



GT5 Practitioner Training Webinar #6: Step 2 - Case Studies and Q&A

Christa: Hi everybody. Jack, Nicole, how are you doing?

Jack: Hello everybody.

Nicole: Hi everyone.

Christa: We'll be here with you guys. Hey Chelsie, Cindy, Consuelo, along with Cori, Mary, and TerriLee, Sharon. Lots of you guys, Michelle, Steve, we're super thrilled to be here with you because we're really, like I say, this is where the rubber meets the road. We are in the pathogen purge, [00:00:30] and here's how the flow of this webinar is going to go. We're going to talk about some housekeeping things. Then I want you guys... We're going to pull four different practitioners on to see your beautiful faces to request to speak. And I want you to share what happened. Your case has got to be case studies. What happened with the four-day bone broth fast and you have to have a pointed question towards that. And then, we'll take questions with the bone broth fast.

Any other questions [00:01:00] you have on this supplement strategy or the anti pathogenic diet strategy and then we're going to move on to troubleshooting and lesson five. Because now you're going to go in, you're going to start administering the dry skin brushing, the detox bath, the oil pulling. We're going to touch on the neurosensory activators and you're going to be administering that over the next couple of weeks. Okay.

So go ahead and request to speak. If you [00:01:30] are really ready to share, and I'm going to go through some housekeeping and Nicole, you jump in, please if I miss anything.

Nicole: Sure.

Christa: Okay. Number one, we're getting tickets and customer service that are repeat questions for information that is already in the materials. And I know some of you and especially the newer practitioners, this can be overwhelming because there is a lot of information and take your time digesting it. We have a small team, we prepared [00:02:00] for this. We've done many live launches and that's why we took just a limited number of people. But a lot of you are writing in and



asking questions that can be answered in the materials. So we ask that you really comb through the materials before you submit a ticket to make sure you're asking something that hasn't already been answered.

Number two, the community is ready and we sent that out on Friday. Nicole, you've seen people popping in there. You can put your picture in. [00:02:30] Okay. And we tried to set it up like a Facebook group, you guys. So I broke it out, if you haven't been in there, into each plan per each step, right? And that way, you know exactly where to go. If you're like, "Oh, I'm having a problem with Step 3, Plan H," you can pop in there and talk to all the other clinicians. And so whatever plan you're working on should be pretty easy to find. This is new, so if you find you want to build a new thread, you can do that. If you want us to build new threads, feel free to share and [00:03:00] workshop it with us. You can also friend each other. Like if you want to have a group of the health coaches, a group of the medical doctors, a group of the nurse practitioners, the physician's assistants.

So you can also create mini little colleague think tanks, if you will. And I love this, how it's going to continue to grow over time. And you'll always have access to this, for the life of the program to build these colleague relationships as your practices grow and grow and grow and you become so successful with this Gut Thrive work. [00:03:30] So, if you haven't popped into the community, go ahead and do that. You'll get a chance to see Brent on our team. He's fantastic and he worked very hard on generating this community for you. And he shot you a video exactly how to use it, how to upload your picture.

Number three, from newer practitioners, we've gotten several requests about having your clients or patients watch our videos instead of you communicating the [00:04:00] information to them. And we really thought about this beforehand, and that's why we've separated it. We don't want them to be inside of the Gut Thrive portal and then asking us questions. And then just saying, I'll just do the gut thrive group online program. And so, we need to keep this separate. And the other thing is, my entire philosophy my whole career with everything that I have done has been, teach a man how to fish you feed him for a lifetime, give a man a fish you feed him for a day. So if you're merely sending [00:04:30] videos of Jack and I to your clients or patients, and you're not taking the time to thoroughly understand the science, the administration of it and all of that, then we would be giving a man a fish, right?



I think so many of you are going to feel infinitely better after the business webinars. I sent that out last week. And when you see what we're going to go through and how you're going to administer this, and after you have three case studies, you understand the science more, I think you'll feel much better. [00:05:00] And one thing that we are considering, we will survey you all at the end of this. And if you still feel that you need videos to share with your clients and patients at the end of this, we will heed that, we will listen to you. What we'll do is we will build a specific Gut Thrive practitioner, video library with select videos. That's going to be completely separate from the Gut Thrive portal, right? The customer portal that we work with. So they won't even know about that, and then we'll select certain videos that you can [00:05:30] share. You want to jump in about Practice Better, Nicole?

Nicole: Yeah. So for those that are newer practitioners, I'm going to be doing a little mini webinar with one of our Gut Thrive practitioner trainees, Shelly. I don't know if she's on here right now, but Shelly actually works with Practice Better. And we're going to show you how you can use that online platform or really any online platform to organize the program content, to automate it, to create your own little videos, your own weekly emails you can send out to your clients as you take [00:06:00] them through the program. And I think it'll take some of the overwhelm out of it when you see how you can really organize and set it up so it's not burdensome at all. So, look for that next month and we'll be happy to show you how to do that.

Christa: Yeah. Awesome. Great. Okay. I did want to jump in and let you know the last housekeeping thing [00:06:30] is that we do not have a webinar next week. We have canceled that webinar next week because a lot of you are getting overwhelmed and there's not going to be new information. So if you have questions between now and the next webinars in two weeks, go ahead and send them in to customer service, or a lot of you can really work together on the community. So you can take that one off of your roster. Okay. Now, [00:07:00] do we have people who requested to speak? Nicole, I don't see any requests pending. And I'm wondering if that is a setting that's turned off, because I feel like we should have a ton of you waving your hand. Is it turned off guys? Can you do it?

Nicole: Let me see. I don't think it's turned off, someone just check.

Christa: Just really, nobody wants to do their-



Nicole: It's on. So you can.

Christa: What! Last week we had like 10 of you jumping on. Okay. [00:07:30] Well listen, if you want to request to speak sometimes the first one's the hardest and share some of your cases, go ahead. Otherwise, we're going to start answering questions. Love to answer questions on the bone broth fast or wherever you are. If your client is not on Step 2 yet, then please do not ask questions unrelated to Step 2 on these webinars. We ask you don't ask questions about Step 1. If you are behind, please go back and review those materials and work with that through customer service so that we can all stay focused and [00:08:00] everyone can move forward in the most efficient manner. Okay. All right.

Nicole: And Marianne's in her pajamas. That's okay. You can still get on camera.

Christa: You know, don't worry about it. Does everyone see the button? Oh yeah, Cory's letting them know where the button is. Okay, good. Amy, my client, started Step 2 today. All right. I see Yvonne, and I see Naomi and Cameron. Accept Naomi and Yvonne [00:08:30] and the next two. First come first serve. So we'll let you guys jump on. Okay. Marianne is adding Himalayan salt to her water if thirsty all the time. "When I didn't use salt, I wouldn't feel thirsty. Is that my cells asking for more water? Are they getting hydrated?" Well, if you're using just a fourth... Come on in Yvonne, if you're using just a fourth of a teaspoon of Himalayan pink salt, and it should be [00:09:00] your cells just needing to be rehydrated. If you are thirsty now all the time is it could be here, you could have potassium sodium imbalance. And so I would maybe temporarily stop it Marianne and then move to coconut water and see how that works. Okay, Yvonne, Naomi, let's see your faces.

Yvonne: I don't know how to turn it on.

Christa: How to turn on your camera?

Nicole: There's a button at the top. It should be a blue button.

Yvonne: Thank you. Hello.

Christa: [00:09:30] Hello? Okay. I'm going to accept... Okay, Connie, you're next in line. We can't accept you yet. It says Max presenters. Okay. Yvonne, you popped up first. So let's go ahead and hear what your case study is going on with the bone



broth fast, who's your case studies and what your questions are. Oh, we can't hear you.

Nicole: You're muted Yvonne. If you look at the top, there's a blue microphone. If you just click on that. The [00:10:00] blue button. Yes. There you go.

Yvonne: Yeah. I wasn't sure whether it was on and off. So, she has a histamine or suspect's histamine issues. So she didn't use bone broth, but she did vegetable broth, I believe. And that went okay. But she is having a lot of constipation issues, which isn't normally a problem for her. And her congestion, she has a chronic congestion, that's been happening. One of the reasons that she's looking for help and it got a lot worse and she had to go on her steroid inhaler for [00:10:30] a little bit. So she's feeling a little bit discouraged with that, but she usually takes a young living supplement that has psyllium husk in it and she's wondering if she could have that still. And she's up to three of the Triphala and it hasn't really moved things. So could she try some Swiss Kriss or should she increase that amount of Triphala or like Smooth Blue tea? She would have at home as well. So.

Christa: [00:11:00] My webinar cut out for the first part of that. If Nicole, you and Jack, you want to jump in, I would like her to increase the Triphala to six at night, but the first part I missed. So I'll let you guys take that.

