Fit for Life or something and doing all the vegetarian approach for quite a while and [00:28:00] decided to switch over to having salmon for breakfast. And immediately constipated at the wrong time for the work of the person in a movie industry having the bloating, but we got to see that resolved very quickly with digestive enzymes and taking a little bit longer to prime the system. So it's a tried and true method to [00:28:30] coming out of a long-term vegetable protein and vegetable diet into using the animals foods. People often need a helping hand for a transition phase.
- Christa: I'm sure you got that SOS text during that. And also, guys, this is part of the reason why the CCFT is there because cumin will stimulate the pancreas to produce more pancreatic enzymes. So food-based is a way



you could increase the cumin in their diet [00:29:00] or have them in addition to the tea. I would cook with it, releasing the nutritive properties in the oil. And then I don't know, Jack, if you would suggest this, but I've had a lot of success on the transition. If the enzymes, if the digestive enzymes are not enough after a week or two weeks, would you use, I don't know if you know, the GRL ... they're uncoated pancreatic enzymes with duodenum. I've used them, they've changed my life 10 years ago, and then I started using them in practice. Would you recommend those?

Jack: Certainly. Yes, anything, that [00:29:30] you'll see [pancreatin 00:29:30] their pancreas and then in some of the formulas, Ox Bile, there's just when a system hadn't been used for a while, it can be a little rusty. And that's what we're looking at is just cranking up because inevitably people are probably better off with the ability to be adaptable and to be able to handle an adaptable diet because that's more synonymous with health. So inevitably, [00:30:00] there's going to be benefits coming from this. But we're just looking for the tool like that, Christa, that would help this person. And once they adapt everything, they're going to have a broader range, but more importantly, it's going to help build biodiversity in the gut.

Christa: Awesome. Let me answer these next two questions, three questions. Consuelo, yes, they can use casaba. Christelle, one of my clients, is having difficulty getting in the 30 grams of protein in the morning for breakfast. [00:30:30] Any other suggestions of mostly her focus on protein shakes or that combined with breakfast sausage. She does not tolerate eggs. Yes. So you can get the 30 grams of protein, like two scoops of collagen, 18 grams of protein, plus you're getting another nine if you have broth, and that's plenty. You're really getting up there. If you can do that or the alternative, what you're doing is great. It's like a protein shake. It could just be the protein powder with the almond milk and in one or two sausage links [00:31:00] or Turkey slices, something like that. Sometimes people like to mush the collagen into an avocado to get their protein.

Christa: So hopefully that helps, and Nicole, who is a naturopath, I love that you brought this up, Nicole, because I totally forgot about cricket protein. And she carries a really clean insect, cricket protein powder, in her apothecary and I am fully okay with that. So thanks for-



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- Jack: And it helps people jump higher, [00:31:30] too.
- Christa: Yes, we don't need a trampoline anymore.
- Jack: It's excellent, cricket and earthworm, both. They're excellent proteins and we won't get into cockroach milk at this time, but there's a lot of exotic things that are superfoods.
- Christa: Catherine, yes. You can recommend the kidney cleansing cocktail for your client with frequent UTI. Who's on Plan H or you can use CRAN Stat extra with them. I really [00:32:00] liked that better than the kidney cleansing cocktail for frequent UTIs because it's got all the parts that we're looking for. It's got the cranberry, but it's also got the demonose and it's also got Uber ERC, which is the number one herb that will kill bacteria in the urinary tract. Corey, I have a client with esophageal constriction. Jack, I'm tossing this to you. He is on Plan P and he's on omeprazole.
- Jack: Yes, I haven't found the question somehow. It does. [00:32:30] It's good for me to lay my eyes on it, but esophageal constriction. We're going to just do, they already know to do the basics, which is the chewing and maybe go into more liquids. If there's a stenosis in there and it's just, there's calcification problems there, we just have to treat this program like any other [00:33:00] food or dietary program. It's just got to go down easy. I don't know what else to, I don't know about a lubricant or anything to help there, it's just whatever regular diet was being done. They want to apply those principles to using this program and just slip things through. And then we're going to be very curious to see as coming through the Gut Thrive, if any of that constriction or any of the effects [00:33:30] of having it, whether it's a food getting stuck, which can get quite painful or things coming up or things like that. If that doesn't get better because as we get the stomach health better, it may well improve with the esophagus.
- Christa: And this person is also on a PPI. So when would you evaluate the PPI with the prescribing physician?
- Jack: So there has been, it may be from reflux burning, the pepsin [00:34:00] atomizes and/or vaporizes, and it's very caustic in the esophagus and scars the lungs and things like that. And hydrochloric acid, of course, is



burning, so that the PPI is trying to reduce that and there may be scar tissue, which is what it is doing to the esophagus. Sometimes in medicine, they'll stretch the esophagus in a procedure that can also set up broken fibers that [00:34:30] will come back later as scar tissue. So I'm just looking at the big picture for this person. It might be interesting to lend some help for scarring, which is just real quick, in case you're wondering, well, what could help a scar? That would be the full spectrum, vitamin E and even a remedy called [FIOS 00:34:52], and they're pretty famous for helping with scarring. So you might have an opportunity here to launch a side program while helping with that and, and get the body back to a more normal function.

Jack: [00:35:00] There may always be a problem there, but the body has a way to minimize it, particularly if the scarring is not hard and the scarring can become soft and pliable. So I think there's probably a margin of improvement for this person on the road ahead.

Christa: That's awesome. Thank you. Corey, I took a note there, [00:35:30] so I'll include a link to the FIOS and for that. Thank you, Jack. Nicole, why don't you take Yvonne's questions that are just above here.

Nicole: Can people use the saltwater flush anytime they're constipated? I would say I would keep it to three times a week. I wouldn't do it every day, because then you might disrupt the electrolyte balance in your body. So I would keep it to three times and then she has the saltwater flush coffee, enema combo. If it takes [00:36:00] three to five hours for the flush to happen, how do you adjust the amount of salt? More or less use two teaspoons to one liter of water. I would try a little bit less the next time you might need to do like a teaspoon and a half, but you just need to play around with it a little bit to find the right amount. Most people get it the first time around, but sometimes they don't. So I would just adjust down a little bit and see how that goes.

Christa: Thank you. I'm going to skip questions about the bone broth fast for now because when I screen share and we talk, [00:36:30] we're going to pick those up on the other side. So you want to, if I don't get to that, please ask again afterwards. Jack, can you please answer Taylor's question? She said, "Did you discover anything else about people who have a lot of bloating after drinking water? I do think it's a brain issue." She is in the CBO group and has an RX for benzos. 20 years using a benzo and takes Benadryl for allergies. This is very [00:37:00] important



for this person to get off of those. Should she take MoRS now or anything else. She was taking Lion's Mane and electrolytes.

Jack: Yes, I think just, or maybe it's a little bit over-simplistic but it's a, we'll call it a rule of thumb, which I think means that it varies, but how big your thumb is. But for this, when a person just drinks, water and bloats, it's definitely the Brain-Gut connection. [00:37:30] And the body seems to have this knee-jerk reaction toward the bloating phenomenon. You can think of it as an inflammatory response, that when we have inflammation, we have swelling and redness and certain things that happen in the body. So just the weight of the water, the water itself, when it triggers bloating, we're going to start paying a lot of attention to the neurological side. Whereas if a person can do water, but then they breakfast and [00:38:00] then, an hour, hour and a half later, they get a lot of bloating. We can go, "Okay, well the carbohydrate content made it down the pipe," and now the bacteria are fermenting.

Jack: So we can look at it on a timeline. So a lot of times in the Gut Thrive program, this connection gets worked out with things the coffee enemas, the gargling. I forget the gagging just sounds so [00:38:30] rude to say, but it's just a neurological bio hack to help get the brain engaged again with the proper management of motility issues. And the immune response is likely what this is, but that's what's happening with the person. They can drink water and bloat. And so we look for this to improve and then you've got some things that are going [00:39:00] to retard improvement, which is a benzo and Benadryls and things that keep suppressing the allergy is releasing the histamines. And so they're trying to keep the histamines down. We understand, but after all these years, what's helping becomes a crutch. It's not becoming a cure.

Jack: So now's the time that we get to look at setting the stage for the body to self-correct and that's what the Gut [00:39:30] Thrive will be doing all along. And you're asking, can the person take the MoRS now, unless I'm out of line and Crista will let me know, but I don't see why the person couldn't try a MoRS a to see if there's something of value there. I don't particularly see where MoRS is a solution for these issues at this point, other than the B12 may well help with the stomach acid and [00:40:00] help with the intrinsic factor. So if you have a clear plan to do that, do you see a problem with trying at least experimenting with that Christa?



- Christa: No, and we're moving into the pathogen for jury should be having MoRS, but this is, if this were my private client, Jack, I would start cutting the Benadryl in half and replacing it with Ortho Molecular's D-Hist. Taylor, until you get them off of Benadryl. And then at the same time, I would bring in [00:40:30] the neurological supplements, neurosyn and calm from Step 3. I would bring them in for sure in step 3 and have them this person and talk to their prescribing physician. And that's how I would probably keep them on those formulas for three to six months as I help them titrate off the benzos.
- Jack: So the D-Hist has the DAO diamine oxidase in it, which will reduce [00:41:00] the histamine response. There's two pathways, primary pathways for histamine and the DAO just works on one of them. They're pretty equal. So we're going to get somewhere around 25% reduction in histamine reaction, maybe 30%, 40%, 45% reduction in histamine reaction from using the D-Hist. So putting that into play could be a, something that holds the line because [00:41:30] the body has this knee-jerk reaction. And when we have to understand the body wants to do the histamine response, that's the immune system thinking it's doing the right thing, but unfortunately it's not, because there's probably an imbalance. And then we have to start thinking, what are the causes of the imbalance? Well, it's probably the CBO.
- Jack: So you see we're getting in the right ballpark to get these things solved. And we're looking for things to help along [00:42:00] the way. And so bringing in, excuse me, sorry, bringing in a phase three supplement is just perfect right now because this person has that issue present now. And so where you're just using your tools to a little bit of a self-design here in order to smooth away. And then we'll look as the plan goes on for overall improvement to come.
- Christa: [00:42:30] Awesome. Thank you, Nicole. You want to jump in on Yvonne and Susan Erica's pH questions?
- Nicole: Okay. Let's see, pH question. Morning saliva, 5.8, first urine 6.4 to 7.4 second urine 5.8 to 6.0. Why do you think the first urine is Alkaline? And then the second is going acidic. Are we wanting the body to go from acidic to alkaline? And the reverse is occurring instead. [00:43:00] Could this be due to oxalate crystals in the urine? The diet is great. The



oil pulling is being done. What do you think is causing this and how do you bring the body to be more alkaline?

Nicole: I would say, it can be a little bit tricky with pH testing. I think that when you're acidic, sometimes you're going to eliminate alkaline minerals in your urine and saliva likely because of stress. And you're pulling minerals [00:43:30] from the bones to donate them to the blood, to maintain that very narrow pH. So it could account for that variation. So I wouldn't get too hung up in it. So let's see.

Christa: And use it also, someone asked, use it as a tool.

Nicole: It's not the be-all and end-all, I wouldn't [crosstalk 00:43:49].

Christa: And as they excrete metabolic... we should be, we can't control the rate at which the body is excreting metabolic waste. And you'll just use it as a tool to keep them more comfortable of, It looks like your [00:44:00] body's in a big detox phase right now as you're dumping all of these heavy acids. So let's add some more minerals to your water just to keep them more comfortable throughout the process. And then you have that handout foods effects on acid, alkaline, body chemistry. So it's, you can sit with them and say, "Okay, which foods sound really good that you can start adding in over the next week or two to keep you more comfortable in present in prevent Herxheimer's response?"

Jack: Well see if the circadian rhythms aren't off. If the person is getting blue light at night [00:44:30] or sleep is irregular and things like that because there simply could be a shift in the circadian rhythms. And then she is going into the acid swing in the morning, which is going to cause activity. And things may just smooth out if there is, if she's not manipulating pH. The lemon [00:45:00] water, first thing in the morning, we'll set up an alkaline buffer that starts to happen for people. So I wouldn't worry about micromanaging the pH that much because we're usually, there's a time delay between what you consume or what you try to do or breathing exercises. And even a hot or cold shower will alter pH. And so there's probably something going on [00:45:30] with the circadian rhythm as well, but-

Christa: You froze there, Jack. Okay. So you froze for a second there, Jack, circadian rhythm. That's what we heard last.



Jack: ...Or cut out. Yeah. So check circadian rhythm and then my other point was don't worry and micromanage trying to get the pH, [00:46:00] let it play out over time.

Christa: Perfect. we're going to go with questions for another 10 minutes. Then I'm going to screen share for the bone broth fast and the pathogen purge, and then we'll come back. So Rochelle has a client that would like Jack fruit and gum. Xylitol gum is going to be okay. Spry, but not too much because here's the thing we're trying to restore these precious digestive enzymes. [00:46:30] And the more you fall asleep, you gum, right? You're secreting, enzymes, amylase, like through your saliva. We don't want this person to waste their precious enzymes. It's like a false alarm. You can't tell the body food's coming down, but yet it's not. So I would say limit the gum like a couple times a week and jack fruit is fine. Just have it with protein and have it with fat. And you know, no more than a half to three quarters of a cup at a time restricted on vegan, vegetarian protein sources. [00:47:00] Well, we can offer peas, but not to mix it with fruits and we can offer hemp. If they can, this person can take Marine collagen. Maybe you can work your magic and explain how much better they're going to feel if they could make that sacrifice for Marine collagen. I wanted to touch base on Janell. And then I'll let Nicole, you pick a question to answer. And Jack, you pick a question to answer. So [Janelle 00:47:28] Is saying, "I have a case [00:47:30] study who's on Plan P who is highly sensitive and seems to be reacting to the GI Support and Soothe." She is sensitive to citric acid. It doesn't list it on the bottle, but listed on the handout. It is not in GI Support and Soothe. I apologize that that is in the handout. I think that was supposed to be citrus that was supposed to be packed in that was on the handout, but it is something that she might be reacting to.

Christa: But the other thing is I just getting a sense, can this person handle glutamine? If this [00:48:00] person might have a glutamine intolerance and that's what they're reacting to in the GI support and soothe. if they're going to react to collagen, they're going to have a little bit of a glutamine intolerance.

Nicole: They could switch to GI Encap instead, and see if they react to that. Yeah.



- Christa: So there's GI Encap from Thorne. Thank you. And we'll send out a link for that. You could swap it out. They can order it right on Amazon and see how that works. You're going to know if they've got a glutamine and time [00:48:30] pass for sure. All right. Okay. Now, did you pick a question to answer, Nicole and Jack? No?
- Nicole: I'm trying to find one right now.
- Christa: You guys decide. Mariam, How long can you stay in Step 1 maximum before going to Step 2? Is six weeks okay? What's the max? There's not a max per se, as I was just writing some emails that I'm going to be sending you as we go. Here's what I want you to find out with each and every client. And here's how [00:49:00] to refine your acumen as a clinician within this work is you want to move people forward at the pace where they're slightly uncomfortable, but they're not in pain. Right? And so, but six weeks feels entirely too long. To me, I feel like the absolute max, somebody should stay in Step 1 should be four weeks so that they're still moving forward and they're still getting that traction. So get them to the point where they're not totally overwhelmed and they're getting [00:49:30] more comfortable.
- Christa: And they're getting like a little bit of catching a fire, a little bit of a light. I'm starting to feel better. I'm starting to get in a groove with my food and then you can move them into Step 2 from there. So we call it the edge, kind of it's your job for the client to rest into you for you to give protocol to say, "I'm going to push you to your edge where you're just slightly uncomfortable, but you're not in pain so that we, your body can respond. And so we start to shift the biochemistry in a big way."
- Jack: [00:50:00] Mariam has a question, how do all of these amazing pathogen purge botanicals know to kill the baddies and not affect the goodies or the commensals? Isn't bacteria, all bacteria, whether good or bad and should be affected the same? And I love that question because now we get into the personalities of the bugs in the gut. Most of the pathogens are called gram-negative, [00:50:30] and so they don't stain. They have a thin single layer membrane around them but the gram-positive guys are actually tougher and they will collect this violet dye that you can stain them with in the Petri dish, it's blue or purple. And they will retain that color. There'll be stained by the dye. So they're really two different types of organisms. The third one would be the



mycobacteria that don't [00:51:00] have cell membranes at all. And those guys are tough because they don't have a membrane for an antibiotic or an herb to interfere with because the action is interfering.

Jack: Now, if we look at these bugs and look at the human diet over the past million years, you would say that, certainly all good Italians have been eating basil and oregano and so forth, but everybody has their culinary [00:51:30] herbs. So the gram-positive probiotics, they're all accustomed to oregano oil and a deal, and you name it time, Sage, all of these things that are used frequently in the diet they've already adapted to. So you can give enough of a pathogen purge herb to start thinning out the good guys too. But generally they have a lot more toughness. They'll go a lot longer [00:52:00] before they suffer consequences, just because they're used to these herbs historically. And they have evolved over a million years to accommodate these spices that should be in our food. So all good herbs and spices in the diet is what also helps regulate the gut microbes.

Jack: Well, the bad guys are not accustomed to these things. [00:52:30] And so we take the oregano oil and it surprises them. They go, "Oh no, what's all this." And they are affected by it. And if you think about it too, the good guys are good guys because they don't kill us. And the bad guys are bad guys because they can kill us. Well, if the bad guys had immunity to all these good herbs and things, which was the history of [00:53:00] medicine for a million years, the people would be dead and then they wouldn't have lives anyway. So it's been, maybe we'll call it survival of the fittest over time. But when we use these herbs, we've got a great margin of safety and we're not impacting the bad guys. And this is such a big point of differentiation between an allopathic or drug antibiotic that just devastates [00:53:30] all the bugs.

Jack: It kills indiscriminately and through a wide variety of species. Whereas when we go back to the herbs and plants, we can do what we probably should have been doing all along. And that would be having our basil pesto and our oregano pestos and things that we would have had a lot more of these culinary spices to keep the bad guys away, but we don't, our diets have changed and where [00:54:00] we use MSG and we don't use fresh herbs from the garden. So there's a lesson within a lesson there, but good guys, they don't mind a little oregano or some of these herbs that are botanicals, but the bad guys, they don't like them. They're not adapted to handling them. And so it kills them and chases them off



and alters the terrain. And that's why the pathogen [00:54:30] purge, which also has the proteolytic enzymes and undermines the biofilms that they might try to hide in to avoid the oregano oil.

- Jack: See the strategy here is it's all about, for multiple terrain aspects, getting the bad guys to leave, and then allowing the good guys to proliferate and bring health with them. So anyway, love the question, Mariam, thank you so much. It's one that I [00:55:00] have asked the same question and had to solve. Why are we so much more blessed with the herbs than with the drugs that kill the bacteria and so forth? So it's just a history lesson there that the good guys are different and they don't mind a little oregano and their spaghetti sauce.
- Christa: Yes, history and a philosophical lesson. That was [00:55:30] a brilliant answer. Thank you. Okay, Nicole, I'll let you answer Taylor's question. What if GI support and soothe causes more bloating in the CBO group, and then we'll go and we'll screen share the bone broth last.
- Nicole: Whose question was that? I'm sorry.
- Christa: Taylor. GI support and soothe is causing more bloating in the SIBO group.
- Nicole: SIBO group. Then I would reduce that down. And again, you might want to switch to GI Encap. I'm trying to...
- Christa: Or you can take it out altogether and add it back [crosstalk 00:56:00] [00:56:00] So once we received, let the good bugs do the repair, let this bifidobacterium species of good bacteria do the repair. And then that person should be able to handle support and soothe. So there's three options that you can do there.
- Nicole: Or just reduce it down to and see if that helps even just taking [crosstalk 00:56:21]
- Christa: All right. So I see where we are here with Connie and I'm [00:56:30] going to pick it up, Connie, on the burning with it. And then your question on the bone broth fast. But I just want to screen share here, make sure we're all on the same page. And so you guys living out, everybody can see this. So for the sake of time, I'm not going to play this video because after this, hopefully before, because I sent you an email, you've watched



all of the videos, you've gone through the materials, but if you haven't, make sure to do that, [00:57:00] so you understand the flow that you're going through. And then when you go forward here and you start your first lesson, as we start to explain what's happening, let me go over here. What you're going to be doing over the next week or two weeks, depending on where your person is, is you're going to give them this handout in your next session.

Christa: And you're going to say, "Okay, we're moving into a 4-day bone broth fast protocol." If your body [00:57:30] can handle it because we need to starve the bacteria and get a jump-start, and it's going to make everything so much easier. This is going to be really helpful, especially for your people with diabetes and metabolic disease and just to kind of get a jump-start. Nicole, is everything okay?

Nicole: Yes, I'm fine. I'm sorry.

Christa: Okay. So with your bone broth fast, there are three options to choose from. Okay? You need to know if they've never done a fast and this is completely freaking them out. Don't put them on a fast, [00:58:00] have them do option number two, which includes food. And option number two is going to be for anybody with adrenal, thyroid, and nervous system problems or neurological problems. I know we have a neurologist in the program. And that's going to be important to stabilize their blood sugar so that their adrenals don't go crazy over-secreting cortisol and adrenaline and then you suppress the thyroid. So broth with food for blood sugar instability. So if they came to you in the health intake, [00:58:30] if their hair's falling out, if they have major trouble with sleep and they wake up between 1:00 and 4:00 AM or super early in the morning or they're tired but wired, then they need to eat while they're doing this bone broth fast, they need to do the amended version of the bone broth fast.

Christa: But then people who don't have those issues or they've fasted before, it's not intimidating, then you can do the full version of the bone broth fast. And then of course there's a vegan and vegetarian [00:59:00] option that we have here. Regular timeline, we discussed the adrenal issues. So the true bone broth fast, they're still getting all of the healing, they're getting all of the minerals, they're still getting protein, they're getting everything from the Bieler's Broth, which is so healing. They're



still getting coconut oil just so we can go after the bacteria and the viruses. So they shouldn't feel too terribly [00:59:30] bad.

Christa: So you're going to go through and say here's what a typical breakfast would look like. When you get hungry mid-morning this is what you can do. A lot of people, especially in the winter, I would opt, I would use this seasonally. So in the summer you could opt for green juice with lemon or lime. But in the winter, especially like it's snowing in Texas and Connecticut, I would have them do Bieler's Broth. Bieler's Broth is something they can use judiciously. So if they make a big pot of it, and I saw [01:00:00] somebody on Plan S where he's used to eating and he gets hungry, the bone broth fast is something that you can go to and it will attenuate the hunger.

Christa: Okay, so here's a typical option number one that's like a straight, liquid fast. To give the digestive system a break, don't make it work, but yet feed it. And you're giving it amino acids, you're giving it fat, you're giving it minerals to keep the system going, but really just starve the sugar-producing bacteria. And you're going to get the most [01:00:30] bang for your buck here with those whose dominate phylum of bacteria, if you watched the webinar before we joined Gut Thrive, a lot of your people, if you were to run a microbiome test, a stool test on them, their dominate phylum of bacteria is going to be Firmicutes, especially those people with diabetes, maybe heart disease. So that's a sugar-producing bacteria that we need to starve because Bacteroidetes should be the dominant phylum of bacteria, like the parent that [01:01:00] keeps all the other bacteria in charge.

Christa: So getting this jump starts to kind of flip that switch and is going to be really helpful and the pathogen curve is going to be a lot more graceful. If you don't want to order it, we've been using The Flavor Chef for years. He originally started here. Have been to his facility, the giant pots of soup. So they can order it. They should order about 12 pouches. So kind of shoot for two to three a day. [01:01:30] They may have some leftover. Okay, so then if they're going to do option two, when you sit with them, especially health coaches, and as soon as we get this forum going you can all start swapping really good ideas. But you're going to go forward and you're going to say "Can you do this? Can you do that?" And just walk them through their day because it calms the anxiety of something new so much when you're really walking them through their day and how it's going to work and what they're going to do.



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- Christa: And then you get their buy-in, so they'll actually [01:02:00] do it and contribute to it. Jack, can you talk a little bit about Young Green coconut water and gel, because you're the one that added this brilliantly to the vegan, vegetarian, histamine and glutamine intolerance group? So while Jack's talking about this, everybody who's having Plan S people reacting to GI Support and Soothe or horrible constipation, this may be something you could mix and match with option one and option two. You can also add the [01:02:30] Young Green coconut water and gel in here.
- Jack: So some of the... It's one of the things in natural health where back in the 1980s tropical fruit and tropical oils were considered bad and coconut was taking a beating. And then the health people and the researchers found that it's pretty close to a perfect miracle food and now you'll read where somebody couldn't breastfeed but they [01:03:00] raised the child on coconut water and things like that. Basically your first six months of growing a coconut on the coconut palm tree inside that fruit is water and that's your coconut water. After about six months it starts to create more of a gel because now the protein content is skyrocketing. Now we're talking about a miracle of just going from [01:03:30] plant water, which is very good food for people as well, and it goes to this gelatinous gel. But that gel is where the proteins, the nascent proteins are coming on strong.
- Jack: So this is just the wonders of the Green coconut. And for people particularly that live in tropical areas they're probably very familiar with this. For people living [01:04:00] in non-tropical or more northern climates, usually they may have to order a case of coconuts, a big box and they're heavy. So it's an effort to get them if the grocery store doesn't keep them on hand. But you can tell the age of the coconut because if you open it and it's all water then it's the green coconut water, which is a superfood. And then if you did though, the little [01:04:30] guys as they get a little older they'll get the gel and you can almost eat it with a spoon. But that's just a super, powerhouse food.
- Jack: I think we can owe it to Harry Nielson, a friend of John Lennon, who gave us the song the Lime in the Coconut. And we realize that there's a long long history of the coconut water and [01:05:00] putting lime in it. You can leave the loko part out, which is usually just Everclear if you order it in Hawaii. But the lime in the coconut just becomes a marvelous



refurbisher of digestion for people that have issues coming on with digestion. Did that help Krista or did you want...

Christa: No, that's awesome.

Jack: More coconut discourse.

Christa: That was a great discourse on coconuts though. Thank you. When you've [01:05:30] got vegans and vegetarians guys, and they don't want to fast, they can have a full avocado a day. If you can get them to do marine collagen, mash it up in the avocado so they're getting some protein in that. They also get six tablespoons of soaked nuts and seeds per day. So they want to soak them for one to eight hours, you can even soak them overnight, drain them, and then pat them dry for what they eat the next day. I would favor sesame seeds, pumpkin seeds, macadamia nuts because of [01:06:00] their saturated fat content, cashews, and almonds. I think I would favor those. Nichole do you have anything to add for those with histamine or glutamine intolerance as you've been taking clinical tickets on these for years now, and their experience of the bone broth fast and anything we haven't touched on?

Nicole: Yeah, a lot of times people with histamine intolerance or glutamine intolerance, they [01:06:30] don't tend to tolerate the traditional bone broth. So you have a couple of options that you could do. One thing that does work well with a significant portion of that population is to do a bone broth, but cook it in an Instant Pot, so you do a quick cook. So you're going to cook it on high pressure for about 1 to 2 hours versus cooking it on the stove for 24 to 48. That significantly cuts down the histamine content of the broth. So a lot of times that's enough to do it for people and they can tolerate that. [01:07:00] But if you have people that still can't tolerate the quick cook then I would go with the Bieler's Broth and the vegetable broth. That's usually pretty well tolerated. Yeah, that's usually the way to go.

Christa: Awesome. Thank you. Okay. This is the kind of sample for number three. Oops, what happened to my handout? All right, should be back. You guys see that? That's back?

Nicole: [01:07:30] Yep, I can see it.



- Christa: Okay. All right. I just want to touch on this and it depends on what kind of practitioner you are and how experienced you are. And I know we have at least one colon hydrotherapist here with us, Lacy from Living Waters, maybe two. So you can, if you don't feel comfortable recommending these, err on the side of caution if you've never worked with colonics, never had one, never suggested [01:08:00] them, forget I'm even saying this. This might be something eventually you do down the road, but if you've worked with them, they're not required but they can be helpful to get one, two, or even three colonics while they're fasting. Most people aren't going to have the time or the money to get more than one, but it's something that could be helpful. Some colon hydrotherapy places, like Lacey's, they also offer electromagnetic lymphatic detox where they'll use a machine that will draw the [01:08:30] lymph fluid up to the top of the skin, back towards the heart, and then it'll dump. That's where your lymph dumps back behind the heart. And then when you get a colonic you're getting out toxic lymph fluid and you're getting a jumpstart on getting out old matter. So it's something that you can bring up.
- Christa: And then here is, if they're not going to do that and you feel safe and comfortable, like nobody with ulcers, colitis, or any types of scars, or diverticulitis to where they've had part of their sigmoid [01:09:00] colon removed. You're not going to do coffee enemas right now in somebody like that. But someone that you feel can handle that, and we'll answer these questions after, they should do two coffee enemas while they're on the four day fast to get their liver better prepared for the journey ahead when we put these out on the supplements and the pathogens will be secreting some, not a ton, of metabolic waste.
- Christa: Get them tongue scraping. You just tell them what to expect. That calms people down so much. [01:09:30] You're going to get a white coating coming up on your tongue. Scrape it off. It's awesome because it's a form of detox and we're getting it out. You have to be a cheerleader and a coach. And then some people could get depressed, they could get anxious. There's a lot of stuff that can come up when you do a fast, when you shift things, because you can not cleanse physically without cleansing emotionally, without cleansing mentally. So as a clinician of [01:10:00] any kind you have to be prepared for that and give them some kind of tool. So we have them meditating or doing affirmations, journaling, whatever their primary food is. My health coaches, their path up the mountain. Think about okay, well yeah, you're letting go of a lot



physically. But some people are going to be letting go of matter that has been with them for years, if not decades. You're changing the contenance of their very [01:10:30] being.

