



GT5 Practitioner Training Webinar #8: Step 3 - The Reseeding & Healing Leaky Gut Overview and Q&A

Nicole: Hey practitioners. Welcome to our practitioner training webinar. Christa is going to join us in just a second. While we're waiting for her, just jump in the chat and tell us where you're calling from and tell us what's new and good. We're joined as always by the wonderful Jack Tips. How are you doing Jack?

Jack: Oh, doing really well. It [00:00:30] just seems like it's been a long time since we visited with everyone. And I've been making all kinds of connections between genetics and epigenetics and how the microbiome is majorly influencing our health. So still it remains. One of the best things we can do for people is to help get their microbiome, particularly their gut microbiome optimized. This is just a huge move foundational health [00:01:00] right there.

Christa: Foundational health and we're ready for Step 3. Y'all ready for this. Everybody's here. Looking at us, the gang's all here. What we're going to do if you read my email is we're going to take four of you on live and we want to hear about how we can help you with maybe what went wrong with the end of the pathogen purge or as we're now finishing the pathogen purge and moving [00:01:30] into receiving. If you don't feel...If you have a Gut Thrive client or patient that can't move into receding yet, that's what we're looking for. So raise your hand to speak and we'll pull you up.

And we want to hear what their gender is, what their ages, what their plan is, pre-existing conditions, primary symptoms and then the challenges of the questions that are coming up. And then we are going to move into the receding and healing of the gut. And Jack, I would love [00:02:00] for you to share all these new developments between epigenetics.

Jack: Sure.

Christa: And yourself professorial that we always learn so much. Let's look here and we're keeping an eye on people who are requesting to speak. And if we don't hear any of you requesting to speak then we'll just go ahead and jump in to the receding and healing of leaky gut. [00:02:30] All right, now Michelle says myself and my two case studies thrive throughout the four day fast and week five. So happy to be eating, no complaining about food ever again. Awesome.



It's such a reset with your relationship with food and your own body. And we're going to talk about that today because we move into Step 3. We have to work not just the gut brain connection but the connection with all of our emotions and Jack can really speak to that as well. You're going to be shifting the way that they produce [00:03:00] dopamine and GABA and serotonin and really all of it. And we're going to look at that relationship with you. You guys we missed you too. Marianne from France, says nice shirt Jack.

Jack: It's a fish shirt. [crosstalk 00:03:20]

Christa: Catherine is asking when you accept a case about a client just beginning Step 2. [00:03:30] Let's see how many people Catherine write in and if we don't get four people then you can bring that person on. But if not, then I just want you to do that through customer service if you don't mind. My client's son has been struggling with the digestive enzymes after the fast nausea vomiting, is that normal? That is not normal. Do you want to give advice Nicole or Jack while I bring someone on?

Jack: Sure. [00:04:00] I think sometimes the first thing we have to maybe understand is that the supplementation can hit people a bit odd. Some of the herbs and ingredients, the concentrated ingredients can just hit people's tummies wrong. And so I don't know if the more you take supplements over your lifetime every once in a while, maybe once every five or 10 years you might go, "Oh, whatever ate." The supplement is just kind of made [00:04:30] me queasy or you try a new supplement and it kind of hits that queasy button. Sometimes the way around that is the smaller dose and what we call the acclimatization process. And you want to acclimatize to the supplement and some of these herbs that are the basis of some of the supplements the cells respond to them epigenetically. And so they are literally powerful medicines but taking them [00:05:00] in a strong concentrated dose.

The first response might be a knee jerk and be a little queasy and even to the point of vomiting. And so a smaller dose and then right in the middle of eating, we'll kind of buffer and get it more time to acclimatize. Once the body has a little bit of time to understand the urban environment and respond, then it starts to almost like it recognizes it and goes, "Oh wow, this [00:05:30] is so great." And that passes. I'm going to say just about anyone but now what I'm talking about is just any one day or one supplement can be identified sometimes is causing that. Now there's a different case if the person had this kind of process before. But I think the thing to do is either to simplify the



formula, meaning check if there's herbs and what's concentrated and go to a [00:06:00] smaller dose because it might be just too much input for a delicate system.

And that's the first thing I think of when someone says, "Oh, I'm having trouble with the digestive enzyme. And the proteolytic enzymes if that's the supplement, they can be strong. And so again, we want to look at that person... Go to a fourth of a capsule and see if you can let them do it a little bit and get used to it. [00:06:30] That's the best advice there or they're just not going to be accepting. But I think statistically, we would have to say, there's got to be one out of a million people that just aren't going to do well with any given supplement. That's just the facts and we look for something else.

If that person just can't even do a fourth of a capsule, you just have to pour three fourth of it out and it's a test and then [00:07:00] you can work from there. But if that even is bothersome taking that in the middle of eating and then having it buffered by all the food, then sometimes you have to look at a different supplement array or take a different approach. I'm wondering if Nicole has any other trick up her sleeve on how to acclimatize to digestive enzymes.

Nicole: Yeah. No, Jack I do exactly what you just said. I would have them take it in the middle of the meal and I would start with a quarter of a capsule and that usually does the trick [00:07:30] for people. So start with that and see if that works. Like you said, you can just switch formulas too sometimes

Jack: You might even look at something to buffer. I kind of hate to do that because it's kind of what they do in modern medicine. They give you a drug that causes side effects and then they give you another drug to treat the side effects and where we can use that same logic and say, okay, I wonder if a little liquid Aloe Vera before eating or I wonder if a little ginger maybe have that little [00:08:00] snippet of a ginger pickle before eating and you just have to work with it. So Anna, this is a situation where you've got an unusual process. You won't run into this probably with anyone else for the next three or four years, but you want to help this person through this. And so maybe her magic dose is going to be a fourth to a half a capsule and everything's fine. And you just match right along.

Christa: And you can get the gel caps on Amazon. [00:08:30] So she doesn't have to waste them or the health food store. And she's not dumping three, four, seven out and just come and portion about herself each time for the next four meals.



Thank you. We've got you Yvonne. If you want to let yourself on audio and video, Yvonne. Hey again.

- Yvonne: Hello. My girl is having a wicked time with constipation still. She never had problems with constipation prior to. [00:09:00] We've tried just about everything and she's gotten some relief in the last few days by doing some colonics with somebody. And so it's finally moving. [crosstalk 00:09:14]
- Christa: Remind us her age and plan and pre-existing conditions or symptoms prior to starting.
- Yvonne: She's Plan S. She's just about 60. Preexistent because she had a lot of sinus congestion [00:09:30] especially is one of her biggest concerns. But she has other auto-immune conditions, that kind of thing. She was doing okay until she did the bone broth fast. And she really struggled with that. But she has no appetite now at all either. And so she's just really struggling with getting the constipation to move and just doesn't feel like eating anything even now.
- Christa: [00:10:00] