



GT5 Practitioner Training Webinar #7: Step 2 - Pathogen Purge Q&A

Christa: Hello lovely practitioners. Hi Nicole.

Nicole: Hi Christa. Hi, everyone.

Christa: Love to see you on, saying hi from everywhere. Welcome, welcome, welcome. Yes. You guys connecting on the community? We see some good successes coming through and we love that.

So Jack should be joining us shortly, [00:00:30] and this is our third and final webinar on The Pathogen Purge Q&A. And hopefully you guys got my email, you read it, how we reworked some of the webinars really to calm your nervous system and give everybody a little bit of a break.

Here comes our favorite Jack Tips. Hi there.

Jack: Hello, hello.

Christa: Nice to see you, Jack.

Jack: It's good to see you guys. Hi Christa.

Christa: Hi.

Jack: Hello Nicole.

Nicole: [00:01:00] Hi Jack.

Christa: Jack, you're free out there in Texas, we hear.

Jack: I'm what?

Christa: You're free now in Texas.

Jack: Oh free [inaudible 00:01:10].

Christa: No, you're free.



- Jack: You know what happened after the governor said, "Hey, forget all that stuff." Then all the individual businesses and certainly all the federal agencies, and there's a lot of them in Austin, and credit unions and things like that, they're all [crosstalk 00:01:31]-
- ... [00:01:30] saying to counter that you have to wear two masks or something.
- Christa: Oh gosh.
- Jack: So anyway, it's still pretty much the way it was just a few yahoos celebrating. But maybe it'll get some businesses going. My stepson Ryan just had to give up and start playing again and going out in public and [00:02:00] so.
- Christa: Oh, I'm sorry.
- Jack: A lot of people just had already had to go if they were going to stay alive. So anyway, well, here we go, guys.
- Christa: Here we go. We're going to send good juju to everyone. So much suffering this last year plus. So I was just saying to everybody, I see, thank you from Christa and a couple of other people that the slow down has helped. We have slowed down the program.
- Jack: We're live?
- Nicole: Huh?
- Christa: [00:02:30] We're live.
- Jack: You're saying that we're live now. Forgive me. Hello everybody.
- Christa: Yeah, we're cool. We're good. So this is our third and final webinar on The Pathogen Purge. You're going to get all your questions answered and while I'm talking, I want you to type in what is new and good because of those of you that I've known for a long time, you're texting me, you're saying, "Oh, my case studies, hemoglobin A1C is normal. The blood sugar is regulated. This person lost 17 to 20 pounds. I mean, headaches going away." So I want to [00:03:00] hear that. Cause now you should



have your sea legs. They are eliminating so much metabolic waste, such a burden on their guys' immune system. So we want to hear what's new and good as I go through the rest of just this schedule. So here's how it's going to go.

We are in the last part here over these next two weeks of The Pathogen Purge. You're going to ask your questions today. Other questions that can come through via submitting a ticket. Then we release on [00:03:30] the 15th, Step 3 in the portal. That gives you seven days to watch all the videos and read all the materials and wrap your brain around moving into Step 3, and then to ask your questions once we go live with that. So, that should be good. And when we do get back to our webinars, cause we're skipping next week, we are starting the business webinars the same week. So we will have a webinar, a clinical webinar on the 22nd on reseeded and healing the lining of the gut. We will have our first [00:04:00] business webinar on the 25th.

And I think you are going to freak out with how good these business webinars are going to be. I literally distilled down like 15 years of everything, how it's taken me and you're going to meet Jordan Reasoner, who's coming on, who is a brilliant, brilliant coach of practitioners. And so I think you're going to start to get really happy about how you're going to implement this work in the world with that. [00:04:30] And then Nicole, do you just want to touch quickly on Practice Better? Cause I think that would be really supportive to everyone's nervous system. We're going to help you automate getting all this information to your clients and patients as you go forward.

Nicole:

Yeah, sure. So Practice Better is an online portal that you can use to manage your clients. Some people already use it on here. It's similar to something like Healthy. And one of our practitioner trainees, Shelly works with Practice Better, and so Shelly and I are going to do a little mini webinar on how you can use Practice [00:05:00] Better to organize your Gut Thrive materials, how to automate certain parts of it, how to set up a whole program within the portal. So that each week you can automatically send your clients emails with videos or handouts. And so it'll be a nice way for you to organize all the content from the program. So it's not overwhelming to you and it takes the pressure off of you and you don't have to constantly worry about sending people things. So it's really cool. I think you'll like it once you, once we get into it in April.



Christa: [00:05:30] Yep. Awesome. Thank you so much for setting that up for us, Nicole. All right. Let's just check out here. Do we have? Okay. Good. See Naomi: "the slowdown has helped a ton." Christa. Good, good, good, good. Okay. Hey, check this one out. Marianne: "constipation since birth now going to the bathroom almost daily." Whoop whoop. I love it. Janell: "my case studies are loving the coffee enemas." Fantastic. See, don't knock it until you try it. Like we were talking about [00:06:00] last time, just give them the passion and that will carry them into the first one and the way they feel will take over the rest of the way.

Lowered her cholesterol already and lost 12 pounds. Sharon. Amy: "my people are losing weight and have so much mental clarity." Guys, you're helping to heal the world. This is so cool. All right, Krista: "one client feeling so much better and lighter from these past couple of weeks. Numbness in fingers gone and [00:06:30] another client lost eight pounds."

Rachelle, fantastic. Catherine: "energy increased. They look shiny and happy and they started sad and gloomy." My clients that I see this, their skin, it's like they're coming alive. It's just so incredible to see, even the ones that went into it already fairly healthy. Janelle: "Step 3, before the 15th, my case studies are currently on week six. I want to be prepared to let them know what is coming in Step 3." [00:07:00] I have to talk to Brent and see what he has ready. If you feel like you really need that. Potentially we could get it to you by Friday. We'll see more than that. Nancy: "Plan H here is dreaming." Awesome. Okay. We love you guys. Susan Erica: "23 pounds lost. Blood glucose decreased. A1C, hemoglobin A1C decreased. RA meds," rheumatoid arthritis [00:07:30] meds "going to the last dose he could be on." Yay. This is like not even halfway through, right?

That's fantastic. Susan Erica, you're helping him reverse his diabetes. Type two diabetes is 100% reversible. 100%. Okay. This is so good guys. We're so proud of you. Naomi: "client down 12 pounds." All right. This is great. Okay. "GERD better. She was really surprised." [00:08:00] Fantastic. Okay. "Plan S group is amazed at how easy the program is to follow." Thanks, Connie. So glad. Okay. So I know Nicole, you said Mary Colvard, you want to present a case study, you want to jump on and we're going to take her. So go ahead and request to speak, hit the little hand button that you see there.



- Nicole: And while you're doing that, Nicole asked if practice better as a scheduling tool as well. It is. So you can have it set up so that for each service that you provide, [00:08:30] you can select a calendar and set up your availability. You can also connect your billing. So if you square or something like that, PayPal, you can connect it all up. And so you can book and require payment all through your website. And it's really cool. So you'll like it for sure.
- Christa: It's really taken the place of a practice assistant.
- Nicole: It is. I'm telling you it's changed, when I switched over to it it just made such a huge difference with the amount of time I was spending doing administrative stuff. It just really cut that down.
- Christa: Yeah. Because we want to do what [00:09:00] we love and all the administrative stuff is like ehh uhh, right? It's so great to avoid that. All right, wonderful. Hey, check it out. Naomi: "rheumatoid client in remission. No markers." Fantastic. You see? You're helping them reverse auto-immune disease that maybe their doctor said wasn't reversible. It's also reversible. It's so great. "Psoriatic arthritis. Hasn't had any new outbreaks or pain in the joints. Pain in the joints is better." Great. Okay. So requesting [00:09:30] to speak, Marianne, Mary, I'm going to take Marianne, Marion? And then Marion, and I'll let you in next, but Mary I want you to come on and now you guys should have your... Make sure you state what's going on, how old this person is, their gender, the plan that they're in and then present the questions. Okay? All right. Well, I've accepted, I'm going to go ahead and accept [00:10:00] Marion, too. So you guys should be able to jump on and then, okay. Mary's joining the room.
- Hi, Mary.
- Mary: Hello. Hi.
- Christa: How are you?
- Mary: I am doing really great, thank you. I am so excited to be here.
- Christa: Where are you in the world?



Mary: I am in Denver, Colorado.

Nicole: Oh, [00:10:30] love that.

Mary: It's been sunny and beautiful here.

Christa: Oh, wonderful.

Okay. And then Marion, who joined, I'm going to ask that you keep your camera and your mic off until we're finished with Mary. Okay? All right. So let's do this Mary. Let's see what case study can we help you with today?

Mary: Okay. So I have a little bit of a challenging one. She's a 60 year old female, five two, a hundred [00:11:00] and, starting the plan, starting when the program started, she was at 168. Historically, she's a two time cancer survivor. She had ovarian cancer way back in 2006. Professionally, she was an OBGYN medical doctor and has been on disability since 2007. So she recovered [00:11:30] from that. She had the treatment of course, with chemo. And during that chemo, they inserted the port in her abdomen and injected the chemo directly into her abdomen. And so then in 2018, she was diagnosed with small cell non-smokers advanced lung cancer. And [00:12:00] so then she had chemo and radiation. So the fact that she's here and doing, speaking to her, she's very uplifted, positive. She's super compliant. I mean, she is studying everything, doing everything exactly to the, following everything great. And I know it's going to be slow just because of what she has to recover [00:12:30] from. She also has been, has had the SIBO.

Christa: Is she on Plan S?

Mary: She is, yes. She is Plan S.

Christa: And she is in Step 2? She's on The Pathogen Purge now?

Mary: Yep, she's in The Pathogen Purge. Yes.

Christa: Has she responded well and been able to take a full dose of supplements?