Nicole: Has she tried any magnesium as well that she could add in for the constipation?

Yvonne: I don't think so.

Nicole: That would be something to try as well. You can go up to 800 milligrams a day just till tolerance.

Yvonne: Okay.

Christa: [00:11:30] I don't really want to see psyllium added in. Right now. And senna or Smooth Move is going to be like the last resort. So we don't want to do any scraping. Is she doing... I came back on when you said sinus.

Yvonne: She has a chronic sinus going on. This is one of the reasons she's trying to get some help. We've been trying to figure out what it's connected to. And it got a lot worse all of a sudden.



Christa: I see, [00:12:00] I see.

Yvonne: And so, she had to go back on her steroid inhaler for a little while.

Christa: Okay. Jack, would you add Sinatrol for now, just to manage the symptoms while she's moving through this?

Jack: Yeah. If it'll substitute a bit for the steroid, that would be a step in the right direction. Some people are kind of walking a Razor's edge when they come into the program, [00:12:30] meaning they have done a number of things, let's say to have a regular bowel movement from supplements and different things and things are moving along and then they come in and they suddenly get new influences which is, let's say, upsetting to the equilibrium, even though it's not a good equilibrium that they're in. It's upsetting to that. And then when they do the bone broth, they've got less [00:13:00] matter in the GI tract to keep things going. So things kind of go into upheaval as you've seen. And so now you step in and try to gently get everything running smoothly again. So the person is comfortable proceeding with the program.

And so, if it's taking the Triphala and just getting a stronger dose, there's so many other benefits to that. For the person that would be the easy way, [00:13:30] and it's a supplement the person already has. And Nicole said, yeah, magnesium. While if magnesium will help out and all we're doing is we're finding a person, let's say they're on a tightrope and they've got their balance going, and then this wind comes and it's starting to change things, but what we're doing is we're just trying to, at this point, give them another crutch, but it's a crutch that helps them walk in the right direction. [00:14:00] And so it's really about, at this point, just help your patient get through the process and get back to some degree of normality and then let the program work behind those scenes and things will be corrected as they go through the program.

Nicole: Are her sinus issues... Did she have them when she came into the program or is it something new or is it when she eats or is it all of the time?

Yvonne: It's almost all [00:14:30] the time. She's had them for quite awhile. And she has got some physical issues with their sinuses that she's had polyps and stuff in them. But there seems to be an ongoing inflammation in that area.

Jack: Let's see, with the steroid, there's a substantial amount of suppression of the sinuses. The body's trying to get things out. And one of the things we can think



of with the sinuses, if you're familiar [00:15:00] with the architectural structure called a French drain. It's a pipe in the ground and it's got a membrane over it. And it's kind of like pantyhose over a pipe in the ground. It's got holes in it, and so it lets water drain and keeps it away from a person's house. So some people have these French drain pipes and the body can have this toxicity that this person has and the suppression [00:15:30] from the steroid and so there's a higher degree of toxicity. Now, coming out of the blood, well, the blood is getting a lot of the toxicity from the GI tract. And so this toxicity is actually being filtered through the sinuses.

Now the sinuses can get all flared up. They can become sensitive to airborne, to dust, dust mites, pollens, and all that. But now you've got this problem going on with the sinuses and the steroid [00:16:00] puts it down. Now, if she backs off that steroid, it's going to open it all up. Those sinuses are going to swell. She might even risk getting a sinus infection because they'll get stopped up in the maxillaris, they'll swell, and then they can't drain. And so there can be an awful lot of upheaval there. So again, we're looking for the equilibrium and then after, as we get deeper in the program, there's going to be a better point of leverage over the sinuses. [00:16:30] But too much upfront and the sinuses swell and there's no way that the person is far enough in the program yet to have done any significant detox, both for the liver or the GI tract inflammation, which is rewarding the sinuses with collateral inflammation.

So we just have to realize it when we end up getting a lot of these tips of the iceberg, and then we try to Whack-a-Mole, right? We're trying to keep all these [00:17:00] little things in control, but if we can only get this big program moving forward, these things we're going to start to resolve. So you may in this person simply have the steroid, put the sinuses on the back burner and for later, and then be able to work getting off of that with the advantage now that the gut isn't driving it, because the gut is probably driving a good percentage [00:17:30] of the sinus issue.

Christa: And once the genetic code is replicated to the sinuses, it'll get so much easier for him or her, and like you could do increase the Sinatrol as you're decreasing the steroid, after you get maybe to the end of Step 3, it could be a good approach. I just want to point out as I'm screen-sharing the troubleshooting part that every module has a troubleshooting part. And so it would be great for all of you to kind of read through [00:18:00] all of the troubleshooting aspects and then whatever person that you're working with. Almost prepare them, right off, "Oh, this is something that could happen. These are typical things that could happen," because then they're going to feel a little bit less frustrated



about it, or it's just part of the process. And I saw a question in the chat about what form of magnesium? If it's for constipation, you can use 800 milligrams of magnesium citrate per day. We like glycinate if you're having trouble [00:18:30] sleeping. Okay. Did we answer your question enough Yvonne?

Jack: Yep. I think so. Thank you.

Christa: Okay.

Jack: And you have a case with a, it's going to take some calling and case management, but don't be intimidated by that at all. You just have to help the person move through the program. I'm going to say by week seven, week eight, the inflammation level should be stabilized downward. And [00:19:00] then coming out of here it might be important to have people just stay the course on a number of things that they're doing now for regulation and address that after the program and have our attention on getting them through the Gut Thrive program. It's going to be easier to deal with the sinuses after the Gut Thrive or later in the Gut Thrive program.

Christa: And also some of your colleagues here in the chat were also offering other things that she could do or he [00:19:30] could do.

Yvonne: Thank you.

Christa: Thanks. Sure. Good to see you. Grateful Naomi. Hi. Can you see us? Hear us? You're up girl?

Naomi: Sorry. My internet keeps dropping.

Christa: Oh, okay. Well we've got you now. So you're on. Yvonne we're going to eject you and invite Connie in. Okay, go ahead. Oh, [00:20:00] you're here, we see you. Naomi, can You see us and hear us?

Nicole: I think she's frozen.

Jack: It's frozen, here she comes.

Nicole: Here she is.

Christa: You got to have-



Nicole: We can hear you now Naomi.

Naomi: I'm I unfrozen. I'm unfrozen now, I think.

Nicole: You are. We can hear you now.

Naomi: I'm going to try to be quick. I've got a client who I'm... [00:20:30] and he had a really adverse reaction to it. Is there a reason why that would be, and should I discontinue use later in the program?

Christa: You froze, you said he had a really adverse reaction to, and you froze. So what was the adverse reaction to one of the supplements? (silence) Okay. You keep breaking up.

Naomi: My camera is so bad.

Christa: So I think [00:21:00] you got to have a good internet connection to jump on camera with us. You're frozen again. Why don't you take your-

Jack: You could type it out-

Nicole: and we can answer it.

Christa: Why don't you turn your video off-

Nicole: type it in-

Naomi: Off? Maybe turn my video off. Is this any better?

Nicole: It's a lot better.

Christa: It's less bandwidth. So go ahead and ask your question again.

Naomi: Okay. I was asking, I have a client that I put on the... He's on Plan S [00:21:30] and he was having a lot of really bad die off. So I put him on the Sludgy Cocktail one day early to try to help him with that. And he had an adverse reaction and felt really sick, like 30 minutes after, and then was in bed for like the day and a half afterwards. I wanted to know, was he not ready? Should I not use this in the future? Why might that be the case?



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- Christa: You need it? He wasn't ready. He went into Herxheimer's response. Right? We call it like a 10 car pileup on the freeway [00:22:00] where the toxins don't have enough lanes to get out. So this is where you're going to want to add in either coffee enema and a salt flush. What plan is he on, what letter?
- Naomi: He's on Plan S and that's what I did. I told him to do the coffee enemas and the salt flush. I know, I probably froze. Did you hear me?
- Christa: Yeah. So coffee enemas and the salt flush in the morning. Right? I will do that and then put him on this sludgy cocktail. And then at night increased the [00:22:30] Triphala to six and also include 800 milligrams of magnesium citrate and a castor oil pack.
- Jack: And This occurred on the pathogen purge, right?
- Naomi: On the broth fast.
- Jack: The broth, okay. Yeah.
- Christa: Yeah. I mean, I don't know if he can afford it, but a colonic could really help them in this situation too. Just to kickstart the rules of elimination, like you've got to think that so many of these clients and patients they've got stored [00:23:00] old matter stuck in the folds of their intestines that have been with them for decades and like were shaped in the intestinal milieu that sometimes it could be slow going, like getting the engine going per se. And if they can't afford colonics, if they're open to them, one a week throughout the pathogen purge could make them more comfortable. But if not, that's why coffee enemas are so crucial. And if you are open to that, I have great relationships [00:23:30] with all of our local colon hydrotherapists because I would always recommend them to my clients. So I would look in your area for local people if you're working with people locally and not remotely.
- Oh, Naomi's Internet's cut out. I'm going to go ahead and eject her for that. She says, "my Internet's cut out. I can't hear, but he has loose stool, almost always." [00:24:00] So Jack I'll let you take that. Somebody going from loose stool most of the time to just stop gap constipation on Plan S, and then we'll try to get Connie in the room.
- Jack: Okay. First of all, the loose stool most of the time is already an issue and an imbalance. So I'm really just seeing if they go to constipation, it's just the other



side of the same coin. And [00:24:30] the issue is now they're staying particularly on a bone broth fast when the system shuts down a little bit, then now they're saying, oh, I'm constipated. I can't go.