Christa: Bridget is the other, thank you, Bridget is the other colon hydrotherapist in the program. If Bridget, you want to kind of jump in and raise your hand and come on camera after, I'd love for you to speak about this. I have had several colonics with her out in the desert at the We Care Detox Spa. She's amazing. So when this comes up, you let them know hey, you're going to get rid of old matter as well as anger and resentment and all these things that can come up. Give them an emotion list. Kind of make it your own. [01:11:00] Create something like compassion, peace, how they can replace their emotions. So it's just going to be a little hit because they are going to go through something emotionally once they get to Step 3.

Christa: And then, here are all the recipes that you can print out. So basically you're going to print this out or e-mail it to them, screen share if you're on Zoom or Skype. And then you're going to be customizing along the way as you explain [01:11:30] the bone broth fast. So let's come back. I want to answer some questions that have come up. I want to see if Bridget... Okay, Bridget if you're here and you want to request to speak, please let me know. What I want to do is get these question now and we'll end with screen sharing action items. So go ahead Jack. We were picking up with Connie had a bone broth fast question.

Jack: [01:12:00] Okay. I skipped ahead to Jess and the appetite issue.

Christa: Go ahead. Jump into that and I'll answer Connie's after.

Jack: Okay. So Jess, you got someone who is snacking. We may want to start with education regarding snacking and find out why it's necessary. Is it a nervous habit, is it an oral [01:12:30] fixation, is it hunger? But the snacking will deplete the stomach's enzymes and it interferes ultimately with motility. So these are things that we don't think too highly of, but it can also encourage pathogens. If the person has, through snacking, developed more of what's called the Firmicutes bacteria in the gut as opposed to the Bacteroides. And these [01:13:00] often can be in the upper GI. So we're seeing here a Plan S person could actually be the depletion of hydrochloric acid from snacking that set the stage to get Plan S in the first place. Now we may have where the



bacteria, the Firmicutes are massively can make sugars, so the brain can be looking for these sugars. And they interfere with what's [01:13:30] called the adiponectin and the ghrelin molecules that impact the hunger, stimulate the hunger in the brain.

Jack: So with this person, it may be difficult for him to stop snacking because he's been so accustomed to doing it. It's become habitual. But then you want to look at what the snacks are and if you can improve them. If the person could snack on a celery stalk [01:14:00] and maybe a small carrot, that would be crispy, crunchy, and may well take care of the hunger or the brain might be asking for sugars. It'll give a little of that and then there can be a gradual withdrawal. Some people may need to dip some celery in a little avocado or nut butter or something like that because they need the [01:14:30] extra calories and something heavier to get it to shut off. But this idea that we're all going to be running into people that are going to get hunger pangs because they are used to snacking and they are used to different foods that don't burn so cleanly.

Jack: I'll give you a recipe. Don't know why it works, but if you take a green, leafy vegetable that is suitable to the person, [01:15:00] a lot of them may have oxalates in them. Mustard greens and collard greens and spinach and things like that. But you can look at chards. So any of these leafy greens that they can be wilted very quickly in a skillet with just a tablespoon of water. I'm talking that wilting takes 30 seconds in a hot skillet with a lid and some water that would steam [01:15:30] them. So you end up with what in the south they call a mess of greens. So this is where the old poke salad. When that goes on the plate for breakfast it does something about turning off some of that hunger that leads to snacking. So the snacking can be quite severe for people and literally driving them like fingernails on a chalkboard. They've just got to get something in their mouth. [01:16:00] But after usually 10 days to 2 weeks on the wilted greens they'll walk out of it. The lighter foods will be working and they won't be fighting themselves with this appetite.

Jack: And then as they go through the Gut Thrive they're going to get a better ratio between Firmicutes and Bacteroides. They're going to quit making so much sugar out of their diet and making the brain [01:16:30] a sugar burner where it can't rely on the fats that would give it the long-term brain energy or like what we touched on a little bit with the coconut water that people get, and the green tea. All of these things can have



that impact of supporting the brain to not have the hunger. But he's getting the adiponectin and the ghrelin and then these molecules [01:17:00] calling for hunger. And this can come directly from the gut microbiome. It will work out, but to help him in the meantime, a more healthy snack. Because usually people's snacks are not that great. And then giving the wilted greens can just help after... It takes about 10 days and it'll just make it disappear. So that may be some little tricks up your sleeve [01:17:30] to help with something like this. And we're all going to run into people like this Jess.

Christa: Yeah. Thank you Jack. Okay, I'm going to answer Connie's question and if you don't mind scooting ahead and reading Jennifer's question about her 75 year old client, you can be ready to handle that one next, and then Nicole I'll have you choose one regarding the bone broth fast. Connie, someone has burning. Should they go through the bone broth fast now or before the pathogen purge? She has lost weight, [01:18:00] so the bone broth fast with food. Should she begin the Slash Inflammation Supplement Protocol again and transition into the Pathogen Purge?

Christa: So if this person is having burning right now Connie, she should go through the bone broth fast with food, the option number two. Suspend the proteolytic enzymes and then bring them back to wherever she is with them at a lower dose. [01:18:30] Because you're going to parlay. She doesn't need to start the Slash Inflammation Protocol again, but just move into the Pathogen Purge after the bone broth fast and add in the proteolytics maybe like one a day until the battle is finished. And I think that should take care of the issue, but if it doesn't you can let us know on the very next webinar or you can shoot in a ticket to customer service. We're going to need her to go through four days first. [01:19:00] Okay Jack, can you read Jennifer's question about the kidney disease with her 75 year old client for that please?

Jack: How do I instruct my 75 year old client who is in stage one kidney disease. He's Type S and eats 28 grams of protein per day per instructions from his doctor. Drinks two glasses of wine per night. I wonder what size the glasses are. Would love the handout on [01:19:30] one, alcohol for clients that have kidney, bladder issues. He's on a couple of meds. Do you recommend the Kidney Cocktail and eat more protein? And can you reverse kidney disease? I'm going to be having some fun here. I don't know that I can reverse kidney disease, but the body sure can. So we want to hold that [crosstalk 01:19:53]-



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- Christa: You can reverse kidney disease, because I've sent people to Jack, I've seen Stage 4 kidney [01:20:00] disease, I've seen him reverse on my friend's father and he's back to 100%. So he's being bashful. Carry on. Thank you. I just had to say that.
- Jack: Yeah, we want to trust in the body's ability, but we have to know that we have to correct the cause. Sometimes there's genes and there's lifestyle and so many things going on. So should he eat more protein? I would be hesitant [01:20:30] to go against the doctor at this point to start. The first thing we might want to recognize is we might say, "Well what are the kidneys made out of? As a tissue, what do they need? What are they made out of? How do we feed the kidneys?" The kidneys are made out of protein. In fact, they closely resemble a type of gelatin in their makeup. If you went to something called Grayslake Gelatin at the 225 Bloom [01:21:00] you would have a pretty close molecular structure to the kidneys. Now, gelatin's not a complete protein, but it matches the kidneys.
- Jack: So you could actually help a person who's worried about their kidneys with the Grayslake Gelatin. I don't know if they have an organic variety there. But certainly things like the bone broth and the easy, ready to go proteins are going [01:21:30] to be so much better than let's say, making up these proteins from a barbecue burger or something. So we want to look at quality as even being more important. Now 25 grams of protein is enough to maintain muscle mass, particularly in a 75 year old. So his levels are lower than someone who's like 25 [01:22:00] years old. So I think we can do with what the doctor is saying because he's trying to spare the kidneys from having to process complex proteins.
- Jack: Well some of the most complex proteins are going to be in raw vegetables and a lot of the vegetables. So getting that protein drink with the collagens and the bone broth and maybe topping it off with a little gelatin is going to be food for the kidneys. [01:22:30] But once you get that set and get some help going, of course you're working with the prerequisites here with the Gut Thrive to help with the kidney issue. Two glasses of wine, like I said, I'd really need to know the size of the glass. Is it the size of a fish bowl or is it a little glass? [01:23:00] But ultimately though, it doesn't sound like the best thing going into the kidney, bladder issues because not only does the liver have to break down the acetaldehyde, the kidneys have to carry some of the toxins away.



- Jack: So he's stabilized, let's say on his meds, and now your job in the program could be to subtly and quietly, behind [01:23:30] the scenes, boost the quality of the protein and be sure that the enzymes are given with it to break that protein down into the peptides. So at 75 he doesn't have good digestion, which is just sort of a given that digestion has gotten weaker. So I would be looking at getting the high quality, easy to digest proteins with enzymes so you have a shot at rebuilding [01:24:00] with the kidneys. And then of course, more information about the type of kidney illness. Has he got a lot of polycystic kidney disease is likely what could be going on. And they're probably allowing the alcohol for the resveratrol to get the antioxidants that would help with something like polycystic kidney disease. But in his case it would be better to get that from a supplement than it would be [01:24:30] from that second glass of wine. Hey, what do you do to move this person, to shift them right? Cut the wine in half, get better protein, have the enzymes march through the Gut Thrive and then see how things are to make any changes and more help, which assuredly can be done.
- Christa: Thank you. Are you guys good to stay on until 4:15, 4:30 [01:25:00] Pacific? And I ask you this every time, but there's so many questions. Okay. Thank you. Did you want to answer a question Nicole? Oh by the way, before we do that, Bridget you did request to speak, so just join anytime and when Nicole's finished answering her question we'll bring you on.
- Nicole: So the next question's from Christa. It says for the bone broth fast my client is asking if they can use bone broth purchased in the store. Yeah you can. You just want to make sure it's a high quality brand and you want to make sure you check the ingredients. I know [01:25:30] some people use the Pacific brand that you can find in most grocery stores. That's a good one. But yeah, just check for quality.
- Christa: Okay. I was skipping around a little bit. So guys, we never get to all the questions, so if we don't get to your question before the end of this, just kind of copy it and you can pop it in as a ticket so we can get it answered for you. Chelsie Ward is asking if a client on Plan P tests positive for H. pylori on a lab, can Plan P take care of an H. pylori infection? [01:26:00] It will take care of the vast majority of an H. pylori infection, but I would do a Pepti-Guard and a Matula Tea add-on. Those two supplements concurrently while you're taking through Plan P to



ensure that that happens. Hey Jack, have you ever seen an ileocecal valve stay open after getting a colonoscopy Carrie asks.

- Jack: Sure. I think a lot of things can pop the valve [01:26:30] open. The colonoscopy, I don't think it went any higher. I don't think it went through the ileocecal. But it could certainly have it open and then Christa you have a video on how to close it. So yeah, just help the person with getting a little closure.
- Christa: Okay great. Nicole, you can jump in. [01:27:00] Thank you for your praises, your singing Connie [crosstalk 01:27:06] program. Marianne, see she's backing you guys up. I had terrible anal itching. Thanks for sharing that. When she did the Gut Thrive, and Krista said it was residue of candida. Jack made me take oregano oil a little while longer. The itching was gone for good.
- Nicole: Rochelle has a Plan S client who has not started supplements yet, but is experiencing constipation without coffee. What can she do before we start Triphala? Well, [01:27:30] I would say if she's not taking any supplements right now, you might want to add in the magnesium now to get that going. I would also maybe add in some ginger tea in between meals, it can act as a prokinetic. But once she starts the Triphala... also, you can have her start doing the neuroactivation exercises right now as well, and that might help. But I think when she starts taking the Triphala that should help get things going.
- Christa: Nancy, how many is too [01:28:00] many castor oil packs a week, and for how long is too long at a time? I think the three castor oil packs a week for about an hour each time is a sustainable thing to do for four weeks. Maybe up to six weeks.
- Christa: Carrie, I tested negative for H. pylori, but I'm on Plan H should I purchase additional supplements like VRM1 and 3, since I have had Lyme three times. I would rather err on the side of caution here, Carrie. Whenever I tested in labs [01:28:30] for H. pylori, because it's a sneaky little guy, and so I would always test twice. I'd have them either do a stool test and a breath test or a stool test and a blood test, and oftentimes one would come up positive and the other come back negative, and so I would just trust the Plan H where you are. You're going to get huge strides on co-infections with Plan H and then let's see where you land at the end of the pathogen purge.



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- Christa: Nicole is shaking her head, I know you've answered this question clinically a lot [01:29:00] of times, huh? Let's see where you land at the end of the pathogen purge and how you're feeling and how you're doing before we decide to add in any additional formulas.
- Jack: Plan H is built on a gestalt of upper GI symptoms and so if you find H. pylori, then great, it makes perfect sense because H. pylori can cause that constellation, but so can other things, and so the Plan will still [01:29:30] work for someone who tests.
- Jack: We can always ask the person why they tested for Plan H. You go back over the key upper GI, like the reflux and heartburn and things like that, which this program is going to be very good for addressing. So we could say Plan H is for symptoms that are very similar to H. pylori and most often involve H. pylori [01:30:00] but we may not have an active case of H. pylori. So that might help you get your head around why the Plan H is still viable.
- Jack: But then I always like to maybe go back where the questionnaire was and make sure that the person didn't have a preconceived idea or had marked a lot of high scores, like threes and stuff on certain questions that might've [01:30:30] predisposed it. But I think they're in good shape with the symptoms that cause a person to get Plan H. They're in the right program.
- Christa: Awesome, Christa, who is a nurse practitioner, she says one of my clients refuses to do the coffee enemas. Hope it will still work. We haven't discussed salt flushes yet. I had a really hard time with the salt flushes. So this is a case where you're going to meet your clients where they are. If they're totally afraid of something, it's not the right thing for them and [01:31:00] so don't push it, right? This is where you customize. You say, okay, I understand that can be intimidating, coffee enema or doing a salt flush, and then you can work with them with the castor oil packs. Maybe somebody might like to do infrared saunas. Or any other ideas, Nicole, if they're not going to do it coming in, I'm not going to do the coffee [crosstalk 01:31:23]?
- Nicole: That's why [01:31:30] we give you so many different tools to use because not everything is for everybody. Some people can't tolerate the coffee enemas, they're too sensitive to coffee, so it's okay if they can't.



- Christa: Great. Thank you. All right, I'd like to answer questions about the bone broth fast and the pathogen herd, so I'll let you guys jump in if you see them. I see Carrie, can you recommend a supplement to help emotional cravings at night as an appetite suppressant? Sometimes just a little tea, a little camomile [01:32:00] tea, can go a long way. If they need to put a little monk fruit in it, it's just calming. Sometimes it's not emotional, it's just kind of like someone's in adrenal fatigue, is tired but wired, and they get that flip.
- Christa: Four Sigmatic has a reishi cacao. If they're not Plan H, drink the elixir for going to sleep at night and then they could use monk fruit in there. That could be something that works for someone [01:32:30] at night.
- Christa: Yes, Catherine herbal tea and green juice do count towards your daily water intake, about a liter of water, 33, 34 ounces for every 50 pounds of body weight.
- Christa: Jack, you can perfectly answer this, unless, Nicole, you want to jump in.
- Nicole: Which question [01:33:00] are we on?
- Christa: [crosstalk 01:33:02] because there's a lot. I'm up with Carrie. How does the program reverse autoimmune diseases? And I really want these guys to understand and be able to explain to the clients and patients that come to them with autoimmune disease how this works, and I feel like you are the best person to explain that. And I'm happy to jump in.
- Jack: Sure, so we have some information. I mean, we understand, let's say with autoimmune disease, there might be a genetic [01:33:30] component, but often I'll ask a person, when did your autoimmune disease start? And they'll say it started five years ago and I'll go, what was going on with your system before five years ago? Why didn't you have the autoimmune disease at that time? Something changed. And so then they'll say, my doctor said it was just a matter of time.
- Jack: Something turned on [01:34:00] some genes, that's called epigenetics, and so here comes the autoimmune. And then you might say, well, what about a little tiny baby that's born with an autoimmune disease? So there's always the fringe that doesn't fit into a perfect cosmology, but often we find there's a strong, strong relationship between the integrity



of the gut and autoimmune diseases, because the gut is your set point of inflammation, so [01:34:30] if you have leaky gut, and then now your immune system has to go and fight not only what's getting into the bloodstream, but fight in the gut as well, the whole body becomes more sensitized to inflammation processes, which happen on the cell membrane level, and all the cell membranes then are poised and being more auto inflamed.

Jack: This happens in the brain, right? Leaky gut, [01:35:00] leaky brain. Now we have silent inflammation in the brain. And so when the body is recognizing a certain protein and is building immune resources to fight it, then this is the seeding ground of earning and developing into an autoimmune disease. And so when we correct the gut and we [01:35:30] lower the set point of inflammation, we get the cells to start backing down epigenetically, a lot of times the autoimmune situation can back off and quiet down. Then there's less collateral damage that's going on.

Jack: Then ultimately, to take the next step where you're going to have to say, well, what we need to see the body do is establish new epigenetic behaviors that it had before it started [01:36:00] whatever the autoimmune is, the diabetes that comes on, or even the type one that doesn't start until someone is 15, or the arthritis, or whatever the autoimmune is, it's usually not the body's first choice. And so the antibodies start working and the body starts having, let's say, the psoriasis or the eczemas, and it [01:36:30] finds that this is a pathway to stay alive because even a person with psoriasis can reproduce the species, so it's really about adapt and survive and reproduce the species. This is the fundamental law of every life form, plant, bacteria, human being, or animal it's they're going to adapt, survive, and reproduce because moving the genetics forward through time is immortality. And since we're not living forever, [01:37:00] we move our DNA, the human DNA moves, cascades, through time.

Jack: We're going up against a lot of basic natural laws when we deal with autoimmunity. But so much of it has been linked now with leaky gut that a milk protein will be recognized by the immune system as being very similar to a protein in the islets of Langerhans, which are in the pancreas. Now you have milk [01:37:30] being linked to autoimmune diabetes. Wheat. Why do so many health people get on the bandwagon about wheat? It's because agglutinin, wheat-like agglutinin factor, glutens, these are offending the immune system and setting up



attacks against similar tissues, which often, let's say, could be the joints, and now you have arthritis [01:38:00] occurring.

Jack: Well, the cause is back in the gut. I don't know the statistics, but I'm going to bet you that 60% or so of autoimmune issues can be greatly helped by working and resolving the gut inflammation that's driving the autoimmune and driving the immune system to embrace these self-protective behaviors even at the expense of having collateral damage.

Jack: Hashimoto's [01:38:30] now, we've often learned can be, let's say, the Epstein-Barr virus are also from the gut, so not only can foods be causing the autoimmune response through leaky gut, but these pathogenic bacteria that are in the gut are releasing metabolic proteins into the body. The body has to fight those. If it resembles the membrane of the thyroid, now you have an autoimmune [01:39:00] activity against the thyroid, like maybe the peroxidase enzyme or maybe one of the pituitaries hormone, and so it starts attacking and then we can have medical diagnostics say, well, you're going to have Graves, or you have Hashimoto's, or you have this.

Jack: But the problem with that is it's all no known cause, no known cure. Well, every time we see a cure of something like [01:39:30] a Hashimoto's, of which there's hundreds now in print, why don't we ask, gee, I don't think it's no known cause, no known cure, like the medical mantra is, that we say the body is perfectly capable of, we'll put it in most instances.

Jack: I'll tell you why I hedged the bet on that is because some of it is mental and emotional and some could even be called spiritual [01:40:00] issues. So I don't think we're ever going to see where one therapy or one practitioner is going to be 100% of helping all things to all people. But we have a huge bailiwick here in the gut and the immune response against the bacteria, the pathogens, and the virome in the gut, all of these occupy the immune system and with leaky gut, that's your first pathway [01:40:30] of confusing the brain, confusing the immune system, and setting up an autoimmune activity.

Jack: This is why we're in such a beautiful position here to help people with autoimmune. Anyone with autoimmunity should first do the Gut Thrive and take care of their gut, and we're going to find maybe at least 60% of



those people are going to be much better and some of them are going to get well. [01:41:00] And then those that don't, have more epigenetic processes locked in or there's other causes. And once these things are activated, sometimes they're more difficult because of the mindset. When the doctor says there's no known cause, no known cure, you're going to have it for life. It's a cursing, it's a damning, of that person and their belief about ever healing.

Jack: I've run into cases where [01:41:30] regarding some of the side effects from Epstein-Barr, the doctor said there's just no answer, and people bought into that and their disease flared up, and then if they listen carefully to the people that were getting well, they could embrace the emotional and the belief aspect.

Jack: It takes a holistic model with these deep things, and that is indeed body, mind, spirit. not any one area is going to get 100%, but you're in the right place [01:42:00] to get massive help with autoimmunity. I think it'd be errant to lead people to believe that this is the end all answer, but you should be getting six out of 10 people to give you a big thumbs up. My psoriasis is better. My eczema's better. My Hashimoto's is better. And then it may take other steps and other therapies.

Jack: We're going to say either this is a system that'll help the body cure it [01:42:30] or it's a prerequisite where then you, as a practitioner, are going to have to take another step and that's inevitably to be individual and best wishes there.

Jack: Hope that helps us a little bit on the autoimmune aspect here. But boy, are we doing good work, helping people going into these dread diseases where the only thing that's being offered in the world is suppression [01:43:00] that deliberately leaves the autoimmune disease intact and then it suppresses the symptoms, and then seven, eight, nine, 10 years later, everything is worse. And keep in mind too, why you're so important in this endeavor is one autoimmune disease, if suppressed, will go into other autoimmune diseases. A.

Jack: Something like Hashimoto's is a gateway autoimmunity, and if you don't stop the process, you don't stop the cause, [01:43:30] the big cause, pathogens, food, leaky gut, everything that we're dealing with here is a root cause, and look at it this way, you've got to get that taken care of before you're really going to be successful. If you have other



therapies such as homeopathy or biology, acupuncture, so many other therapies that can help, but you gotta take care of the gut and do the gut first. So off we go doing good things.