- Mary: She has. She had already gone off gluten a couple of years ago. And caffeine wasn't an issue, already off caffeine. [00:13:00] Sugar, she probably indulged in the sugar, but she went off that. Like I'm saying, she's super. Doing everything right. Following everything completely. And the only drug that she's on after the cancer is the Alecensa, which is a concern because when you're on any kind of medication like that, and then I know that is the main thing causing her constipation and bloating. [00:13:30] Because that's her chief complaints starting out was bloating, gas, and constipation, and insomnia, and then resistant to weight loss. She has lost six pounds.
- Christa: Okay.
- Mary: Which is, you know, she's very happy with that because she's been very resistant to any kind of weight loss.
- Christa: Yeah. She's, we just have to sensitize her cells to insulin and [00:14:00] her mitochondria is, that's so important. I'm going to have Jack respond and then Nicole will kind of jump in.
- Mary: Okay.
- Christa: Okay Jack, what would you do with this 60 year old cancer survivor?
- Oh, we lost your audio.
- Jack: I had [00:14:30] muted it in case I made noise when Mary was speaking or something. Hi Mary. The first thing, I guess we really, we're keeping our focus on the gut, but we know that the chemo definitely impacts the gut microbiome and chances are, I don't know how much the radiation for the lungs [00:15:00] impacts the gut microbiome, but inevitably I'm sure it does. So what we're really now saying is, okay, let's assume we have some radiation issues to the gut microbiome. So getting the good work there, and I believe there's some pretty good science that taking probiotics during chemo is every bit as helpful as taking probiotics during antibiotic therapy.
- So it's something that's long overdue [00:15:30] to be included with the chemo radiations and so forth is to get back and support that core issue for a person with the gut microbiome. So my thoughts then, was



just begin gently and start going through the program. You've got all the goods to come out the other end, when the program is [00:16:00] done to get this rejuvenation and have a new foundation. Ask me anything specific to that. But we know there's damage, so we know the program is needed.

Mary: Okay. So yeah, that would be my next question is because of the damage, going through, I feel like going through it the first time, we're [00:16:30] just hitting the tip of the iceberg and then she'll have to take, I don't know how much time you could recommend that off and then almost go through it again. Maybe like six months to a year later, she's going to have to go through it a couple of times to be established and rebuild. Is that correct?

Jack: It sure makes sense that that might be necessary because you're looking at a fairly severe [00:17:00] impact. And between the three programs, to be sure that diet is staying strong and the fibers are present to start rebuilding whatever probiotic species can take up the residence and feed off of the prebiotics. So I would make it a six month probiotic prebiotic focus [00:17:30] between the program, but it makes perfect logical sense to do it again and see if you jump another rung on the ladder.

Christa: Okay. Nicole, did you have any thoughts that you want to jump in?

Nicole: Sure. I might also add on, sorry, I'm getting a lot of feedback.

Christa: Yeah, that feedback. It's not my mic.

Nicole: I don't know, but...

Christa: Can you mute your mic Jack? I want [00:18:00] to see if it's you and I'll make sure, Marion, your mic is muted. Here, let me do this.

Jack: I'm keeping mine turned off and now I've turned it on. I'm hearing the feedback when mine's off.

Nicole: Oh, I think it might've been, maybe it's Mary's mic.

Christa: Okay.



Nicole: Yeah. So I might just add in too some dried ginger to get the effect of the six-Shogaol. How do you pronounce it Chris, is it Shogaol?

Christa: Six-Shogaol, yeah.

Nicole: Shogaol, that might be supportive for her, maybe [inaudible 00:18:34].

Christa: You hear me?

[00:20:00] Now we're back. Except now we lost the chat. Okay. You guys, if you, when in doubt, refresh. Just hit refresh and it'll flip you back on. Because we are all back. Jack Tip left the room. He's kind of... Okay. Fine. Hey, you know the digital age. Thank you, Bridget. You can hear me. Okay, Nicole, you cut [00:20:30] out, you were recommending a teaspoon of dried ginger daily for six-Shogaol. Mary, it's high in six-Shogaol, which is the cancer killing compound in ginger. It's proven to be as effective or more effective than chemotherapy because it kills cancer STEM cells.

And what else did you say>.

That would [00:21:00] be good as just a general practice. Yeah. To get her, if she drinks coffee, have her, I would have her drink coffee with lion's mane for a long time because it regenerates nerves. And so with, so cancer is a disease of the cells. And so we have to make sure that her cells are getting fed and her cellular energy is so depressed. And so we need to make sure she's getting oxygen, she's getting T3 from her thyroid, and she's getting glucose shuttled into her cells to rejuvenate her cells. [00:21:30] So she's going through Gut Thrive and a way to do that is to add an additional 10% carbs. It will speed up her weight loss and to do it with organic fruit and root vegetables. And so I would add like an extra quarter of a cup of carbs to breakfast, lunch, and dinner and see how she does.

We don't know how she's going to do with that. If she starts gaining weight, then you would cut it in half and then you would slowly build up because now we have to train her body what [00:22:00] to do with the glucose to actually put it in the cell and use it for energy. And I would definitely look at her thyroid, do a comprehensive thyroid panel. You want to look at TPO T3, T4, TSH, and TA, thyroid antibodies. And let us



know what's going on there. We're happy to look at that and see, because I'm sure her thyroid is taking a big hit on this. And then if she were my client, I would probably add in if she's so compliant and she can [00:22:30] handle more, when you get to Step 3, I would add in REL, R-E-L by Systemic Formulas, it's a chlorella which is going to help remove radiation from the body.

And I would have her take two of those twice a day until the end of the program. And then I would get her on one ubiquinol, the converted form of CoQ10 with breakfast, lunch, and dinner, a hundred milligrams each time. Start to generate cellular energy, and then I would have her take our whole daily plus multivitamin. It's formulated for the [00:23:00] adrenals and the thyroid, which have both been severely compromised by the time any of us get to age 60, but especially if we've been through cancer twice. And then the other option is to also add in liposomal glutathione, just to give her liver a little bit extra support from Step 3 to the end of the program, and then make sure she does salt and soda baths, probably at least twice a week. Cause they're the ones that are going to support the nervous system. And they're also going to help with [00:23:30] the radiation, getting the radiation out of the body.

I can't hear you.

Oh, we still don't have your audio, Mary.

Let's try one more time.

Nope. [00:24:00] Can you guys hear me? You can? Okay. Mary, just for the sake of time, I'm going to have you follow up either in the chat or submit a ticket since we can't hear you. And then we're going to let Marion come on in. Okay?

All right. Let's do that. Okay. Hi, Marion.

Marion:

Hi.

Christa:

How are you?

Marion:

Good. Great to see you guys.

Christa:

Great to see [00:24:30] you. Where are you tuning in from?



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- Marion: From the South of France.
- Christa: Oh, that's great. We went back and forth. Oh wow, it's so late out there. Thanks for staying up late to be with us.
- Marion: No, thank you. It's such a privilege. I can't fall asleep.
- Christa: We're so happy. That's so wonderful. Tell us about your case.
- Jack: Well, it's just dinner time in France right now.
- Marion: Well, not at [00:25:00] the moment because it's midnight. I didn't sleep really well.
- Christa: Yes.
- Marion: Yeah, I don't, okay. Let me jump in so I can give some time to everyone. So I have a female, 51 years old and she's on Plan S. She has been diagnosed with Hashimoto's 10 years ago. She has a lot of adrenal fatigue, for instance a lot of migraines. [00:25:30] And so she's the one who had constipation since birth, going to the bathroom about twice a week, but now is going almost daily.
- Christa: Great.
- Marion: Yeah. And the salt flushes are working really well for her. She's, like she found the right dose and she's really happy about it.
- Christa: Perfect.
- Marion: Yeah.
- Christa: I'm getting chills.
- Marion: I know. Really exciting. She is on antidepressants, [00:26:00] daily, cholesterol medication, and sometimes triptan for her migraines. Although she told me that she hasn't taken any during the program because she's trying to hang in there and stay away from the junk while she's doing the program. She's very resilient, very motivated. It's really great.



Christa: Wonderful.

Marion: Yeah. So yeah, she's one of those, like Mary's doing everything. [00:26:30] So she's ready to try anything. Actually, I had a question, she was ready to do the colonic and then she realized she forgot to tell me she has diverticu-- How do you say this?

Christa: Diverticulosis.

Marion: Yeah, that. So I told her to hold off and call a hydro-therapist that I know from around here. I don't think she's done it yet because she would have told [00:27:00] me but maybe I can get a little bit more input on this. Are there any cases where it's okay to do a coffee enema even if you have that or you would rather not?

Christa: I prefer actually a colonic then a coffee enema with diverticulitis or diverticulosis. I think it will actually be a little gentler and then see how they handle that. And [00:27:30] then maybe you could take a look at the coffee enema. Jack, my own father has diverticulitis, and not anymore, but I've had to send him in for colonics and did really well. So do you see any issue with a coffee enema with 51 year old Plan S diverticulitis doing well on salt flushes?

Jack: I don't see a problem with it. For many [00:28:00] people with the migraine phenomenon, it'll be, if there's an impact of caffeine, it seems to be helpful. And so they'll often be taking like an Excedrin that has caffeine in it to try to knock it out. So I'm not intimidated by the idea that there's caffeine in the coffee that's being used for the enema. I like your idea though, Christa, I think it's deeper and more thorough to start with some colonics first. [00:28:30] And if that can be done and just get more cleansing, particularly trying to go after those bowel pockets get some things cleaned out.

Now, that's going to get the toxic burden off the body and will set the stage. And then I would look at a coffee enema to have even a better impact. And then the great thing here is that, is moving [00:29:00] through the program and then getting the inflammation down and then moving on out of it, the long-term benefit by following this program is huge. As the fibers will start preventing the pathogen overgrowth and actually allow some of those diverticuli to start smoothing out. So a lot



of the diverticulitis is a reaction of the body to the inflammation.
[00:29:30] So, get ready, but this is a condition that can be greatly helped in this program and on after the program.

Christa: Yeah, you'll see strides when you get to Step 3 and we heal her, the lining of her gut. You'll see huge strides with her diverticulitis, but I'm also, she's on Plan S, it's going to be good to look at her antibody levels in Step 4 and see and make sure they're starting to come down.
[00:30:00] And then I would have her look. So cholesterol, I think we've talked about this, is... So cholesterol is a very important molecule, and we need it. We don't want to shoot the firefighter, blame the firefighter for starting the fire. But we need to probably run her cholesterol, and then we can start to cut down on those meds because cholesterol's an issue of inflammation. And you are dramatically reducing her inflammation. So we don't want her to stay on a statin. [00:30:30] So all of you, especially with women that are a statin, it's really important... I mean, that can lead to early dementia. We need it for our brain. It's whatever you can do to control their cholesterol naturally and healthfully and reduce and omit the statin obviously with the prescribing physician will be awesome. And then the same thing with the antidepressant because we know that 70% of serotonin is produced in the gut, and that can be something. [00:31:00] I'm not sure what you're credentials are, Marion, but I-

Marion: Just a health coach. So I'm [inaudible 00:31:08].