Gosh, we just have, the regular diet starts up again, then the stool ought to start up again. So we got to look at the timeline on this and see when the constipation started. Sometimes people will [00:25:00] constipate on the pathogen purge, something about starting to knock off the bad guys which may have been driving the loose stool. Now they start getting knocked off. Then the pendulum swings the other way, and you just have to nudge it forward again.

Often, the first choice for me in that situation is the good foods of the diet. Getting more [00:25:30] fibers and just more of the foods after the bone broth to reinitiate the peristalsis.

Christa: No raw food. Warm, moist cooked food. And I would also have this one and make an exception and do cooked pears for them once a day. One pear cooked with cinnamon, some ghee, some collagen, something like that as a snack once a day.

Well, hi Connie. How are you?

Connie: I'm great. Good to see everyone.

Christa: Good to [00:26:00] see you. Where are you tuning in from?

Connie: I'm In San Luis Obispo in California, just north of you.

Christa: Yeah. That's my favorite part of California actually, the central coast.

Connie: It's amazing. So my clients, I've got four that are not ... they're on the pathogen purge bone broth fast starting today. And I went through last week. So I thought I'd just go ahead and hop in a little earlier. And so I'm going to give ... I'm Plan H. [00:26:30] I've tolerated all of the supplements well, except for some of the enzymes, a little bit of burning. I figured out that when I was doing the bone broth, I wasn't doing any digestive enzymes, which it clearly states, and felt really, really good all the way through.

The first day was the hardest. And then I fasted [00:27:00] before. But just for everyone else that hasn't gone through the purge, the first day was probably



the most ... by the end of the day, I was ready to be thinking, oh gosh, I have three more days of this. Ate a little bit of chicken on the second night and a little bit of fish on the third night. And I included the enzymes with that.

That being said, coffee enemas, salt flush, [00:27:30] was able to maintain my regular activity and felt really, really less bloated, less burning, and just kind of ... I feel like with the ... I'm needing a little more clarity with the pathogen purge supplements. If we [00:28:00] have more sensitive clients, how do we ask or just kind of assist them in supplementation of pathogen purge? All of those supplements?

Christa: Go ahead, Nicole. You've answered this one a million times.

Nicole: I'm not sure. I was answering tickets, so I didn't...

Christa: It's okay. I'll jump in. So Connie, if you know that they're incredibly sensitive [00:28:30] going out of the gate, then we have two options. Once you're finished with this, we like that you're going through it because you need to see what comes up. You need a control group and an experiment group. And so you have one of two options based upon what feels right for that client you're working with.

And that would be to extend Step 1. Extend Step 1 up to three or four weeks even, maximum, and have them kind of finish those supplements. And by the way, your burning, you can add in GI Support [00:29:00] and Soothe once or twice a day-

Connie: I did.

Christa: ... away from food, before the enzymes. And that should help considerably. But as the mucosal lining builds, which a broth is doing, that burning sensation will go away and you'll get to that plateau. The other thing you could do is if you want to just keep the steps as they are, then you Step 2 with us now, and you can cut the dose in half. So they're taking half the pathogen purge supplements, and then they would just end up staying on the pathogen purge an extra couple of weeks to go [00:29:30] slower.

Connie: That makes sense.

Christa: Yeah. Okay.



Jack: There's a process that might be helpful to understand. It would be, we have to go back maybe 30 years, but it was in an herbal training, let's say, that you would take a cleansing herb, you're doing a cleanse or you're taking a pathogen purge, and each day take a little bit more. We would deliberately go up to the point of not [00:30:00] feeling good. We needed to know that upper range.

And so for some people, it was 10 capsules of a formula, another it was two. And we realized the huge variations that people have. And then when we hit the limit, and that we used to call it, you feel like a truck ran over you because now you're having the die off. Then you would drink a lot of water, take the salt and soda bath, skip the supplements maybe one day, and then come back [00:30:30] in at a lower dose.

But now we understand our limit and the person. And then, as we're going with that dose then, we would then after a couple of weeks, we would add to it. Again, we keep flirting with, what is the maximum dose for the person? Well, we don't do that anymore so much because it's pushing people's limits, see? And people don't want that. But that's what we [00:31:00] would do to learn the herbs and so forth. So when we-

Christa: That's it, right?

Jack: We think of that principle, your person is going along and then they have a little bit, I don't feel so good. I'm headachey. My skin is not so good. We want to say, okay, they're taking these four supplements that are all pathogen purging. The enzymes are knocking out the biofilms and then you have the oregano oil. Well, you just want [00:31:30] to take these things back a step.

And even if they need to skip a day, take a bath, and then come back one dose less, and then they'll report, okay, I'm doing good. And then if they're talking with you and you would say, okay, let's slip it back up now. And you'll find when they go back up, it doesn't bother them. It's like they got that backlog, that initial die off has been cleared. And now they're just running the max. So if you have hands- [00:32:00] on, you can fine tune those doses.

Otherwise, you take the standard Gut Thrive, dose it back down a pill and give them two or three days. Know they're okay, and then have them pick it back up. Sometimes I find the practitioners are afraid to pick it back up again, but they don't realize the body's acclimatized and they say, please, I don't want to go



back through that person having a headache again and calling me all upset and everything.

But there's just a way to [00:32:30] work that and know that that pushed their limit and now we work it through to come out the other side. So it's really kind of fun to have your hands on I think in these things like that. And it's so joyous when the person makes it through and is ready for the next phase and gets the good work done.

Christa: That's awesome. There you go. Three paths up the mountain.

Connie: And then one more thing I have a question about, and I know this will be [00:33:00] relevant for a lot of people because of the PPI's being so prolific in our society. But we're not obviously working, well, against a doctor, and the doctors are ... a lot of people are reticent to call their doctor and try and get off this medication.

So my Plan H client was wanting to be ... she got off of her ... reduced the dose of PPIs, was definitely [00:33:30] at week three, so proud of herself for not having any in her system. Well, she just got slammed with any enzyme. There's no mucosal barrier left in this one. So I've encouraged her to get back on an H2 blocker because she's not able to handle any of the supplements right now. I guess, is that okay? Are we just working towards ... [00:34:00] Last week I asked the question, you said get her on the bone broth fast, which she's doing and still is miserable. And is it okay for her to go back on some type of medication or not?

Jack: Is this the gastroparesis person?

Connie: No. This is a Plan H. Somebody. She had a history of ulcers.

Christa: [00:34:30] Thank God she found you.

Jack: Yeah, there's a lot of healing that needs to occur in the stomach. And so the first thing to do is maybe have a 10 day program of healing the stomach. This is where you can look at the slippery elm and the licorice and those types of things.

Connie: She's been on [crosstalk 00:34:57].



Jack: Master cleanser was claiming that [00:35:00] the cayenne, as much as it sounds like it would burn, but that it would heal the ulcers. There's a lot of cases in the eclectic practitioners of using the cayenne. But you were saying, what do I do with these people? And what's happened is she's very dependent on suppressing hydrochloric acid. So she should understand what that really means. It doesn't mean that she just doesn't ... she gets to live a day without pain. Within the last two weeks, there's [00:35:30] a new study that ties PPIs into cancer, into bowel cancer.

And so what you do is you collect that study, the DOI, and have that study link that goes in there into Medscape and so forth for them, or print out the summary. And then you could have the one that says PPIs are directly involved in bone loss. And all of a sudden they realize there's [00:36:00] some pretty horrendous side effects of taking that drug.

Now, sometimes a person needs a drug. I mean, my golly, if they have a hole in their stomach, they need to have time to heal. So it's not a matter of always looking down on drugs. It's a matter of, let's be educated. Because we're seeing now more than ever in the media and the presentation, anybody that wants to talk about the truth of the side effects of a drug, they're [00:36:30] now a bad citizen and being suppressed, and only the glossy, let's dance through the forest together, and all that you see on the TV commercials.