Christa: You're [01:44:00] awesome. Thank you, Jack. Guys, there's a reason why we give you the transcriptions for these webinars and so make sure you download once we send you the replay and then the transcription will be there. This is something you should kind of reread this part so that you can effectively communicate that to the clients and patients that come to you with autoimmune disease.

Christa: Nicole, you want to jump in and answer one more question before I bang a few out and then move into the action items?

Nicole: Yep. Jennifer asks, after two weeks of die-off [01:44:30] symptoms, extreme fatigue, brain fog, client had two days feeling much better, started Step 1 supplements with no major problems, some stomach pain, which passed. Third day on the supplements he threw them all up after the morning proteolytic enzymes breakfast with supplements, like a food poisoning reaction. Removed supplements for 24 hours. He's backed in with the liver supplement only, but still got stomach discomfort. Same person I posted about with the stomach ache in the morning. What's the ideal order of easing back into the supplements?

Nicole: Well, I would take [01:45:00] at least a couple days off the supplements to let him sort of reset himself. I would start with GI support and sooth and just start there and see how he does with that. Have him drink a lot of bone broth and just lay low in the beginning.

Nicole: I wouldn't add in the proteolytic enzymes, that's probably what one of the major issues is. So I would start with GI support and soothe, see how he does with that, and then go from there one at a time, but I would start back at half the dose for sure and see if he can tolerate it at the lower dose.

Christa: Thank [01:45:30] you. I'm going to take it. I'm just looking. I got a big long text from our tech person about the community. I'm thinking of starting a Facebook group, so I want to know your thoughts and feelings on that, everybody, if you want to post yes to Facebook group or no, I'll look into the chat. That's something we could get going this week and everyone



can continue the discussion. And that's a way to keep you guys connected fast while they're working on a new forum.

Christa: Yvonne [01:46:00] asked, what day do new modules go live? Is it every Friday? It's not every Friday. I've shifted the module release to really keep everybody in the same focus, and so that updated schedule, Yvonne, is on the homepage when you go into the portal, you'll see the updated calendar. Brent did that today.

Christa: Yvonne also asked, do they do this four day fast before starting the pathogen purge stage? Yes, the method behind the madness is to starve the bacteria and support the liver and [01:46:30] give them a headstart to when they're actually starting the pathogen purge and the supplements that they're ready to handle it with greater ease.

Christa: Janell, should our case studies continue proteolytic enzymes until they are gone as they move into the pathogen purge? Yes. Danny, curious to your feelings on homemade broth with pasture raised bones though not organic. If they're pasture raised, I'm okay with it. You just need to know the farm, because we don't want any arsenic [01:47:00] to be getting into that broth. Duck broth is okay. We prefer chicken broth cooked with the chicken feet.

Christa: The Flavor Chef uses the feet, they're from Mary's Farm. We know where they are. So much of the collagen is in the feet. That's the best because you want to get the natural collagen from there, but you can mix and match with duck broth.

Christa: Nancy, two Plan Hs who are history and reactive to broth, do they need to make [01:47:30] their own veggie broth? There's a brand new veggie broth they can order and get. I mean, I would like if you would take Nicole's advice, see if they make it in the Instant Pot to quick cook instead of a slow cooked broth, see if they still react first and foremost, Nancy. And if they do, and they need their own veggie broth, Nicole, do you know brands in the store that they could buy that would be almost commensurate to making their own?

Nicole: The Pacific brand is close enough, and that you can get at grocery stores and at Target and things [01:48:00] like that.

Christa: All right.



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- Jack: I'm thinking about cricket broth now.
- Nicole: You can try it first. I'm not.
- Christa: Bridget says she was happy to hop on and talk about colonics, but we didn't see you when you saw a request to speak, so here's what we're going to do. I am going to now, I just want to share, I'm going to do a screen share of the action items that you'll be giving to your clients, and then when we jump on the webinar next week, [01:48:30] I want like five or six of you, Bridget, please, as soon as we jump on, please request to speak, and then five or six of you to ask your case questions. Not general questions, but case questions. Whoops. I'm on the wrong tab. But case questions. And then we'll bring you on and answer them that way.
- Christa: Give me one second here. Where am I? On the bone broth [01:49:00] fast. All right, so should be screen-sharing, and here are the action items that you will print out or you will email and you'll go over. Excuse me. If you're in person, I always like to highlight exactly what they're doing based upon their plan, set the stage, let them know what's going to happen [01:49:30] over the next three to four weeks, and just go through, make sure that they understand everything, go through the bone broth fast with them, any questions they have on the detoxification techniques, the Bieler's broth, all of that, and let them know where they're heading in once we get going next week with the pathogen purge, and go over their supplements with them.
- Christa: But this is a handout. And then they're going to have questions about all these different things. [01:50:00] And this is how they're going to help. You're going to co-create the program together. If they don't want to do coffee enemas, you'll come up with things that sound exciting or interesting to them. So I just wanted you to know where that sheet was. Coming back. And then, Nicole you take over while I clear my throat. Answer a few more questions, please.
- Nicole: Sure thing. Let's see. [01:50:30] I have a client considering the program who is concerned about the emotional purging that will likely come up. I have been doing morning journaling now. Do you have any other tools to use to diminish her fears?



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- Nicole: If you've ever gotten into EFT, emotional freedom technique, that tapping, that can be super helpful to people. I don't know if you have practitioners in your area that you can refer to to do that kind of work, but that could be helpful. So I would just keep up the journaling and maybe implement [01:51:00] some tapping in addition to that. Let's see. I think Christa answered Theresa's question.
- Christa: Lots of questions about the proteolytics.
- Nicole: Yeah, that's usually the supplement that people struggle with the most out of any of them. Hope, yeah, you can add some vegetables in the final hours of your bone broth if you want to. That's fine.
- Nicole: Carrie said [01:51:30] she thinks she closed her ileocecal valve last night. It was the first time she could lay on her left side to sleep in years. That's great.
- Christa: I'm just looking at people's [crosstalk 01:51:42] half yes half no to Facebook here.
- Nicole: Oh okay.
- Christa: I'll go through this guys and see what your thoughts are here. [01:52:00] Okay, I think we are going to end with two questions. Nancy, why do proteolytics cause issues for people. If they don't have enough mucosal lining or sometimes they eat up scar tissue, they eat up foreign proteins throughout the body, and so they can be a little bit abrasive if the base isn't fully there.
- Christa: Carrie, how do you feel about getting craniosacral treatments for the neural effect? Could not live craniosacral therapy anymore. I think it's awesome. Habiba, [01:52:30] thank you, says yes to the Facebook group.
- Christa: Okay guys, we are going to wrap it up here. It's been so nice to be with you. Jack, I see your comments. Thanks for sharing your thoughts and everything. Thanks for bringing your A game as always Jack and Nicole and you guys are doing great. I'm really excited for you to administer the bone broth fast and to see how it's going.



- Christa: If we didn't answer anything that you need to know before you administer this, [01:53:00] please submit a ticket. If you have some questions that can wait because we're not there yet, then bring them to us next week. But we're so proud of you and so grateful to be doing this with you. It feels like such important work and this community is awesome.
- Christa: I will see you on email tomorrow. I've got all my notes here. All right, everybody, Jack, Nicole, thanks again guys.
- Nicole: Thanks, everyone.
- Christa: [01:53:30] Have a great evening.
- Nicole: Bye.
- Jack: Take care.
- Christa: Bye.