Christa: Yeah.

Marion: [inaudible 00:31:13].

Christa: Go ahead.

Marion: No, I was going to say we talked about it today because I phoned her just before the webinar, and I asked her if she's tried to stop taking antidepressants before. And she said she did, and it went south pretty badly. She [00:31:30] had strong vertigo and a lot of nausea.

Christa: And that can happen. It's like her prescribing physician... She's going to need somebody who's integrative as well to titrate very slowly, but when I would work with people that were on antidepressants and take them off, I would use a formula called TravaCor by Pharmazon and build up



their serotonin naturally, get their body producing more. [00:32:00]
When you think you're on an antidepressant, serotonin... If it's a selective serotonin reuptake inhibitor, SSRI, it's like a sponge. It's going to keep squeezing the sponge, and when the sponge is dry, it's dry. So what we want to do is train the body to start producing more so that when you take this away, there's a level effect that they don't realize. So that's what I would do, and you have to figure out the legalities in France and with the prescribing physician.

But then also, adrenals, thyroid. She's going to need the whole [00:32:30] daily plus. She's going to need adrenal thyroid multivitamin, higher levels of pantothenic acid because she needs some help converting food into fuel. You can also add in in Step 3 once you get into Step 3 and you see how she does on the soil based probiotics. Plan S's probiotics are different. If she's doing well, then you start adding in more carbs like we just said with Mary to start feeding this thyroid more and nourishing it. And then let's revisit [00:33:00] this woman in about three weeks or week three now.

Marion: Okay. Can I ask one last question about her symptoms? She says she had scoliosis in teenage years, and she hasn't had any pain in her shoulder blades for years. And it restarted a few weeks ago. So this is mostly why I wanted to join the conversation tonight to see [00:33:30] how I can support her with those pains that are coming back. She also has pain on the lower part of her ribs, here on the left-hand side.

Christa: Mm-hmm (affirmative).

Marion: And she has a lot of pain, fatigued pain. Like when she's doing the dishes, she says she has to rest on her elbows because she's too fatigued. Just general pain in her body. Is this normal?

Christa: [00:34:00] Well, what's normal? It's not typical, but it's a sign of herxheimer's response where her body's trying to release quicker. Her body wants to release quicker than is possible. So that's another bonus for the colonics to help flush her out quicker unless Nicole or Jack, would you like to add anything to that?

Nicole: No, I think you covered it. I [00:34:30] would say though back to the cholesterol, I would encourage you over time to get her off of that medication if possible because it does such a big number on your liver



and your muscles. There are alternatives to it that you can use. Like red yeast rice. You could use some flush free niacin. There are things that you can do over time. Obviously, you don't just want to stop taking it, but I think it would benefit her long term if she could get off of it.

Christa: The Cholesterol Myth, if you guys haven't read it, is a great book.

[00:35:00] Okay. Marion, will you keep us posted?

Marion: Yes, of course. Thank you so much. Really appreciate it.

Christa: Yeah, and then when we meet again on the 22nd, I'm curious if she has one or two colonics by then if the joint pain's gone. Yeah, let us know.

Marion: That's awesome. Thank you so much.

Christa: Thanks for being here. Sleep well.

Marion: Thank you.

Jack: Just think of the joint pain as toxins getting into the joints and the immune system getting mad about it. [00:35:30] Just get on the other side of the cleansing. It could take a couple of weeks, but big strides.

Christa: It is, and this is the kind of a thing if you set them up and you say, "Hey, it's not always going to be linear and forward." You might go two steps forward. You go one step back. Three steps forward, one step back. This is their personal healing process, and so much of the mental aspect I've found with clients is if they expect it and they know it's normal, then they're not going to think on it too much or they're not going to give it more [00:36:00] energy than it needs.

All right. So we're going to go ahead and start taking questions. I'm going to let Nicole, I know you haven't chatted much. So you go ahead and pick a question, and guys, we still have plenty of time. So if you want to speak, you want to present your case study, we have room for two more within the next hour and a half. So just know that's there for you. Just request to speak.

Nicole: Okay. Jess, I don't know where we were in the lineup. Jess [00:36:30] is a Plan S client, has done two salt flushes with no luck going to the



bathroom. Did a tablespoon of salt and a quart of water, then did two thirds spoonful with a quart of water and no luck. What do I recommend next?

You could try it again and alter the amount of water instead of the amount of salt. So you could take that tablespoon and then go up an ounce of water or maybe one or two ounces and see if that has an effect so that you can get the match of the gravity [00:37:00] in the blood to the gravity in the salt mixture. So I would give that a try. If it doesn't work after that, then maybe salt flushes just aren't for this person, and you can use the enemas and the other detox techniques that we use in the program.

Christa:

Yeah. Okay. Dani says, "I'm curious if the Gut Thrive in 5 approach with multivitamins overall or if they could be taken in all steps or when or only in certain cases."

So that is something that they can continue on if they're on a high-quality multi, there's [00:37:30] no problem. If they're on a high-quality fish oil, it's just that it's a lot of supplements. So we're just giving what's absolutely necessary to implement the strategy. If they'll take a multi and fish oil, I see absolutely no problem and really only benefit. Of course, it's got to be a quality multi and methylated, open-source, food-based, [inaudible 00:37:49].

Jack:

Lacey's asking about acute diverticulitis, an active case, and it being a contraindication [00:38:00] for colon therapy and that is correct. Because during the -itis or the acute phase, a lot of those tight junctions are blown open, and the water therapy going in can flood the blood stream with a lot of the contents and the bad bacteria. And that'll put a big stress on the liver. So yeah, if you're waiting for the inflammation to go down and [00:38:30] then the diverticulosis is the result where the colon will have the pockets and pouches and the weak integrity. And often out of gastroenterology, they'll warn people against the very thing that they need. That would be to get cleaned out and also to get the fibers back in the diet. There's some theory that the fibers might be irritating, but it's the fibers [00:39:00] that are quite soft if you've ever stirred up a drink of fiber and gelatinous. Then that will start getting the good bacteria, and then you can get the tables turned.



So yeah, during the active diverticulitis, there's an old saying in naturopathic medicine that an acute infection is the number one priority. That whether it's an infected hangnail or a [00:39:30] diverticulitis, the end result is ultimately a person can die from an infection. So it's always looking at, "Oh, this becomes the priority. Resolve the infection, the inflammation." Acute inflammation is an infection process. So that becomes your top priority. So if you want to work with that, Lacey, you can be looking at the things that are soothing, healing, resolving [00:40:00] the inflammation and getting things working better. And then can move on with the therapies and might just wait until you know that there's some good healing.

Now you can assume, sometimes you have to run on assumption because you're not running a scope up there. But after two or three weeks on say an anti-inflammatory, soothing, healing [00:40:30] process, a lot of that will be better, and then you can try a light colonic, and you'll find then that the person isn't going to be just laid out, devastated from the colonic. But the side effects sometimes for people of a colonic is the introduction of too much at once into the body. So just make sure you've done the ceiling and healing first and give the body some [00:41:00] time. And then the person will be ready to go, and you'll be the one making permanent lasting changes.

Christa:

And thank you, Jack. And thank you, Lacey, who's a colon hydrotherapist. I'm going to piggyback off that for TerriLee is asking about colonics and coffee enemas for colitis. So that's a no, no for colitis or ulcerative colitis. Like Jack said, we want to get to the healing and ceiling, and they wouldn't visit that until after Step 3. But I love Lacey's suggestion here, wheat grass as an additive is [00:41:30] very, very supportive and healing. Really you don't want to do anything in the acute inflammation phase, but doing wheat grass just for somebody like that with colitis to do an implant and hold it instead of coffee could be something that would be very supportive and healing to them.

Okay. All right. Let's see, we have Nancy. I'm going to accept you, Nancy, and you jump on and you present your case study. I think [00:42:00] we can take a question before Nancy pops on due to the time lag.

Nicole:

I can see one. Monica said, "My vegan client had a rash before starting the program. Nearly went away within the first several weeks but has



returned now. She started Week 2 of Step 2. Is it safe for me to assume that this is due to the continued purging and not necessarily a worsening of anything as it's her understanding that pathogens leaving the body happen in layers. She's having no other adverse..."

Yeah, absolutely. I would say that's likely just a detox effect, and it can [00:42:30] present a lot of times through the skin. And I wouldn't be concerned about it. I would just keep an eye on it and reassure her that this is part of the cleansing process.

Christa: And this is another part of this is yeah, like you said, my clients, they would send me that. They're concerned. They want to rest [crosstalk 00:42:48], and I would say, "Great news, that means it's working." And they're like, "Oh, really?" And it's so true. It means that you're getting rid of entrenched feces, and they may need a little bit more detox pathways opening up. But [00:43:00] it's ultimately a positive sign.

Nicole: Yeah.

Christa: All right. We're waiting for Nancy to come on. Nancy, I've accepted you. She's joined the room. Nancy has done every Whole Journey program. She was in Gut Thrive in 2015, part of our live. Hi, Nancy.

Nicole: Hey, Nancy.

Christa: We can't hear you. No. No. Are you muted?

Nicole: There's a blue microphone at [00:43:30] the top. You just make sure your audio's on. No.

Christa: No. You see, Nancy, there's like a blue mic at the top. You got to click it to turn audio on, and you're on. Maybe unplug your headset. Let's see. Okay. I'm looking for an easy question.

Nicole: Oh.

Christa: [00:44:00] I'm going to answer Reshelle's question while you're figuring out the audio, Nancy. Reshelle says, "I have a client on Plan S that has painful blisters inside the nose in The Pathogen Purge. Should we stay on course?"



So the answer is yes, but there is something happening with the genetic code. I know we have I think Alicia's an Ayurveda practitioner. I've only had that happen once, and I use the Nasya oil, the Ayurveda Nasya nose oil. And [00:44:30] you can give that to them and massage, and that should help. But that should go away within seven to 10 days. And if it doesn't, then please submit another ticket. And if Jack, you have experience with that that you want to piggyback on, please do add to it.

Jack: Of course, my approach on that a lot of times is there's homeopathic remedies for that. But sometimes these blisters, if they're small, they're viral vesicles. So it might actually be [00:45:00] the purging out of some virus. So I like the idea of giving it a little time to resolve on its own.

Christa: Awesome. Okay. And you can always write in, Reshelle. Nancy, you let. Are you going to join us again? You could always write back, and we'll give you the homeopathic remedy if it doesn't resolve on its own.