So there's a massive campaign out there. So I don't want to be responsible to my patient saying, oh, I'm telling you to get off the medication, because that's not my scope of my license, but I'm going to give the information. So we might say for this program, you're going to run into PPIs, [00:37:00] start collecting the science that somehow is always hard to find now. If you subscribe to certain websites, they'll bring it out, but then it's like, you can read it and there it is. But now it just gets moved to the background if you don't go specifically look for it.

So you find these things and now you could say, oh, you're on a PPI. I have some information on that for you to consider. [00:37:30] But now you have an ally, and the person will say, you know, I really want to get off. And I want to talk to my doctor about getting off of this medication and you go, well, you're in the right place, but we gotta take it a step at a time. And you have to know on the PPIs there's rebound.



And so, if the person says I'm through with my PPI, they're going to get some heartburn. Usually 90% of the time, they're going to get heartburn. And I've even heard where they'll reduce the amount, [00:38:00] but why not take 10 days to try to help that stomach. Remember the stomach lining rebuilds fairly quickly. It's got to because we're burning it and doing all these things from the external environment. So you could put a little collection of what you're going to do. I tend, as you've all figured out, well, someone was writing in, I see it, not you, but about doing the aloe vera and all. So different people are going to be [00:38:30] on to different things.

But if you have a really good soother, there used to even be lozenges of slippery elm and a little honey or something that was just delicious. And they could be soothing their stomach and healing and having the aloe there to heal. And now I have to pass it through Christa, but even a little of the glutamine could be helpful there, that you bring the healers in now for 10 days, and then see if you can [00:39:00] move the case forward. It's interesting ... It's a tough situation. And I want to hear what Christa says about, should the person just stay on the PPI with this program? Because they're going to inhibit their ability to heal by being on the med, and that's the big-

Christa: It's trading dollars for pennies in the healing process to remain on it. You can't go off cold turkey, but [00:39:30] I mean, there's Pepti-Guard in their kit, which has the DGL. It has the aloe vera. It's got the bismuth. And so I would add the Pepti-Guard now just looking at the formula where I would say maybe two capsules twice a day.

And like Jack said, find the slippery elm lozenges that this person can take and just do a 10 day course on the diet and on that. And sooth, then start to evaluate. You [00:40:00] said they are currently on PPIs? And you're saying ... yeah. And then at that ...

Connie: She had the rebound. She weaned off because she's been on the plan for three weeks now and was doing ... having burning. But then it's like, right, as of last week ended, she was having rebound, massive rebound.

Christa: What's your license? What's your ...

Connie: I'm just a nutritionist.

Christa: You're a nutritionist.



Connie: [00:40:30] I'm not a clinical nutritionist.

Christa: Now, I'm a nutritionist as well. So here's how I would handle that. Okay. Because you can't diagnose, prescribe or say things with medication, but how I handle it, as I say, if it were me, here's what I would do for myself. I would do the 10 day stomach healing soothing and get yourself to a place and then proceed with the program with caution at half the dose. Or like Jack said, depending on what happens in that 10 days, and this is why [00:41:00] this is a practice, right? Because we can't spin out a whole case. We've got to see where it happens, and all of your client cases are going to have breakthroughs at different points in the program.

And so this may be a breakthrough. And then at that point, you say, okay, now we can do the pathogen purge at half the dose. Start there. And then you can start to do Jack's challenge. Or it's based upon how he or she is emotionally and the whole thing, you'll choose one of those two paths.

Jack: We might think of this as a journey. I don't know maybe the whole journey or something, [00:41:30] but some people are starting out and they're going to get a bug on the windshield and they're going to go, oh no, no. And we're going to get them to wipe the windshield off. But the burning, when the patient's burning and trying to force through the program, that's a little bit of a concern that there's going to be some erosion or ulcer or something in the stomach.

And so the old eclectics would [00:42:00] talk about healing stomach ulcers in 10 days, that's where the number 10 came up. And again, the miracle herb from the 1960s was the cayenne pepper. And it didn't burn the ulcer for some reason. And I haven't worked with cayenne in a while, but the Pepti-Guard has your anti H. pylori factors. It's got the soothers. And really, right there, when that [00:42:30] patient's burning, I would say, we don't want you burning and doing this program. Right now this is not the bug on the windshield. This is the flat tire.

And so we're going to stay overnight here at the gas station and get the tire fixed, but it's going to take 10 days and we're going to interject a stomach program. And we got to get the stomach taken care of. You can be thinking top down. We have to get the top fixed before [00:43:00] we work SIBO and before we work on the parasites and all these other things. So that's her mission right now, is to get that stomach where it's soothed. You can keep the soothers in all through the program and then march on down with the Gut Thrive strategy.



So hopefully these are just little opportunities that you're looking for in guiding someone. I'm going to say 80% of your people should [00:43:30] be able to start their journey and get to where they're going. But the 20 of your hundred people that are going to have the flat tire or the motor or something, we want to be prepared to help them. But this is a loud and clear sign. We've got to back up to this PPI subject. And her main battle is in the stomach right now, to get that solved so she can go forward and maybe even get to other [00:44:00] deeper corrections on that, which may be deeper in the gut.

Christa: And prevent cancer as a result of working with you. So we really want to see how this goes. When we jump back on 14 days from now, when we're back on a webinar, I'd like to hear. She'll be through her 10 day course. And also guys, I just kind of made a note, just given everything that's gone on with the internet and the dispute of fact and fiction like Jack was mentioning, that I have the goal [00:44:30] to create a research link library within the Gut Thrive portal. Because we have already so many studies. Jack has so many studies, and maybe these studies are harder to find or more obscure now. And so we'll start populating that probably after the program ends, when we get a little bit of free time to do so. Okay.

Connie: Thank you.

Christa: Yeah. All right. Nice to see you, Connie. Good to see you.

Okay. Let's jump in. Nicole, you're a rock star. You've been answering a lot [00:45:00] of questions. Thank you.

Nicole: Sure.

Christa: Miriam, I think this is good. I'm going to answer Miriam's and Teresa's questions here. Miriam posted twice, looks like two different people. Person's having a real difficult time cutting off gluten and grains in Step 1 of the program. Should I give them a longer time in Step 1 to make that change? Or do you suggest I give them a longer time on Step 0?

They need, if it's grains, they can move into Step 1. If it's gluten, [00:45:30] they have to stay in Step 0 because gluten forces the release of zonulin, which loosens the tight junctions, which causes leaky gut. And that is giving the body competing directives. We're sending in ... you can explain it to this person that



it's like, you're over there with a vacuum cleaner, and they're just literally dumping dirt on the carpet. And then you vacuum and they dump dirt.

And so it's not a productive process. [00:46:00] And so do whatever you have to do. If you need something from us, I can send you a video from our healthy shopping course. Nicole can give you a link to the gluten-free section or how to go gluten-free, go through that handout that we gave with you. Go through everything they're eating with them gluten-free and find an upgrade. Okay. Something that says, here, look at this. This doesn't have any of the negative interaction of wheat, but it satisfies your craving and tastes just as good. So I would take that because a [00:46:30] lot of these people, they need real lifestyle changes. They're going to need a few more weeks to make those changes so that the program can get in and do its magic.

Okay. Teresa. I have a case study reluctant to try salt flushes, afraid the salt concentration won't be right. They've chugged the quart of gross salt water without any results. Are the odds of this working pretty high with the suggested salt amounts? How often does it fail?

Jack and [00:47:00] Nicole, you take the stage. Jack's the one who works salt flushes and Nicole's got this question maybe 500 times since she's worked with us.

Nicole: Yeah. I think I replied to her. Yeah. Most people get it right the first time. I wouldn't worry about it. Sometimes it takes a couple of tries to get the right salt amount. But yeah, I wouldn't be afraid of it. I would encourage them to try it once at least.

Christa: [00:47:30] Jack?

Nicole: It's so helpful for plant S. I don't know if your client is Plan S, but it's super helpful in that situation. So I would really encourage it.

Jack: A lot of these things come from older times, and I've often wondered, the trick of the salt to match the specific gravity of the blood. And all of a sudden we find someone's on a blood thinner and we didn't ask. You see? Well, their specific gravity is less. So [00:48:00] they need more water. And I started wondering, well, why instead of a quart, is it the liter of water that's working better? Some might have a one-liter bottle of plastic water, and that worked better. And then I would find out later that for some reason, they seem to have thin blood, that they had tendencies to bruise, or they were on blood thinners.



So we're just dialing in the salt. But if you chug [00:48:30] down a liter of salty water, it's not that much salt. This is not a case for kidney issues or anything, that they just have to try to figure out if it was too much or less and make that adjustment. And then they'll have a satisfying experience.