Nancy, I think you have to request to speak again. We'll look for you, okay?

Okay. Alicia, [00:45:30] I think you are the Ayurveda practitioner. "Both of my clients think this is too hard and that there are much easier ways to lose weight that they have never been successful at. They seem to have forgotten their health issues, and they have thrown in the towel."

So incredibly sorry to hear that more for them than for you, and that's part of the culture. It's like we don't want to do this program to lose weight per se. We want to do it to get healthy. Weight loss is a byproduct of a healthy body, and it is not [00:46:00] your job to convince them or beg them to be... You can't want for their health more than they do. So bless them and let them go, and get a couple of other case studies who realize the value and the benefit, Alicia, and do not be discouraged because this is a practice. And you guys, we're going to run into everything. We need to strengthen our own resilience as clinicians and become that pillar. And you will find others. And if you can't, you let us know. We've got no shortage [00:46:30] of people who would want to be your case study to go forward. So try to not be discouraged, please.



- Jack: There are easier ways to lose weight, no doubt, but the purpose of the program is to rejuvenate the gut microbiome and what all that means. And the weight loss just comes as a side benefit of doing the right thing. So it sounds like they were into the program with the wrong intent. The intent needs to be to rejuvenate health from the gut, [00:47:00] not just to force weight off the body.
- Christa: Mm-hmm (affirmative). Yeah. Just go to the ketogenic diet [crosstalk 00:47:06]-
- Nicole: Adrenals and thyroid and do it really fast.
- Christa: Adrenals and thyroid. You know all about that, don't you, Nancy?
- Nancy: Can you hear me yet?
- Christa: Yeah, we hear you. Yay! Good to see you.
- Nancy: I was like, "I hope it works."
- Christa: You did it! You did it! Okay, we're so happy to see you. Tell us what's up with your case study.
- Nancy: Okay. Believe it or not, I have celebrations. Can I just start [00:47:30] with positive for a minute?
- Christa: Absolutely.
- Nancy: So the big aha is mindset is everything. Like duh.
- Christa: Yeah.
- Nancy: But when as a health coach I've tapped into that working with people, and I know you all know that that is out there. But I came in on the edge of what you were just answering with the discouragement and people are quitting. So I had one quit. Like crickets. [00:48:00] Told me her whole life story. Crickets. Then I have another one who 's Plan S. She's 51, and I said I'm going to be on here today. She's very slow. She keeps saying she's doing everything right, and then we get into a little conversation and a couple of pieces of pizza, that's all or wine Saturday



night. So it's a couple pieces of wine. I'm just wondering where's this rosacea [00:48:30] coming from? I'm like, "Okay."

So what I'm learning is listening to where they think they are. I mean, like Jack was just saying, what did they drum up the goal was? And then that's then where I've had conversation into digging through a little bit more expectation and then peppering in some reality. What's been really great is out of that then comes knowledge and understanding [00:49:00] and then the pace. So that and having been through this myself and going through it myself again, I've found all my old notes.

Christa: Oh, from 2015?

Nancy: I'll show you.

Christa: Good.

Nancy: Yes. It has followed me around the world.

Christa: I love that! Yes, Nancy's was in New Zealand when she did Gut Thrive the first time. Yeah, I think that is really huge, guys, of making sure that they're clear and they [00:49:30] understand because I think people think, "Oh well, I'm doing 80%. I'm having pizza and wine, but it's fine." But they have to really understand. And as a clinician, a practitioner of health foods, you can't take over accountability. And I've done that. I've made that mistake. I've got a whole webinar in the business dedicated to that. Nancy and I were just talking. We're highly sensitive people. We're empaths. You take on people's stuff. And then you start wanting more than they do and blaming yourself why they're not getting better, and you cannot do that. You will burn out within two years if you do that [00:50:00] to yourself.

So much of becoming a really good clinician is really learning how to manage and protect your energy. And some of you are writing in, you're like, "I want access to the regular Gut Thrive portal to give it to my clients and customers." And then we're saying no because it's all about teaching a man how to fish. You may not give them what they want now, but you are helping them get what they really want for their whole life and themselves by setting healthy boundaries and putting right accountability on yourself [00:50:30] and on the client.



Nicole: Yeah, I think sometimes a lot of clients will want you to fix them, and they're kind of passive in their own healing. You have to co create your health and healing, and you're helping guide them to do that. So they have to sometimes it takes them a little while to catch up to that. They just want you to tell them what to do, and give me the supplement that's going to turn it around and that's it.

Nancy: Yeah. So this was my one that was doing the three enemas, and what she found were little [00:51:00] simple things, like we all know, lifestyle is everything. She's even a health coach too. But anyway, do as I say, not as I do. But she was saying that the greens made such a difference. So it's just the simple things and just kind of going back to that planning stage of I really didn't have any, believe it or not, major questions. I just wanted to [crosstalk 00:51:24] overarching thing of discovery and then doing it myself. And just staying in [00:51:30] that place of curiosity as we're going through this, being highly sensitive, and that was a big... Just recognizing that and discovering oneself and your clients for the root of who they are and who we are and then just getting curious around it and seeing what is experimentally as we experience it.

So my third one is amazing. By the book. [00:52:00] Thank you for her. I got her from you. She loves you, Christa. So she did candida cleanse. I think the people who've done your other programs...

Christa: They're more compliant because they know what it entails. [crosstalk 00:52:15]

Nancy: Go ahead.

Christa: What's that?

Nancy: I said she gets hand breakouts. It's like cuts in her hands from... That's her thing that she wants gone. And [00:52:30] a horrible miscarriage that lasted three months. I got a lot of emotion, but we attract what we are. I've got a lot of emotions but not out of control. So we're in that space because I just seem to get that. But she's found this is really healing. Back to mindset, when she's seeing them come out, they're like cuts. It's just that. But she remembered it from the candida cleanse. So when she sees the things happening, it's that whole idea [00:53:00] of, "Oh, it's working." You just said that, Jack, a minute ago. But yeah, just



staying in that space of it's not what it seems. It's not that. It's a good thing.

Christa: It's a good thing, and you get through it. It's not even a healing crisis. But when I've seen people have that, I have them put aloe vera on their hands at night before bed and then wear gloves to sleep and that helps it so much.

Nancy: That's super helpful. She's just been doing [00:53:30] Epsom salt baths and seeing some relief but that's great.

Christa: No, it'll be really... And you could even mix calendula and aloe together and make a paste and then gloves.

Nancy: I tell her that you said that about her, she will-

Christa: She'll do it.

Nancy: She'll tell it to the world. So anyway, of course you are. So I don't really have...

Christa: Okay. Well, that's good. Thanks for coming on. I always love to see your face as I'm sure everybody else has. So keep joining [00:54:00] and let us know. And any of you, if you need more case study because they weren't great, let me know. I'm happy to send out an email to our tribe, to our following. Then they would be more compliant. So Alicia, if you're feeling like that, I just had done an Instagram story when you needed them. But maybe doing it through email or through our actual customer base might be really helpful.

Okay. All right, Nancy, good to see you. Bye.

[00:54:30] All right. Okay. You guys want to jump in, Jack and Nicole? I see some case study questions here.

Nicole: Naomi has a Plan S client age 40, thyroid removed. History of thyroid cancer, healthy weight, eats very well. Follows the diet but is having issues with constipation. She's on Six Triphala. It's not helping. Castor oil packs do. I don't know if she means they do help or do not. It seems to be connected to her liver. [00:55:00] She refuses to do colonics and



enemas and a salt flush has gone very badly for her twice, very nauseous, did the whoosh, but still suffering, chronic constipation.

Yeah, I mean, she definitely could use some liver support. So you could do things like shredded beets, the dandelion greens, dandelion tea, GI liver detox. Or you could start her right now on the neuro activation exercises and she might be somebody who needs those neuro supplements. In Step 3, you could [00:55:30] also add in some magnesium, up to 800 milligrams for constipation as well and see if that helps. The castor oil packs should help as well if she's doing those.

Christa: Great. Jack, I'm going to answer Naomi's question. Then I'm going to let you pick a question and read it after that if you don't mind.

Jack: Sure.

Christa: Naomi, "I have a client who's having problems with constipation. She will not do an enema or a colonic. She seems to have a bowel movement [00:56:00] when she has castor oil packs connected to her liver function. Are there other ways to support her liver?"

So her body is literally telling you, Naomi, what works for it. Her mind is telling you what she will and won't do. So I would just increase the frequency of the castor oil packs. You could increase the Triphala up to six. I don't know that I'd add in extra liver support quite yet because we want the program to work. But if you're still dealing with this in another two weeks, you can add in [00:56:30] liposomal glutathione under the tongue.

Okay. Jack.

Jack: I'm just scrolling up. I see one from Teresa here asking about the sludgy, and I think I've scrolled off of it. Sorry. Asking about the sludgy and mineral depletion. The brilliance of the sludgy is it has a much greater affinity for toxins and heavy metals [00:57:00] than it does the regular metals. And then it goes down and you might say it's going to go down in a bulk. If examining the stool, sometimes you'll see a color variation let's say for four or five inches of stool and that's the sludgy. So yeah, there are some minerals that will be picked up there.



So Teresa's asking, what about giving some extra minerals? [00:57:30] But the sludgy's not going to take a ton of minerals out. But if you like the idea, I think the age old quote is a mineral rich body is a happy body. So if a person is having trouble absorbing and that, they may well have some mineral depletion. The sludgy's going to grab what's in the GI tract. So that's why it's not going down with food and medications and things like that.

So [00:58:00] let it go through, and it's going to collect as it goes through. You can certainly come back in and boost minerals for just about anybody because everybody could use some extra minerals, particularly maybe a liquid mineral supplement, fulvic minerals, things like that from Humates and would just be fabulous there.

Christa: I'm going to look it up. I wouldn't recommend the Liquimins. Let me see. [00:58:30] Morning Star, that's it. Morning Star Minerals. You can get them on Amazon. That's wonderful, tastes fine. The Eidon multiple mineral complex is also good. Thank you.

Okay, Nicole.

Nicole: Catherine has a case study, early 40s, a woman on Plan S. Developed high blood pressure in early 2020, stabilized on medication. She would like to do salt flushes because it's so beneficial [00:59:00] for Plan S. Can she do them if her blood pressure has been stable on meds?

I don't know about... What do you guys think? I probably would be conservative and not do it, but I'm curious to hear what you both would do in that case.

Christa: I will let Jack take it because I was reading another question.

Jack: Okay. Well, the best answer is it depends. If there's already a history established that exposure to sodium is running blood pressure up, this is because of its impact on [00:59:30] the kidneys, then I would be a little more concerned that if she doesn't get the recipe right that she might absorb some extra salt. If it's not, then so much of the blood pressure's are not so much sodium issues. It's let's say a nitric oxide issue or arterial lack of flexibility and other things. Then the salt flushing would be [01:00:00] fine. So let's know a little bit more about



the case. And if the doctor has said, don't eat any salt or taken a hard line regarding salt, or she has the experience of, I ate that salty food, now my blood pressure's skyrocketing, when we realize that the person is very sensitive to sodium chloride and therefore, all due caution would be indicated but stable. And if the flush [01:00:30] goes just right... I saw earlier where the ratio was being worked on. And I think Nicole hit on it. You take your tablespoon of salt or whatever. You can try a quart, you can try a liter, and try to vary the water a little bit. You're just trying to hit that specific gravity.

And I thought in one of the prior questions, it seemed like it was too big of an adjustment. But after two tries, maybe you can get a [01:01:00] third one from the person, but after three tries, it's, the person's probably not going to be interested in trying it anymore, but we sure wish that person well, that it can be hit. I did find with a number of people, meaning a few, that going to the liter of water with the salt seemed to be a magic answer. So, that might be your last ditch effort there.

Christa: [01:01:30] Okay. Thank you.

Jack: Yeah, the salt, remember the salt is not much more than the specific gravity of the blood. So, it's not a radical... Inoculating the body with salt. And it should not be absorbing if it goes on through. In fact, that's the reason for whoosh... Is it does not absorb. So again, it's like, well, hopefully we did it right. But those are your risk factors and a little more information. You got [01:02:00] it.

Christa: Great, thank you. I see a lot of stuff coming in about the kidneys. And I just want to bring everybody's attention to a formula Jack knows very well called Ks from Systemic Formulas, and that will help to normalize kidney function in terms of regulating pH. Some have been saying if their pH is just not shifting, even if they don't have kidney issues, this [01:02:30] is also a formula. It's a sign of something's going on with the kidneys, or this woman I'm seeing here that's urinating three or four times a night, even though she's sleeping better. This formula is going to help maintain electrolyte balance and contribute to the self cleansing process. And Jack, I think they can order Ks through you, right? If they don't have a Systemic Formulas [crosstalk 01:02:52]



Jack: I'm happy to help or happy to help them get set up on their own. And I'll see [01:03:00] if this is germane, Christa. Systemic has just created an oral probiotic of rare species that support the skin. So I'm thinking we're getting ready to start looking clinically at these people that end up with eczemas and rosaceas and so forth. And then they've got back into their system, new and improved [01:03:30] kind of a thing. There's some more research needed. They have an oil, a moisturizer that has the skin probiotics in this oil. And I'm getting pretty excited. I was part of the clinical trials of the first product. And then now they've made some minor adjustments to how they suspend the probiotics in an oil.

And so I don't think it's dramatically changed, but I'm not part of the study cause I'd [01:04:00] already been part of it. But the feedback on it is looking really good. So there might be something there Christa, that can start to help people that have these ongoing skin issues, where they can work. I call it the sandwich. They can take the probiotic internally, whichever one, and then do something topically with the bugs that is not just an oil, but with the probiotics. And so they start getting new signals [01:04:30] that impact the brain, and what the brain and the epigenetics will allow.

Christa: Is that out now on the market? Or still in development?

Jack: No, it's available. It's called my Biome is the Derma Colonizer, is the oil with the topical skin species. And then Skin Biome, is... It looks like they have 10 ingredients or so that are all [01:05:00] the probiotics. And some are not available anywhere else. These are the things that Dr. Morris does, rounding up some rare strains based on scientific research. But those are available. And I'm just thinking with all the people that get a little skin flare up here and there. And we've had a few questions today about the skin coming back or skin flaring up that we may have something right at our fingertips that could start [crosstalk 01:05:29] right in the spirit [01:05:30] of the program. So I'm excited about that.

Christa: Thank you. Thank you. I'm going to order some myself, and Nicole, maybe we'll try them out and I think you're right. That could be an excellent thing. And so definitely look into the system from us if you can carry supplement lines. Otherwise, I just want to circle back to the kidneys with Jen about this 49 year old Plan S, female. She's just taking Step 1 supplements, hormones are already better, feeling more



balanced, sleeping through the night. Urinate three to four times [01:06:00] affecting sleep, eating parsley, green juices. I would actually take her off the green juices, maybe too many oxalates for the kidneys and have her only eat her greens cooked. And then when she says with the kidney cocktail help with urination at night, I would make sure she's drinking 12 ounces of coconut water daily.

I would make sure she's doing four ounces of beet juice with extra mineral drops in it, to let the kidneys self cleanse and normalize. And if that doesn't work, then [01:06:30] put her on the Ks and think about a lot of this guys, it's like stress related to the adrenals. Frequent urination is an adrenal issue and that's something where you could bring in adaptogenic herbs like Rhodiola, ashwagandha, schisandra. You can bring in Tulsi tea, you can have them drink holy basil tea. I know somebody else had asked, their client can't handle chamomile tea. Holy Basil's a wonderful replacement or marshmallow root tea is a wonderful replacement, [01:07:00] or passion flower is also very calming and helpful.

And now for those who are taking GI Support and Soothe, they are experiencing burning, Lacey says two GI Support and Soothe with meals has been added. Burning has worsened. Should the GI Support and Soothe continue through The Pathogen Purge? And if so, between meals or with? If she's getting burning, then she should have it away from food to go in and do what it needs to do. And I think that [01:07:30] might be really helpful. And then this is also a case Lacey, you can add in two ounces of aloe vera juice away from food several times a day.

Nicole: Hey, Christa, Cori wanted to come in and speak and present a case study. Is that okay?

Christa: Yeah, please. I don't see any requests pending.

Nicole: Yeah. Cori, just send in a request and we can let you in the room.

Christa: Yeah, hit the button that's like the hand that says speak, raise your hand. And once I see it, Cori, I'll accept you. Okay?

All right. 62 [01:08:00] year old Plan H. I feel like Jack, you're going to have this one in the back. Female, slashing inflammation, having



excessive belching and flatulence after lunch. What say you, Dr. Jack Tips?

Jack: Now this is after lunch and doesn't happen after breakfast or supper, is just at lunchtime.

Christa: What are you eating for lunch? That's what we really want to know, but, okay. Yeah.

Jack: Yeah. [01:08:30] Yeah. I'll tell you, I'm just a wash in theories. One is the supplements being taken at lunch. What is for lunch? Why not the reaction after breakfast? And then what time of the day is lunch? How long has there been between breakfast and lunch? Are we getting the breakfast foods now causing bloating or gas? The SIBO fermentation process. I'm [01:09:00] sorry, Christa, you were building it up that I would slam dunk it. And I'm just a wide [crosstalk 01:09:06] more information, please. So I can really, really hone in. But, either way, let's see if we all can't come up with a solution. I don't know what's been tried or not, but certainly looking at there's got to be something if it's just the one meal. And I don't know that we have that info. [01:09:30] I'd be glad to take that one on, off to the side or copy Nicole and so forth. Or was it Cori that you're looking for on this? I haven't found the question. Hey there, Cori.

Cori: Hi, everyone.

Christa: Good to see you.

Cori: Good to see you too. Good evening.

Christa: Good evening. Where are you? Cori?

Cori: I am in Florida.

Christa: Oh, cool.

Cori: It's getting dark [01:10:00] but.

Christa: Getting dark. Okay, good. Well, let's hear about your case study.



- Cori: Okay, so, my one case study is I have four and three of them are on Plan S and one is on Plan P. My Plan P guy is really struggling. He's one of those people who has been struggling for a long time. And so I try to keep that in mind. And [01:10:30] basically he is still experiencing a lot of bloating and constipation, and I've given him everything that is in the handouts and everything. And now that we're on Step 2, he started Step 2 this week. I was explaining how the bone broth fast is probably going to really help him because he doesn't really drink enough water.
- [01:11:00] He tries to gauge it by his little Yeti tumblers as the larger size, but they're still only, I think, 24 ounces. And so he drinks three of those a day. And I didn't, and he's peeing all night. He says he wakes up twice a night, at least, and he doesn't want to drink more water. So he doesn't want to wake up more. And he has all this constipation. And so he said with the magnesium [01:11:30] that he implemented a few days ago, he is feeling better. I told him about the coffee enemas, and he's not unfamiliar with enemas, but he has not done one yet. And...
- Jack: What is his age, Cori?
- Cori: He is fifties, early fifties.
- Jack: Okay. Thank you.
- Cori: And he's also my mom's boss, so I feel [01:12:00] a lot of pressure.
- I'm trying to not internalize that part too much. I do feel like maybe because of that, he doesn't open up about some of the more emotional aspects of his healing, because when we went over the neurosensory activator exercises, he was kind of like, not into it. So I was wondering after listening [01:12:30] to tonight's talk about different things, if possibly I should recommend one of the kidney supporting things that we just discussed. Like maybe the Ks or the kidney cocktail, since he's urinating so much but not consuming a lot of water...
- Christa: Can I just ask, what kind of water is he drinking? Is it reverse osmosis water? Because it sounds like he's rinsing himself out versus he's severely minerally deficient.
- Cori: It is [01:13:00] reverse osmosis water.



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- Christa: So that's, yeah, okay.
- Cori: Yeah, we discussed that and he said he was going to buy the mineral drops to add to it. And I don't know if he's been doing that. So I'm going to, I'll follow up with him about that.
- Christa: You want to keep stacking new things on for something that's a simple fix. And like, if he can't, then you can have him get the Concentrated Trace Mineral Drops by Concentrated Trace Mineral Research, that brand. And just have him put 28 drops on a teaspoon. [01:13:30] It's going to taste so disgusting and vile, but just he'll just take it and get it down. And he needs to do that for 30 days. And then he has to change his water supply. It's like, why add in an extra supplement when you're... This is simple root cause stuff with water quality.
- Cori: Yeah. And he's like the kind of person that went through and counted how many pills he's taking a day. And so he's like, I'm at 29. And then he's like... I recommended the magnesium, and he was like, well, might as well [01:14:00] make it 30. And you know, so he's, I think starting to get overwhelmed and every time we talk, I do recommend, it seems like another supplement or another thing that he could be doing. And he's a dentist so he's very busy all day. And I don't want to, I feel like I am just piling on... But he's very compliant. Everything that I tell him to do, or suggest, or the program prescribes, he does it. [01:14:30] But I feel like he's kind of doing it half-heartedly, this is hard.
- But I think the reason he struggled so much is because he also is the one I was asking about. I don't know, if you remember a couple of weeks ago, we talked and I put in a ticket about this. Nicole might remember, but he has esophageal constriction when he swallows sometimes. And he has had procedures where twice they went in with a scope to see if they could stretch it, or if there were any issues [01:15:00] with his esophagus and he has none, they wouldn't even stretch it because they said it looks totally normal. So there was [crosstalk 01:15:08]
- Jack: It might be an esophageal spasm where certain things trigger the constriction. So rather than being a stenosis, which is the narrowing down, it's a spasm.
- Cori: Yeah, it's definitely what it is. [crosstalk 01:15:22]



- Jack: You can keep track of what triggers it. Some people will have it happen if they eat too many supplements. They throw a bunch of pills [01:15:30] and try to get it down. They're irregularly shaped. And, or sometimes it's certain foods that will consistently seem to trigger it. It doesn't necessarily mean that they're allergic to the food. It's just that there's something triggering that.
- Cori: The capsules definitely trigger it. I think that's why he was like, oh, there's 29 of them a day, you know? And kind of said that the... Kind of, isn't looking forward to adding more. [01:16:00] And we also talked about possibly adding in some vitamin E or possibly this was like an acid issue. And he does say that he doesn't have any reflux symptoms or anything, but he's also, he's got all sorts of stuff. So I do try to just...
- Jack: It's the going down, that's the problem.
- Cori: Yeah, so hopefully, with time he starts to feel better, but I feel like I'm throwing everything I have. And I [01:16:30] think mostly it's how to keep him encouraged. And rather than just saying, just trust the process, trust the process. It's like, there's nobody that's experienced this. You know what I mean, that he's so unique...
- Jack: If it's happening alarmingly with trying to choke down a lot of pills, then look at something like peppermint tea and then put the pills in the water without the capsule. It could even be the bovine gelatin or porcine gelatin that is triggering [01:17:00] something from capsules, and that type of thing. And there may be a way just to create a tea and it'd be, it's a slam down still. Then it's not going to necessarily taste good, but it, the peppermint will help and then just drink it down and tough it out, chase it with a little water, and then he can get in the swing of the program and maybe eliminate that risk of the spasming, which is likely [01:17:30] to be a bit painful too. So, that may just be a technique.
- Cori: Yes, Nicole did mention that.
- Jack: [crosstalk 01:17:37] He may have a prostate issue with the nighttime urination. So give the fluids in the morning, [crosstalk 01:17:48]
- Cori: He's having trouble with the lemon water too. He says that that makes him feel more bloated and just he's not responding well. So I told him,



try less lemon juice, try [01:18:00] a little apple cider vinegar. He said, for a long time, he was doing lemon essential oil, and he never had a problem with that. And I said, we had kind of talked about that. And that if that's something he feels comfortable with, he can do that. And we talked about chlorella and all these different things that we could do, but we're still tweaking.

Jack: Some people are reactive to citrus. And, but you can, before assuming that, you could try tangerine and the [01:18:30] water. And truly a lime is different. And just see if there he favors a different one and the citric acids and stuff will still be there and can still get some value on the lemon concept. So again, it's some fun experimenting.

Cori: Yeah. He's really teaching me. I'm glad I have him now because he's teaching me a lot before I [01:19:00] really get started.

Nicole: I see that a lot with mass cell clients where you get that constriction, and some people, you can't even see their vocal chords. Like if you scope them, like the muscles are so tight around it. And it's like Jack said, I think opening up the capsules and putting it in water or tea can help a lot. And just identifying what the triggers are for people. You know? Cause sometimes it's certain foods like you were saying. So I think if you can just identify those and work around it, then you'll get a little traction with him.

Jack: [01:19:30] Cori, Christa, I wanted to bounce this with you, with Cori. She's also asking about D-mannose that somebody's taken for UTI. And I recall there is some substantial research on D-mannose and it does alter the gut microbiome, but it does it in a favorable aspect. But being a non-absorbable, I mean, glucose, absorbable, sugar, it [01:20:00] ends up going, of course, to the bladder and keeps the bacteria from adhering. What about somebody wanting to do the D-mannose a couple of capsules or whatever the dose would be during the program?

Christa: I'm completely fine with that.

Cori: Awesome.

Christa: Yeah. Okay, you feel like you got what you need?



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- Cori: Thank you so much. I think so. I hope so. I'm meeting with him again Wednesday night. So [01:20:30] hopefully he's feeling even better, but I'll keep you guys posted. Thank you so much.
- Christa: Cori, just a last thought I had. You could also say, hey, just swap the lemon water for coconut water first thing in the morning. [crosstalk 01:20:42].
- Cori: ... Coconut water. And so that'd be a great idea to have that first thing. Thank you.
- Christa: You're welcome, nice to see you.
- Cori: Good to see you guys. I don't know how to leave. [crosstalk 01:20:58].
- Christa: All right. TerriLee, if [01:21:00] you would like to come in, I've accepted you into the room. If you want to jump on camera.
- Nicole: I can answer a quick question. Cori had actually, she said, can people do the bone broth fast at any point in Step 2? And yeah, you can. We suggest doing it at the very beginning, but you can do it at any point in that 46 weeks.
- Christa: Okay, cool. Hey friend, where are you tuning in from?
- TerriLee: I'm in central Illinois.
- Christa: [01:21:30] Great.
- TerriLee: Yeah. Well, we'd rather be in central California...
- Christa: Little bit warmer here.
- TerriLee: It is. I'm the person who keeps talking about my client who has a lot of stomach issues. She's Plan H, she's 62. She had a gastroparesis bout. And so we kept her on... I kept trying to get started for about three weeks because she was really struggling with caffeine. [01:22:00] And I said, with all your stomach issues, you cannot start this with caffeine. So she's conquered that. Now she's on slashing inflammation, but I extended that for three weeks because I wanted her stomach to settle.



And so now, she's eating, you were asking about what she's eating, what supplements. I've got... She's doing ACV with inner leaf, first thing in the morning, and then she doesn't eat breakfast because she digests [01:22:30] slowly. So I suggested yesterday when I talked to her, I said, really with the adrenals and everything, you need to try and eat a little bit and you've got to have some protein in your diet.

So I've got her doing a protein shake about eight to nine o'clock. Because the later she eats the better her stomach is. And then at 10, I've got her doing a mid morning CCFT, but I asked her to put Pepti-Guard in that [01:23:00] to try and soothe her stomach. I don't know. I just thought that would help. And then lunchtime, she's doing her supplements and I'm having her put collagen in her ginger turmeric tea. And then mid-afternoon doing CCFT and another two Pepti-Guard. And then dinner, her evening supplements, ginger turmeric tea, and then at bedtime, the Triphala doing, her sludgy cocktail and the Triphala. So [01:23:30] she does fine until after lunch. And she's eating a protein and a vegetable with her lunch, but she does fine until after lunch. And then she just gets all of this gas and all of this belching and starts having a flatulence and she just doesn't know what's causing it. So we're working slowly through her diet and trying to mess with supplements so that she can [01:24:00] not have the stomach irritation. And so, anyway, that's our latest try here.

Christa: I'll let Jack kick it off. Since he's the one who asked you these questions.

Jack: Sometimes we have to allow this cleansing process to take place. As a person, maybe gets into some little bit deeper layers and starts getting a little cleaner into the [01:24:30] GI. There's a lot of debris that are holding other bacteria that may have been in check a little bit before, that it starts getting into that layer, closer to the microvilli. And so then it's like, this is what I'm accounting for some of these late, they start the program and then it gets better. And then it's coming back. The question is it coming back, meaning that they're feeding a species that's creating gas [01:25:00] or is it a deeper layer that is being worked out? Meaning that they're now flaring up having their day and their time.

So generally I think with that, continuing sometimes it's very helpful. I'm going to, I call it riding herd on the pathogens that if you, that even though The Pathogen [01:25:30] Purge may have moved on, we may keep



a selected formula in place to ride herd on resurgence of the pathogenic species. If it's a Plan F as in Frank or fungus, often that SF 722 is a good one because it's gentle or caprylic acid or something because they're gentle. One is from the castor bean, the other one is from the coconut. And then [01:26:00] on the bacteria, sometimes it's just a moderate potency, like 250 milligrams of grapefruit seed extract for a little bit longer. We'll keep riding her on those species so that they don't take carbohydrates and then go into, they'll go into a rapid, or an exponential growth process. So with the gas happening, there's fermentation, there's a bacterial [01:26:30] issue going on. And that's the focus to address. You might want to differentiate or ask any other questions if that's not completely sufficient for you.

TerriLee: Well, what do I give her or do what, I mean are there additional supplements? Do we just keep plugging along? My concern is she's going to start The Pathogen Purge, the bone broth fast on Monday.

Jack: [01:27:00] Oh, she's not gotten to the pathogen, [crosstalk 01:27:02] but I'm thinking further downstream. I'm sorry.

TerriLee: Yeah, because I just want her to heal. She's got so many stomach issues. I'm trying to help her go really low and slow. I mean, that's been kind of where I've been with her.

Christa: I don't think you're going to get traction with her until you get two weeks into The Pathogen Purge to be quite frank. And so there are some cases and I'm so glad you came on, where going low and slow, it gives you the opposite effect [01:27:30] that you want. Because it's time to now just hit it and start getting it out there. So I'd move her right into the bone broth fast, and I'd get her right into The Pathogen Purge supplements, and then see how you do, and then submit a ticket after a couple of days. Stomach issues shouldn't get worse actually, but if they do, it'll just be for a couple of days and we'll help you assuage that.

TerriLee: Okay. And should I continue to have her take the GI Support and the Pepti-Guard additional [01:28:00] to [crosstalk 01:28:03]...

Jack: Certainly, if you haven't ruled out that there could be *H. pylori* overgrowth and the stomach needs soothing, I wouldn't take that out.