Christa: Yeah, that should be on the health intake form. But if it's not, when they are listing medications, they just list their medications. So make a note of that for Plan S in salt flushes, a mental note [00:49:00] in your minds, when you're asking them if they're on blood thinners. They should include a little bit more water and if they are, when they do salt their flushes. Thank you for that, Jack. Okay, let's take a few more questions. And then I kind of want to jump into less than five of the Gut Thrive practitioner programs, supporting the purge. And I want to make sure we talk about the neurosensory activators, because they're going to help so much in this Plan S, people. And if this person is like, forget [00:49:30] it, I'm not doing a salt flush, they need to do the neurosensory activators. They'll be a lot less intimidating to them and they'll be very helpful. Hopefully you can get them to do both, but if it's going to be one or the other, then they can do those.

Jack: I think that's an act. It's part of our theme today, I think Christa. But Christa number two, who's writing in on the gastroparesis that we talked about and they're still having trouble. There's a couple of things here to consider, and you want [00:50:00] to start looking at why the gastroparesis. Some people get into fight or flight a lot, and so if you're dealing with an anxious person, a stressed person, the person maybe should be in the Adrenal ReCode first, and resolve some of that fight or flight that is shutting down the communication from the stomach to the brain. The brain doesn't tell the stomach to make hydrochloric acid, the [00:50:30] low hydrochloric acid, they don't have the muscle. Gastroparesis is often a muscle nerve issue that the stomach just gets lazy, and it disconnects with the brain.

The stomach has to sometimes squeeze. I think, they figured out one day that there's 16 shapes that the stomach can squeeze into, and it might even separate the mashed potatoes from the meat, kind of a thing. [00:51:00] But if it's not emptying, then we want to be looking at that neurosensory activation exercise and even the coffee enema, that we're trying to get this person's brain to turn on and start solving the stomach or the gastroparesis. Because that just means the stomach's paralyzed, its muscles and nerves aren't working. This is a reversible condition. I'm not sure what the medical definition [00:51:30] on gastroparesis is, if it's reversible or curable in that model, but it's certainly reversible and curable in the natural health model. But I think you're



just having a coin to flip here. If it's a high stress burned out person, they might do better doing the Adrenal ReCode and then getting past fight or flight, and then being able to come into this program with a little more grace and ease.

[00:52:00] If that's not the case, let's see if we can't do a little bit of... Crystal, let's make sure you agree on this. Bringing in some more hydrochloric acid because that's what's missing when the gastroparesis isn't working, the stomach's not making the acid. It's not telling the rest of the body to receive the food, and so sometimes people will help gastroparesis with [00:52:30] the enzymes and a little bit of the HCL. But to me, the big one is the vagus nerve, and that's where you're going to get the activation with. So, see about moving this person through some of that process, and seeing if it can't all come together where they can go ahead and get moving with this program. This program has such a beautiful answer. Again, this is a little bit more than [00:53:00] a bug on the windshield. This is having to go back to the house because you forgot your suitcase. And we've got to go back to that position here, and get something resolved here. And I think, maybe, what's deeper in Gut Thrive with the neuro activation is, it might be the ticket for this person.

Christa: I agree. I think that's the ticket for fight or flight, and also doing parasympathetic breathing, alternate nostril breathing to [00:53:30] quell the fight or flight. And there's no problem adding an additional HCL, 18 HCL pepsin capsule, in addition to what they're doing with the digestive enzymes on protein containing meals, and see how we go. That's what I would do.

Jack: Can I just jump in for a second? I've seen a couple of questions here. There seems to be some confusion about the bone broadcast. And some people are saying that you don't take the supplements. You do take the supplements. The only one you wouldn't take as the digestive enzymes, unless you're doing the option [00:54:00] that includes food. So, you do continue to take your pathogen purge supplements.

Christa: Thank you, Nicole. Mariam: "How often can a person go through Gut Thrive? Once a year or is every six months too much?" Every six months is too much. The thing as it's like, by the time I hit the six month mark, you're terraforming. So, now you planted these seeds in, through the fibers and the prebiotics you'd be growing them. And so, if they take antibiotics... If they have to take a full [00:54:30] course broad spectrum antibiotics, yes, then once a year would be great. But they could do it every other year, if they're not, I think that's probably a good balance for them to do it every other year. And we'll talk as we end,



because I kind of want to go through this question with specific cases. So, you can know at the end when to recommend it, if they're going to do it again, and we can also offer amended Gut Thrive speed passes, right? And so they don't have to go through the whole program, but they could do the [00:55:00] supplements in an amended way, they can combine Step 1 with Step 2 and kind of shrink it up that way, and just basically do an eight week plan. So, there's lots of different paths up that mountain. Okay, guys, let's see, are there any other burning questions here? Before I kind of jump into the screen share?

Jen, 90% of the time, if your client is on [00:55:30] the diet, [often 00:55:32] theory gluten and sugar, or if a yellow banana is not a deal breaker, hemp milk with guar gum and [xanthan gum 00:55:41] is not going to be a deal breaker. There is 5% to 10% wiggle room, but we don't want to propose it, so to speak. That stuff is really going to be completely fine, but I don't really want them drinking a glass of wine, and you're going to see... I know there was somebody here with a 70 year old man last week saying, well, he won't give [00:56:00] up his two glasses of wine a night. But just explain to them, this is like a whirlpool type of situation. And now we've assessed what's going on, we see the whirlpool. And we're in a pattern interruption mode, right.

That's uncomfortable. People's biochemistry is used to doing what it's doing, and their pattern interruption mode and the whirlpool's automatic. So, it's uncomfortable, right. But now we're going to start to...it's hard to move a whirlpool in the opposite direction, but we have to do it. And if we're trying to do that, and then you're adding in two glasses of wine, [00:56:30] you're giving the body competing directives. You're also giving the body fermentation. You're like, starve the bug, feed the bug, starve the bug, feed the bug, and that's a little schizophrenic for the body to deal with. So, you can explain it in that way. People will do what they do and they'll get certain benefits. But yeah, I would definitely not worry about hemp milk with guar gum or having a banana here or there.

Always tip your barista, check. [00:57:00] Oh, you're so funny. Guys, they make specific coffee for enemas. I just wanted you to know about that and you can get it on Amazon. And there's been a lot of [crosstalk 00:57:14].

Jack: [Yelena 00:57:14] had asked for any tips on the coffee enema thing. Some people, it's going to go against their grain and you're going to really struggle and get into a convincing war. And this is why [00:57:30] Christa has two other options. Number one, you've got the salt flush and you've got the neuro activation. They're all doing the same thing. They each have their own bailiwick,



with a coffee enema; you're getting the gallbladder cleanse the liver flushed out that has its own benefit, with the salt flush; you're predominantly getting the GI tract flushed out. But then the flushed out GI tract can ask for the bile to come on and [00:58:00] empty the gallbladder and the liver, and then the brain connection comes in. So, when Christa has already got three ways to get this job done, you're just looking for the other two for this person.

And enemas are not as popular today as they used to be. And there's even cases of child abuse, going before school boards of parents that wanted to always give their kids enemas and things like that. So, [00:58:30] we have to be sensitive to that. When I meet resistance and I'm just told, no, I'm not going to put what, where. Then we have this other... The program is still going to work. It's just too bad they miss out on this one little component, but they're still going to get the work done.

Christa: Yeah. You see how I'm screen-sharing here, where I say we're going to discuss these differences... And by the way, I'm in [00:59:00] module two and I'm in lesson five here, supporting the purge, if you haven't been here already. And so, we've got all of these cleansing techniques and no one person can do them all, right. It would certainly be too much. And so Jack was talking about the edge with the herbs and you're helping them find their edge. I also recommend you find your edge as a practitioner and they're not feeling well, they want to rest into you as the expert. So, so much [00:59:30] of it is also the delivery, right? And so that's where you come in as the clinician, that's where you come in as the expert, can you see here.

So, when I'm working with a client, you prep them. I say: "Listen, I'm going to tell you something that sounds totally crazy, but it's beyond life-changing and we're going to do this thing. It's good. This is called coffee enemas. And when you put coffee in, then it hits the liver, it forces it to do a hiccup and you release a ton of bile, and your liver works so much better." And [01:00:00] you can tell some of these stories, right? I mean, I had one client who wouldn't do anything, but at one coffee enema a week, this man lost 40 pounds in a year. That's all he did and gained so much health. So, you can throw in some anecdotal stories, you can explain what's happening. You say: "You know what, the liver, especially for women, it's so important to detox the hormones. The liver makes cholesterol in the body is going to make the hormones from that cholesterol."

So, if you explain it that way, you say: "You certainly don't have to do [01:00:30] these, but it is as the crow flies approach to feel better. And maybe you don't



knock it until you try it. If you are completely horrified, we'll find another way, right?" You can talk to them about colonics. You can talk to them about that. But I think that the passion, enthusiasm, comfort and getting them to find their edge. And if they hate it, it's like getting a toddler to try new foods. That comes to me all the time because I have one and it's kind of negotiating, and get them to be excited about what's possible for their health with [01:01:00] these. And then if they're still not up for it, then you say: "I've got plenty of other tools. So, if this doesn't work, we'll do the other tools, right." That would just be my counsel with your clients.

Now, what if you said this...what if you just memorized, create an acronym, and you say: "Listen, they've been proven to release systemic toxicity by 700%." Who doesn't want that, explain the toxicity in today's world, the average [01:01:30] human, because we're dealing with environmental toxins, chemical toxins, food toxins, you name it. We need to eliminate 2.2 pounds of toxins from our bodies every day, just to maintain in today's toxic world. And this is a tool that is inexpensive. It's a little inconvenient, but you get used to it. And if they're not doing it too much, they're going to be able to gain more traction.

So, I think that if they can really understand that it's [01:02:00] not just a band-aid, it's something that is helping whole body health, liver health, gut health, and contributing to the long way, right. Let them see the runway through their long-term health, not just making die-off symptoms better. Then maybe their mind is going to be more open to it. So, that's my counsel on that. And now I want to jump into the neurosensory activators [01:02:30] now. So, I wish screen-sharing was a little more fluid with webinar jam, but here we are, you guys see? Okay.

All right. So, Yvonne, when she jumped off or no, I'm sorry, it was Naomi. She said: "This Plan S person who is now totally constipated, normally had like loose stools, right." And so, the body could [01:03:00] be reacting, right. They could be reacting to the herbs, they could be reacting to different microbials, pathogens getting riled up. So, if they expect this, you say: "Hey, you are shaking up intestinal milieu in there." And I love Jack's analogy, when I first heard you say this, Jack, you go: "Is open warfare in the microbiome?" And it really is. What's happening in there, and we are the gentlest way to go about this. But you have so many different competing cards, these [01:03:30] guys are comfortable, they've been living there for a long time, and you're trying to kick them out of their home.



There's going to be things that happen and if you explain it to them in that way, and you say, and it's no big deal, we'll get through it together. I think so much of client compliance comes from the confidence they have in you. Like, okay, he's got this, she's got this. And they rest into you as the expert. But if you're like, oh, well that's not normal. Then they're going to be afraid, right. And so, really knowing your materials is going to be helping you be a pillar for them until [01:04:00] this really kicks up. And so you're going to see a lot of emotions rising up over the next three to four weeks till we get to the end of Step 3. Okay. So, make sure that you read this handout with a fine tooth comb. I want you to own this information, right.

And that's where you're giving it to them, but I want you to read it yourself beforehand. And I want you to really understand it in a way that you can explain it passionately, [01:04:30] and break it down. If you start getting patients and clients, having diarrhea, reacting the opposite of the constipation problem, this has helped so many of our Gut Thrivers. I think this is your recipe, Jack, it's carrot and banana, and this will help to stop the diarrhea, and help them to be comfortable. And we included a study. We'll pull a lot of these links. All right, constipation.

[01:05:00] Yeah. Okay. I just want to point out a lot of your SIBO people, if you do every single thing we tell you for constipation, because I guarantee you haven't consumed all of our information on constipation. I shot a show on it. We've got a handout on it. We've got the troubleshooting. And none of that works, this is because their thyroid's low, we're converting 20% of our inactive thyroid to activate thyroid hormones in our gut. And they've got SIBO, and [01:05:30] their metabolism... Sometimes SIBO is a metabolic disease and it's low thyroid function. And so that was a case that you can start to add in maybe 10% more carbs in the way of fruit, like adding in a pear, a cooked pear would be good or cooked apple would be good. Like I talked about earlier, to give a little bit more glucose, to enter the cell, to rev metabolism, to start to get peristalsis that way.

[01:06:00] Okay. So read through all of this, you're going to have questions about prokinetics, [mobipro 01:06:05] , iberogast, there's nursing and calm. Some of you may add it in now, some of you may wait until we talk about it in Step 3.

Okay. So neurosensory activators. So, these are going to be exercises that stimulate both the brain and the vagus nerve. And so you're going to be sitting there and I want you to explain to them, this is a bi-directional highway, brain,



gut, [01:06:30] gut, brain, and be like, you know what? The brain... you're constipated, because your brain is asleep. It's sleeping on the job, it forgot it has a role in peristalsis, and we need to wake it up to get things flowing again. People really understand that, and they say, okay, I want to do it. I'm on board. And if you say right, they don't want you to do the coffee enema then. Okay, no problem. Here are neurosensory activators, and you're going to sit down and you're going to explain this to them. So, you're going to give them the opportunity.

This is where you're going to [01:07:00] talk to them about the singing in the shower, in the car, and you might... Especially if you're a health coach, and I know Katherine, she's a psychologist. We have to talk about what people have been through. I'm so happy that we finally have a conversation around trauma, physical and emotional trauma, because we've all been traumatized to some extent, it's having a human experience. And so you can get that neurosensory [01:07:30] amnesia, so to speak from physical or emotional trauma. So, sometimes it might be just a conversation of holding space because we're... Especially at a time in the world where things are shifting quickly, and a lot of collective traumas are coming up, so it can come out. And so these are conversations I encourage you to hold space for. They're very healing and people don't feel truly hurt. It's an epidemic.

Okay. [01:08:00] So, let's see you are going to improve the hypothalamus. You're going to improve cell membranes as you go through this. And so exercise number one, is you can sing a song with an opera like volume, and this is also going to make people happier, right. And so, just like we do exercises to release trap, negative emotions. There's also a way to invite in more positive emotions. And so, I really invite you. And that's why I'm so grateful to have all of [01:08:30] you here doing this practitioner training program, because you have your boots on the ground. We're not saying all this stuff to our Gut Thrivers, but you can create that self-awareness. Self-analysis leads to self-awareness and that's what's going to help somebody wake up in more than one and be happier. And so how do you feel when you do that? Like help them become their own best friend just with consciousness and presence.

Okay. Gargling, right. They can do that. And you'll go through and just [01:09:00] read their signs, if they're looking at you, like I don't want to do that. Oh, that one sounds good. You'd be like, Oh, that, that sounds like this one might be something you could work in, right. And help them figure out how they're going to fit this stuff into their life and just say, do it at night. They're relying on you to tell them these little things, do it at night, do it in the morning, gargling,



yoga, breathing. This is good for the gastroparesis person, especially. So doing the yoga breathing is going to be really helpful for pretty much [01:09:30] anyone, because we want to train their body. All of us should be living in parasympathetic dominance, but we live in sympathetic dominance. So make sure you've done all these yourself.

Gagging, I'll tell you, this is the one I do, because I take the easy way up. And I sing all the time in my car. But if you're tongue scraping, anyway, I just gag myself with the tongue scraper to get like a two for one, right. And so, you kind of have to figure out who you're working with, how much time they have, and how that's going to work. [01:10:00] And then of course you could go through the coffee enemas. So, let them choose, if they choose and they leave your session with, okay, I can do that. And you want to get their buy in each time. Cause I'm hearing some of the comments that they're overwhelmed. And how do you stop that overwhelm? Well, you stop that overwhelmed by having them agree? You do your job, right. You say, okay, here are your session notes.

And we're going to talk about this in the business training. Here are your session notes. You're going to do these five to seven action items. How do you feel? Does this work in with your life? And [01:10:30] you want them to be like...you kind of want a vociferous yes, right. Yes, I got it, I'm going to do it. And you say, I got your back, email me if you have any problems. So that's all I wanted to say about the neuro activation exercises and see if you guys have any questions on those before you started administering them. Okay. Let's see. Have you guys been answering questions while I've been chatting?

Jack: [01:11:00] Yes.

Christa: Okay. How many neuro activating exercises at a time do you suggest one or two? What do you think, Jack and Nicole?

Jack: Yeah. I usually start with two.

Christa: Mm-hmm (affirmative). Okay, all right.

Can someone with amalgams oil pull? Yes. That would be fine. The oil's [01:11:30] not going to remove the metal from their mouth, but they should consider a healthy, holistic removal of those amalgams at some point. And their body will be well-poised once their genetic code is replicated to all seven microbiomes, to then do a concentrated metal detox. You're getting rid of the ancillary metals already in the Gut Thrive program, but that could be



something that you look at with them next, Amy. Oh, Sharon, some links in the resources section are not working like the HCL challenge and several others. [01:12:00] Will those go live at a certain time? Oh, that's because we're releasing the modules on a schedule. Yes, so you've got the module release schedule. Right when you get in and you open up the Gut Thrive portal, Sharon, you should see a calendar. If you need something sooner than we have it, just email the team and Laura Jo can send it to you. We're just trying to manage overwhelm and keep everybody focused because this is a lot. This is a life's work. This [01:12:30] is like the collective life's work of many of us. That we're just trying to distill down and we don't want to be so overwhelming about it.

Okay. Cory, she says, "I don't think we don't have as many questions because so many of us have case studies that are behind the schedule we're talking about right now." Yeah. Well, that's why we're going to take a week off next week, and then we're going to see where everybody is when we reconvene in two weeks. So we're willing to work with you on [01:13:00] the GPS of it all based upon where everybody is. Yeah, this is probably the least amount of questions that we've gotten on a webinar so far.

Monica, "Is it possible to over-activate, hyper-tone the vagal nerve while using the neural activator? What does that look like in a client?" Let's pass that to you, Jack.

Jack: Would you go back over that, Christa?

Christa: Sure.

Jack: I was actually typing a reply to [01:13:30] Nancy, which now I'm sure she's very excited to receive. She was talking about needing to chase down a case study, and I thought I'd just go ahead and type her an answer. But would you ask me the question again?

Christa: Happy to. Is it possible to over-active, hyper-tone the vagal nerve using the neural activators? If so, what does that look like in the client? That's a great question.

Jack: Yes, it is. And it's very, very highly [01:14:00] unlikely that you're going to over-activate the system. But you might say, can you do too many coffee enemas? Yes. There's always an upper limit, and the gagging is usually a bit of an emotional experience for people. They often will have tears and maybe even feel so trauma release. So it's not the kind of thing that someone is going



[01:14:30] to... Once it doesn't really do that anymore, they're not going to keep going back to it. As far as singing in the shower, that's probably just a good lifestyle thing to do every day anyway. So no, we're not going to overstimulate doing these exercises. We're going to hit it once. It's almost like a zinger. When you get that connection, there's [01:15:00] an enlivenment, and after two or three times, if there's like, "Well, why am I doing this? Nothing is happening," then the person's not likely to just keep pounding away at it. You just lose interest.

Christa: Yeah. I just typed the calendar in where the module releases are. Thank you very much, Jack.

Okay. Marian, "I'm so appreciative about the slowing down of the process. My case studies have not... Some of them haven't received [01:15:30] the supplements. It's hard to feel part of the process during the webinars." Yeah, so you are not in the US. That's right, Marian. And supplements haven't gotten to Canada. Okay. Well, I think this is good. We're going to hit the pause button and Amazon delivering. Okay.

Nicole, I posted the calendar. Okay.

Well, so we've got 12 minutes left in our webinar. [01:16:00] Thank you, Jack and Nicole, for answering questions along the way. What other questions? Free for all questions now. Now you can answer questions for your people if they're still in Step 1. If they're about to start the bone broth, let us support you how we can.

Carry, "When do we add the neuro supplements in during the pathogen purge, especially with the sludgy cocktail?" Away [01:16:30] from the sludgy cocktail. So they could be a first thing in the morning type of a thing, or you could wait because in the traditional Gut Thrive program, the neuro supplements come in in Step 3. So they would be finished with the sludgy cocktail. They'd be finished the with pathogen purge supplements, and then they could replace them at night, which is kind of nice because the calm, especially for people not sleeping or just sleeping light or waking up a little bit between 1:00 and 4:00 AM, they really help most [01:17:00] people.

So maybe start with a couple of the other neural activation exercises or if you are going to do a control experiment group with somebody who you feel really needs the neuracin and the calm now, then you would give it to them in the morning after they've had a bowel movement sometime in the morning, mid-morning.



Okay. Jump in, my fellow teammates.

Nicole: [01:17:30] Oh, Evon asked what an alternative is to coconut water. She has someone who's sensitive to that. I would do the Goodonya Hydrate. I think we sent a link out to that last time. Also, Iron Minerals has a good electrolyte formula you can put in water. That would be good.

Christa: Okay. Thank you. Nancy, this just cracked me up. I need to read it. "My case today and I worked out a great chart, and she puts it on her wall with options for all the things she can do. The visual [01:18:00] is very helpful and that way she chooses daily what she's up for. And by the way, we had a Zoom call last night. We did a hilarious enema training. And today, success." You're growing and learning, and you're having breakthroughs. They're having breakthroughs. It's going to be messy literally and physically.

Nicole: Really.

Christa: But it's all part of the practice. It's all part of the learning. That's awesome. Nancy, if you want to share that training, the chart [01:18:30] that you have in the forum, I bet it would help a lot of our other clinicians so they could see what that was.

Nicole: Yeah, and Shelly made one in practice better that's really cool. So we'll share that one too next month.

Christa: Okay. Oh, good. That's great. I want to comment on Lacey because she's a very successful colon hydrotherapist in San Diego. She says, "Some people have an aversion to enemas in their own bathroom or without guidance. In open system colon therapy session is a very small [01:19:00] speculum, similar to an enema nozzle and the therapist to ensure understanding throughout the process as needed." So we have two, Lacey and Bridgette, are colon hydrotherapists in our program. So you can find them on the forum too, and this is just so beautiful how you can all help each other out in response to what's happening to your case studies.

Thank you, Lacey. I saw Linda this weekend, by the way.

Okay. [01:19:30] Let's see, let's see, let's see.

Nicole: Sole water. Food.



Christa: Where did Janelle ask about diet... Oh, okay. Haley, and I think Janelle, I did see a question. What about Diatomaceous Earth and the warnings on the product that we want all clients to address? So we've got Prop 65 about... Jack, you want to talk about it? I bet you could talk about this until you're blue in the face.

Jack: [01:20:00] Yeah. I don't want to make fun of your state's laws...

Christa: California.

Jack: It's a money grab. It's a money grab for the state in attorney fees. But you'll tell them, Christa, but a lot of these are naturally occurring. There's some lead that can occur in these naturally and in any Earth. Anything from the ground, even humates [01:20:30] and fulvic acids, things like that that come from the ground, they all have traces. That level is so low now in California, you can't even eat a plant without encountering something that would tip that scale. So it's tough when it's sitting there on the label. So do you have a planned answer when the patient looks at the label and goes, "What the heck are you doing?"

Christa: Well, you need to [01:21:00] call it out. So I've been dealing with this for, what? When I was back in private practice, 15 years. So you say, California, that's exactly what you say. You say they're naturally occurring minerals and metals, and it's a parts per million issue. This is so low it could not possibly... I cannot tell you what the fertility, reproductive harm, cancer, and how many clients and patients I've worked with. So you just have to share that.

Jack: The other one is the lead is bound in the clay. It's not coming out. [01:21:30] It's already molecular. It's a covalent bond, and it's going to be stuck there. So it's a pass through thing. It's not like they're going to get it in their body.

Christa: It's a pass through thing. It's not going to contribute to any immune or brain issues, and you just tell them it's a parts per million issue. The threshold is so low. I mean, I don't know if you want to get all political. It's a money grab, but we're in a war right now. We have to fight for natural health more than we [01:22:00] ever have and circumvent things like that.

Jess, "I'm on Plan F. Seeing a bit of a flare in my acne, assuming it's cause of making candida angry. Any insight into acne?" We only have three ways to detox: through the breath, through the bowels, and through the skin. And so if you are breaking out, I'm going to ask are you eliminating 2.2 pounds of toxins a day? You could consider since you're having it come [01:22:30] in your skin to



do infrared sauna. You could do that one to three times a week for 30 minutes, and that will certainly help open up the channels of detoxification, as well doing the deep breathing and you can do a coffee enema. I'm sure you'll see the acne can be related to many things. It depends on where the acne is on the face. It could be you're having a hormonal uproar as a result of what's happening. A lot of people on Plan F can also have a concurrent PCOS type of issue happening with the gut. And as you're [01:23:00] releasing entrenched species, all kinds of things can happen.

So my advice is to either do the detox bath, the salt and soda bath; do your infrared sauna; and you're deep breathing. If it doesn't go away within the next seven days, then you can cut the dose in half of the Plan F herbs and let your body calibrate there. But [01:23:30] it's actually a good sign. I'm sorry. I know it's not comfortable.

Okay. Coconut and cumin, issues with that. Yup, just remove the cumin from the CCFT. That's fine. If any shift happens and we need to add in a pancreatic enzyme, we can always do that.

All right. [Haveva 01:23:58]. Hi, [Haveva 01:24:05]. [01:24:00] If the coffee enemas cause extreme jittery feelings or that incredibly over caffeinated feeling, leave them out. [Haveva 01:24:12] was part of the Adrenal Recode, and if we've got these super sensitive HSPs, highly sensitive people, I'm one of them. So you have to be careful. If that happens, then leave them out. There's many other paths up the mountain. Most people are not [01:24:30] going to get a coffee, jittery reaction from the coffee enemas.

All right. Okay. Carry, "Hey, let's drop a bomb of good news. I am sleeping EVERY SINGLE NIGHT since I started taking the two supplements weeks ago." Awesome.