- TerriLee: Yeah. She definitely has H pylori. And I think she's got a thin mucosal lining. I think she's got a lot going on with her stomach. I'm having her do a lot of vagus nerve exercises because of the gastroparesis, because she needs that gut brain connection to... [01:28:30] And she says that she feels like that's helping to... So I don't know, I mean, again, just because she's had a couple of flares, I'm just like, okay, let's do this low and slow, and make sure your stomach's ready and heals. And we're working on some of that. That was kind of my thought.
- Christa: Did you pull out the proteolytic enzymes?
- TerriLee: We did.
- Christa: Okay. Yeah, I would keep them out and I wouldn't put them in until like Step 3 at like one [01:29:00] every other day in Step 3. But I think when she does four days of the bone broth fast, you can keep GI Support and Soothe and pepti guard in, it's going to prime her mucosal lining to be able to handle The Pathogen Purge. So this might be a case where I might now put her on the pathogen, put her on the bone broth fast, and on day four, then I introduce The Pathogen Purge supplements.
- TerriLee: Okay. Do the bone broth and then the supplements on day five, then.
- Christa: Yeah, do the magic.
- TerriLee: [01:29:30] What supplements should she continue then on the four day, bone broth, just no supplements at all?
- Christa: She should take the liver, she should take the Triphala. She can take the Pepti guard and the GI Support and Soothe.
- TerriLee: Okay. Yeah. We're really trying to work on the stomach lining. But yeah, I will do that then, and just have her to go ahead and go into the... That was one thing she wasn't eating enough protein and I added the college [01:30:00] and I said, you've got to have the L-glutamine to help heal your stomach.
- Christa: Yeah, and she'll get that in spades with the broth.
- TerriLee: Right.



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- Christa: I would tell you [crosstalk 01:30:11]-
- Jack: There's a bacterial culprit. You're ready to go after it.
- Christa: Yeah, and you'll starve it. You're going to starve [crosstalk 01:30:19]-
- Jack: Get it done.
- Christa: ... broth fast, and then it'll present itself. It's a really good case. It's a great case and everybody can learn from this.
- TerriLee: Yeah, she's been [01:30:30] quite the... I mean, I keep digging and digging and coming up with things that you guys have talked about for other people, and I'm like, "Okay." So I appreciate you guys. Thanks so much.
- Christa: Yeah. It's good to see you. All right, by TerriLee.
- TerriLee: Bye bye.
- Christa: Okay. All right. Let's see here, now let's go answer a couple questions. I see Susan Erika wants to come in. Let's answer a few questions and [01:31:00] then see I'm going to bring you on. You'll be our last cast study because we are going until 4:30. We're going to take two or three, four more questions, and then we'll jump in.
- There's a lot of urinary frequency with the older population I see. Do you see Nicole, who is a naturopath, is asking, she says, "Jack, can I get your input regarding a homeopathic remedy for Plan H [01:31:30] pace and patient who has history of UTIs and has gotten one during The Pathogen Purge?" Is this when you asked me about the D-Mannose, or no?
- Jack: This is Nicole. It says the urine is smelling like rotten eggs.
- Christa: I don't see that one. I see, "The main-"
- Jack: Let me look some more. I answered Nicole.
- Christa: Rotten eggs, yes.



- Jack: Okay. That's a tell tale sign [01:32:00] of a bacteria. The remedy is called daphne indica. It's a little bit of a rare remedy. DAPH is the official abbreviation. It's not the daphne mezereum that's a much more popular remedy. It's the daphne. But the rotten egg is a tip off, and then after you take care of that, if there's still issues, I think your remedy would be called cantharis. C-A-N-T-H. So try DAPH, D-A-P-H, [01:32:30] and then if you have to do any followup, then use C-A-N-T-H.
- Christa: I want to just jump in about the emotional component of coaching for a second because Nicole says she's young, type-A personality, very compliant, very organized. We're seeing a lot of urinary tract infections. So we also have to address the person emotionally, and I don't know if you're familiar with Louise Hay, but I love her work. Frequent urinary tract infections, that is the root [01:33:00] of it is emotionally is not being able to trust the process of life. So I love the book The Healing Codes. That really helps people shift their belief systems. So you're not just working with these people clinically. You're working with them mentally and emotionally as well and work in deep breathing. Coach them with their self-care. Because this is a process that can make somebody who is type-A, like type-A on steroids because they want to do it right. They want to be compliant. They want to get their results. [01:33:30] But I would highly recommend that you're coaching them for the approach to this.
- Okay. Is there one you want to answer, Nicole, before I jump in?
- Nicole: Alicia asked about magnesium malate if we have any thoughts about it. Yeah, it can have a laxative effect. It's good for muscle recovery. So yeah, it's not necessarily a bad thing. We tend to use citrate instead [01:34:00] of malate, but if the person has a laxative effect from it, I think it's okay to use.
- Christa: Yeah. And I'm writing down for the followup. I'm going to send you guys a show that we need on all the forms of magnesium. I'm not super familiar with Type One diabetes, so Jack, I'm going to ask this question to you from Jen. 39 year old, Type One diabetic, Plan S. Wakes up at 2:00 AM, cortisol rush, drained in the afternoon, surge of energy at 7:00 PM. Obviously her circadian [01:34:30] rhythms flipped. Hot baths are pointless. She's not relaxing into parasympathetic. Raise the body's core



temperature, add in a snack before bed. Of your recommendations, which is best? Phosphatidylserine, L-Theanine, Gaba or magnesium?

The only thing I can't speak to is the Type One diabetes from this, but with her, what you do first thing in the morning, Jen, is going to dictate her sleep. [01:35:00] So she should have 20 plus grams of protein and carbs and fat within 30 minutes of waking, and then three hours later, another heavier meal. Bookend that. That's going to help her at night. And phosphatidylserine. If you make me just choose one, I'm going to choose that because it's going to bind the high cortisol and it's going to pull it down and that might help. But I'm going to send out a circadian rhythm show because this is a person who's circadian rhythm's flipped and definitely needs more carbs than the average [01:35:30] Gut Thrive. But what do you think about the Type One diabetes aspect of this, Jack?

Jack: I found the question. I guess she's asking about the phosphatidylserine, L-Theanine, Gaba and magnesium, trying to help with the sleep. But the whole cycle is off. The waking at 2:00 AM, [01:36:00] I'm not pulling up in my head right now what the Chinese Meridian clock says about 2:00 AM. If anybody wants to-

Nicole: I think it's liver, isn't it?

Jack: Liver, yeah. The liver does have a tremendous influence over the glucose process. So the issue here is that she's waking at 2:00 AM. I assume not going back to sleep very well and then being tired in the afternoon [01:36:30] to where the circadian rhythm is off. So a fun time. I think Christa might say if you're looking at correcting the circadian rhythms, you might look to the thyroid and the pituitary. So that might be a way to go that here we're hitting a point where we need to do a side program to see what would help. I just don't know all the tools, Jen, that you have [01:37:00] available. But I would be looking at maybe getting the glandular support, the thyroid and the pituitary to help with the... When I say pituitary, I'm including the pineal to get the circadian rhythm going or something to help with the sleep. This is where the band-aids come in, and then they come off by the end of the program.

Christa: Yeah.

Jack: I'm still thinking on this, Jen. [01:37:30] Of your recommendations, which is best? The one that works. One of the things when we're looking



at L-Theanine and Gaba and phosphatidylserine, all of this, look at that calm formula that maybe here instead of trying to hammer her on a sedative to sleep more. When you look at the calm formula that Christa has on her website, [01:38:00] the L-Theanine, that's in green tea. That's in the camellia sinensis. It's already innate there. There's Gaba in that formula. I believe there's some magnesium. The phospholipids, you could either pick up as a collective whole or certainly add that in there. But it might be using the Calm formula earlier in the day is a smart idea to start getting neurotransmitters ready [01:38:30] to get the serotonin to go to melatonin to go to sleep and work earlier in the day with the calm formula. And you're going to have to give it a little bit of time to make the adjustments. Keep in mind there's going to be a lot of signaling from the GI tract as well.

I'd be happy to keep looking at this. Inevitably, sometimes, Jen, it's a little difficult because I would have [01:39:00] another five or six questions that would help do what's called the differential evaluation. But based on that, I'm going to go with this idea of the calm formula early in the day. Like two calm with breakfast or something and see if you start setting a different pattern place, and then give it at least 10 days to hit a stride. And if things aren't working better, and if not, you're welcome to get back with me because I'll come up with more ideas.

Christa:

Yeah. Come on the next webinar [01:39:30] as a case study, Jen. Thank you, Jack.

Okay. So Susan Erika, I'm going to accept you. I'm going to answer three questions. So I just ask that once you get on, you turn on your video and your audio after I answer these questions because they're kind of one in the same. Carrie's asking, "Do you believe that EBV virus is the cause of all issues in the body? Like the medical medium." And then Yvonne's saying, "Can strep throat have a connection to H. pylori? Things started for her after having strep."

So the answer is [01:40:00] every infection that anyone has ever had is contributing to where they are today, and that's what we're taking advantage of and looking at in the assessment. It's not just that one infection. So no, I do not believe that Epstein-Barr virus is the cause of all issues in the body. But yeah, certainly it's a gateway. Certainly, an active Epstein-Barr virus is going to drag the entire body down. Certainly, a history of strep throat absolutely is throwing the imbalance.



Constantly swallowing that [01:40:30] streptococcus bacteria, that's going to affect the stomach. But it's a combination of all things. What's happening with the adrenals, the diet at the time, the body's ability to understand, the immune system's ability to fight it.

So there's not just this one thing, this one turning point. You're welcome to comment on that, Jack, if you want or Nicole.

Jack: There's no panacea and there's no one cause unless you really want [01:41:00] to get sublime. And the one cause is the lack of love, and the one cure is love. And we go from there. It's going to fragment out into thousands of things. I would say that no way would I buy into that Epstein-Barr is the one cause because there's only 85% of the population that has any Epstein-Barr. So the other 15% still have other issues going on. So I think it's clear that [01:41:30] there could be a different cause there. Okay.

Christa: Great. Awesome. Thank you.

Okay. Jess. Susan Erika, I don't see that you popped in yet. But Jess on Plan F. This goes for all of you throughout history, if you get someone who cannot do proteolytics during Step 1, when would you have them reintroduce them again? You would reintroduce the proteolytics after Step 3. After you get some healing and ceiling to the gut lining, you can then do [01:42:00] that Step 4, all the way until they finish their proteolytics and that can be helpful and supportive.

Okay. There you go. I accepted you again. I'll wait for you to jump on. Susan Erika, like Nancy, has been with us since the very beginning, since I went online, since 2013. Nutritional Lifestyle Program. All right.