Okay. All right. Nicole, "My case study wants more info about pH. She's doing everything in the handout but is gung ho [01:25:00] how to do the very most." Give her more info on pH then. Give her some research. Go to thewholejourney.com. I did two shows and two blogs if you want to share those or pull some studies for her, and you can give her more research.

And guys, as you're finding research, post it in the community. When we do this research library, we'll vet everything. We'll be like a team where we're going to fight for natural health together and all these good studies.



Rochelle, "My vegetarian Plan [01:25:30] S client is suffering from gas after soaked kombu beans and quinoa. Should she push through and hope digestive enzymes work? I'm encouraging her to eat more eggs and limit beans to one meal, which she is hesitant about." It's so hard. It's hard working with people. They're like, "Hey, this really bothers me, but I don't want to stop doing it." So, Nicole, how would you counsel this client? I mean, I want her to eat more eggs and marine collagen and...

Nicole: I would say marine collagen might be a good transition [01:26:00] for her. Yeah, for sure. If she can eat more eggs and marine collagen, I think that'll help.

Christa: Yeah. Okay.

Jack: Yeah, people that have trouble with beans are missing an enzyme. It can be that they can get this to work. Meaning coming through this program, they may find that they digest beans better in the future. But there's actually, let's say constitutional types, and people can [01:26:30] have trouble with beans. Just a thought that came to my mind, they've already done the kombu. You can soak. There's also an old technique they say to take the... I'm looking to see what the problem is, but they say to take the pop out of the beans. You can put baking soda and soak them overnight in baking soda water. So maybe these things are inactivating something in the bean [01:27:00] that they don't have an enzyme for. So they may be able to have beans work out okay with just a little more trying if that's the goal there.

Christa: Okay. Thank you, Jack.

Lacey, great question. "In order to receive the neuro activation supplements in enough time, who would you suggest to plan on using them, needing them?" Most Plan S-ers, most people on Plan S can highly benefit from using the neuracin and calm. So [01:27:30] I would probably order those. If you're in the US, we're shipping today. I would order those maybe a week before you get to Step 3.

Nicole, that's something to note about stock. Nicole's our stock magic witch, the good witch, keeping all the stock in.

Nicole: I'm like this.



Christa: And people who have trouble sleeping, people who have inveterate constipation. [01:28:00] Those are your three. You're going to have a lot of some sea foam, small intestinal fungal overgrowth. Some Fs, probably 10-20% of the Fs are going to need to use the neuro activation, and then somebody who's got really terrible anxiety. So you're going to have some of your Plan Ps that they've had parasites in them for a long time. It's like a foreign entity inside of them. So you're going to want to swage the neurotransmitters and help repair [01:28:30] the neurotransmitters. Any clients that seem like super Type A and stressed and constantly drive their adrenals in overdrive can really benefit from replenishing their neurotransmitters.

Nicole, can you answer this from Monica, "What does coconut oil do if anything specific to lower histamine levels or client's with histamine intolerance?"

Nicole: I wouldn't say it's a specific antihistamine type food, but it's obviously an antiviral, anti-pathogenic, [01:29:00] and most people tolerate it very well. It's low in histamine. So I think it's definitely a good thing to include.

Christa: Okay. I really want to address this one from Taylor because you guys might run into this with the salt and soda bath. Can the salt and soda bath cause an increase in blood pressure from the soda? The answer to that is no. People have had intense reactions after. Red face, raising heart. Is that a histamine reaction? No. Is it raising blood pressure? No. What it's doing is that person is in adrenal dysfunction, and [01:29:30] their thyroid is suppressed. And it's causing their nervous system to go a little... I don't want to say on the fritz, but it's causing the nervous system to go overactive. So they need to keep the water less hot. They need to have warm water. Get a glass right next to them that's got a little bit of ice in it. So it should be cooler, but they should have a drink with them that's cooler than the water that they're soaking in. And it should be electrolyte, whether it be coconut water, the Goodonya, hydrate [01:30:00] mix.

And for these people that are in Stage 2 or 3 adrenal dysfunction, and if it still happens, then you retire the salt and soda bath and you use other paths up the mountain. Such a good question.

Jack: Yeah, so they used Epson salt, right? Which is magnesium sulfide.

Christa: Yeah, and-



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- Jack: Magnesium sulfate, and that's what Epsom salt is. And then the baking soda. So you're not getting the sodium that might [01:30:30] be associated with... Some people are worried about the blood pressure. That's sodium that they're [crosstalk 01:30:37] from your doctor.
- Christa: Yeah. Thank you.
- Nicole: I just got a question from someone who's not on the webinar, who couldn't attend. So I'll just throw it out there for you guys. She said she has a Plan S client with mild constipation this weekend. Woke up this morning with a mild headache, and today was her first day of the fast. The headache became severe, and she vomited two hours ago. The bone broth grosses [01:31:00] her out, and she's hating the diet, hating life, and hating all of us.
- Christa: I'm sure we got three or five or 100 of those people out there from over the years, right?
- Nicole: Yes.
- Christa: Okay. Go ahead. Nicole, you want to jump in and answer that because you've answered that a lot. Okay.
- Nicole: Yeah. I mean, I think that it's clearly too much [01:31:30] for her. So I would just reduce down what she's doing. Slow the detox effect. I would cut her supplement dosages down. Take a couple days off and then come back at a quarter or a half of the dose.
- Christa: And retire the broth. I mean, I've done plenty of broth fast where you're right, it can be like gross. You feel like you're swimming in it. So yeah, definitely take some time off, and then have them cook with the broth, right?
- Nicole: Yeah, exactly. Put it in food.
- Christa: Disguise it. You can put it in smoothies and you won't know about it and [01:32:00] those different ways. So that we are not drinking it, and you feel like a...
- Nicole: Yeah, she can just use it when she eats her muscle meats and things like that.
- Christa: Yes.



Nicole: Yeah, make it more [crosstalk 01:32:11]-

Jack: What about good ole tortilla soup?

Christa: There you go. Sans the tortillas. Or they could use the Cassava tortillas.

Jack: You don't want the tortilla, but you could have chicken soup.

Christa: Yeah. I know, I know...

Jack: Okay. It's minestrone...

Christa: Jack, they can have Cassava siete chips [01:32:30] or they toasted their own tortillas. There we go. They can have tortilla soup.

I'd like to celebrate this, Cory. "More good news. My Plan S PCOS client has not had a period," I feel like I want to start dancing, "in eight months. And her cycle started last week. I could just cry for her. She's doing the program preparing to conceive." It makes me want to cry. It's the difference between creating a human being or not. [01:33:00] I have friends that go through the fertility wars. I've worked with so many women that go through the fertility wars. This is the best way to prepare your body to conceive. They're contributing to their grandchildren's health what they're doing for themselves. There's going to be so many positive stories like this, and it's just so exciting. I'm so happy for her, Cory.

Okay. Are we ready? Are we ready to wrap up? It's 4:05. [01:33:30] Any last question? We're celebrating Cory.

Jack: Oh, Nancy just reporting in someone dreamed for the first time, has been remembering dreams, and we do run into that as health improves, oftentimes people start having better dream recall and things like that. It shows it's a multidimensional program.

Christa: Yeah, it is. It really is. Lacey, this is the last couple of... yeah. Oh, I'm sorry. To jump [01:34:00] back, Teresa, the question that the woman wrote into you, Nicole, is to mix Bieler's broth and veggie broth. So they could dump the bone broth and just do Bieler's and veggie broth. Yeah, great idea, Teresa.



Lacey, the increase in animal protein has raised some questions about heart health. So many messages of red meat and heart disease. What could be said about the amount, ratio of these organic free-range options so to speak? Lacey, please go to thewholejourney.com and just type in red meat in the search engine. And I have a full researched blog and show [01:34:30] on this, and that can be your response to anyone. It's all about the quality. It's all about the quantity. That should be good.

All right. Guys, we love being with you, and this is really fun. Still so many of you hanging in with us. We're going to miss connecting with you next week, but we'll jump on two weeks from now. And we can't wait to hear how it's all going. [01:35:00] We'll just self-regulate the pace as we all go through this. Okay? All right. Jack, Nicole, always appreciate being with you.

Jack: I thought we were going to do this in Bali or something, wasn't it?

Christa: Yeah.

Nicole: Yeah, you did propose that before.

Christa: Uh-huh (affirmative). That's the second. Jack's such an adventurer, you're dying to travel, aren't you, after all this COVID quarantining. Hey, I'm game. I'm game to take the practitioner training program. I would like to do one in Mexico in Tulum. We [01:35:30] can have our reunions and our conferences for all our Gut Thrive practitioners, Bali, Tulum. We'll do it. Okay.

Jack: All right. Take care everybody.

Christa: All right. Bye guys. Have a great night, day, wherever you are. Thanks for being here.

Jack: Bye bye.

Nicole: Bye everyone.