Oh, can you answer the question about supplements, please, Nicole. Jen's saying, "When does the dropshipping [01:42:30] go away?" That's going to be really important so everyone can plan.

Nicole: Sure. So that's going to go away at the end of the training in May, and then we're going to be switching to quarterly orders. And we can talk more about that as it gets closer. But yeah, up until May until you finish the training, you can dropship directly to your clients. Then after that, you're going to have to place quarterly orders or have them just go



directly to our public store and purchase their kits there if you don't want to manage an inventory.

Christa: Okay. Great. [01:43:00] Thank you.

All right. Susan Erika, let's see your beautiful face.

Susan Erika: Hi.

Christa: Hi.

Susan Erika: Can you hear me?

Christa: Yeah. Good to see you.

Susan Erika: You too.

Christa: How are things going in Turkey?

Susan Erika: Good. Good. Thank you. Thank you. Yeah. I'm like Nancy, one of the long Whole [01:43:30] Journey-

Nicole: One of the OGs.

Susan Erika: Yeah.

Christa: OG, I love it. Yes. We met in person at the Health Conference in 2017.

Susan Erika: Yes.

Christa: I love it.

Susan Erika: Thank you. So I mentioned about the RA patient or client. He is doing so great. I'm so grateful. He started at 242 and now he weighs 219. [01:44:00] And he's just so psyched. I do have another one who's 57, another client that's doing... He started first with bloody stools. It's been determined that he has diverticulosis. He's also had kidney stones in the past. He has a very high calcium score, and Jack and I have connected about this. He actually, [01:44:30] due to the high score, he decided to go with the statin drugs even though I was concerned about that. But he was very concerned because I guess his grandfather



passed away very early with this condition. So I want to respect his needs.

He is concerned about starting. We're going slow and low. He is concerned about starting the sludgy cocktail because [01:45:00] of the calcium and also his diverticulosis. So I wanted to get your guidance. I think it will be fine with him to do that, but I really wanted to get your guidance and help support him and his concerns. But I also want to get him through as we can through the program.

Christa: Is he having [crosstalk 01:45:24]-

Jack: What do you mean his calcium was high? Are we talking of a blood report?

Susan Erika: He [01:45:30] had the scan, his heart score was off the chart.

Jack: Oh you mean with sonogram or ultrasound finding plaque on the arteries.

Susan Erika: Yes.

Jack: Okay.

Susan Erika: Yeah, he had the CAT scan, the heart scan, and it was really high.

Jack: Okay. The calcium in the sludgy is not the thing that's going to [01:46:00] clog up the arteries. So I think he would be fine to do that. You're just saying this person has calcification in the arteries, and there's programs you can do to be helping regarding that.

Susan Erika: The suppositories, the EDT suppositories you had mentioned for him to-

Jack: Yeah, that can [01:46:30] be one. There's many, many things. But yeah, that would be one that he could do separately. It wouldn't interfere with the program strategy.

Susan Erika: Okay.



Jack: It does the safe form of chelation that doesn't put too much of an extra burden on anything else in the body. So that might be a good way for him to go.

Susan Erika: Okay. He was a little concerned about starting [01:47:00] the sludgy cocktail due to the diverticulosis I think and also that he has had calcium stones. Is there anything to worry about for that? Okay.

Christa: No. It's not going to affect calcium levels. You want to make sure that he's staying hydrated.

Susan Erika: Hydrated. Okay. But he's doing well too. Yeah, I'm grateful. All the cases are doing well. Thank you.

Christa: Good.

Susan Erika: [01:47:30] Yeah.

Christa: Great. Okay. Good to see you.

Susan Erika: Good to see you guys. [crosstalk 01:47:35]. Bye.

Christa: Bye.

Susan Erika: Bye.

Christa: All right. It's so fun seeing you guys. This is cool.

Who wants to jump in here? We've got another 12 minutes. I saw Coleen. Liver time. Well, you guys are all talking [01:48:00] amongst yourselves. I love it. Thank you, Jack and Nicole, for answering things.

Jack, do you have a way to get rid of calcium build up in the arteries?

Jack: Okay. What we were talking about just a minute ago is an EDTA suppository. So EDTA is a fairly natural chelation agent, and it has a particular affinity to pick up the calcium. [01:48:30] So that's an easy way where the person only has to do one thing every other day, and that's insert. So that makes a good one. It'll start to remove some of those calciums that are scabbing up. We want to really look at the



cause too. There's things that can wash out the calcium, including the vinegars and things that are being used that they [01:49:00] can help them with that.

The cause for the build up is the free radical damage in the arteries. The calcium comes along and sticks because of the ionic bonding of calcium to the artery and the laying down basically kind of like a scab or something. Then of course the cholesterol can build up in there, and together they'll form a sludge that'll stick and be [01:49:30] difficult. But when you hear of the building up in the arteries, let's get the antioxidants going to focus on an arterial support. Your Hawthorne, the leaf and the flower, even the berry. Hawthorne would be good to use to support the integrity of the arteries while you're doing anything that might be trying to lower and clean out.

The body has a natural process to plaque [01:50:00] up the arteries. There's genes that govern that process because it saves lives. But when it goes too long, it becomes then a problem on its own. The blocking of the arteries. So we want to get back to the arterial tissue and work there. So I think you might like looking into those. If you need more ideas, fire me off an email. I could probably come up with 10 things with a little thought, but right now, the one that I've [01:50:30] been doing more recently has been the suppository if the person is willing because it's out of the way. And it doesn't interfere with the supplements and other things and then the food and all with the diet. It's just a good way to work on getting squeaky clean throughout the body. So check out some of the research on it. It's actually called calcium EDTA. That will help take the plaquing [01:51:00] down.

I've recently worked with a person who needed to get the plaque down in order to continue in their employment. So it's always very rewarding when we see after two months, three months that there's greater freedom. You can just think about how the doctors might do 20 chelation therapies, and you can accomplish pretty much the same with [01:51:30] the suppositories.

Christa:

That's so fantastic. Thank you.

I love that Catherine, who's our therapist. She says, "They need hope. We can hold the hope for them until they hold it for themselves." It's a wonderful way to talk about this. And then Monique is sharing someone



with hot flashes and menopause symptoms. "She does palmetto shatavari with manuka honey and palm oil, and it helps her. The CCFT is too [01:52:00] drying. Super sensitive. I encouraged her to give up sugar, and she broke into tears. Any suggestions? Can she have honey?"

So this kind of piggybacks off what I read from Catherine. It is your job to assess their emotional capacity for what's happening. So she's saying that you can remove the CCFT. If it's working for her, palmetto shatavari, manuka honey is fine. So if she can have that manuka honey, if you can tell, you need [01:52:30] to assess. It's like the one thing you take away and then the whole thing falls apart. You're going to need to be intuitive enough and manuka honey is live, fresh active enzymes. So that is a fine exception, and you will be making those exceptions. That's why again we love that you're doing this work privately because we don't allow exceptions so to speak in our regular Gut Thrive program.

You guys are all having great experiences with the liver and [01:53:00] the coffee enemas. That's wonderful. I saw somewhere down about someone not handling the Gut Thrive pancake because of eggs, and that to me feels like a true egg sensitivity. I can't remember what she was experiencing, but when I read it, I just wanted to respond. So you certainly don't want to be driving up a food sensitivity, and the best way to know is to run an IGG food panel. At this point, it would be really helpful, and we have a lab sheet in the portal [01:53:30] that you can link to. They can order it themselves. They can go to the lab, and then you can interpret the results. They'll send you the results unless you're a clinician that carries labs. Just run an IGG panel on them and see what's up.

Anna, a client on Plan S notices phlegm and nose running after some foods. Is this a histamine response? Nicole, this is not a typical histamine response, right? Oh, we can't hear you.

Nicole: [01:54:00] Sorry. I muted myself so I wouldn't talk in the background.

Christa: No problem.

Nicole: Yeah, no, it's not a typical presentation. I mean, it could potentially be if she has histamine problems generally, but no, you wouldn't have that just because you ate eggs. So I would say no, that's not a typical answer.



Christa: Yeah, I would have her food journal those foods for a couple of weeks, and it really depends where she is in The Pathogen Purge. It could just be part of The Purge for her that goes away within 14 days.

[01:54:30] Okay. Anybody want to jump in here in the final five minutes?

Nicole: I feel like we've answered...

Christa: I can't believe it, we may have answered them all. Wait, Connie. What about feeling worse after the bone broth fast? Almost finished The Pathogen Purge.

Everything is fair game. Sounds like you put the bone broth fast at the end of The Pathogen Purge. So put this person on transition week, which is going to be next week, and it [01:55:00] might be... Now, remember, we're still purging pathogens in Step 3. That's another reason why this program is so profound and so different. We're going to go after the pathogens in a different way, with the bugs and now we're going to convert, remember, those commensal, the neutral bacteria and start putting the positive influence on them. So even if he or she is not feeling well, they're still going to get the benefit. I would move them. Just go ahead and move them into the transition week. Ask them to hang on. Maybe add in [01:55:30] a multivitamin, give them some cellular energy. It could be the metabolic waste. It was too much. They need a boost to their thyroid and adrenals if they're not feeling good on the liver, or if they've run out of liver, they could do another bottle of liver.

Okay. Anything else that you see or did we get to it all?

Nicole: I think we got to it all.

Christa: Wow.

Nicole: Anybody else feeling [crosstalk 01:55:55]-

Christa: I'm giving you guys a virtual high five. Awesome. [01:56:00] Awesome. Everybody, thanks for being here. We only lost three people. Isn't that crazy that you all stayed on for two hours?



Jack: Where'd they go?

Christa: Okay. Cori, the next module's going to be open on the 15th. But I'm going to ask Brent if he can open it earlier because you're the second request. So if he can do that, I'll put it in the replay. Okay? Release Module 3. We'll try to get that released. Good. Okay. We love seeing your faces. We're so proud of [01:56:30] you. You keep going. I think you should really be benefiting from hearing all these case studies. Every human is their own universe and that's why this is called a practice because we are forever practicing, no matter how many years we do this work.

I can't be more grateful for you, Jack, or more grateful for you, Nicole. This is awesome. Thank you for your time and your energy and your expertise and your care. Okay. Have a great night, everybody.

Jack: Take care.

Nicole: Bye everyone.

Christa: Thanks for being here. [01:57:00] Okay, bye.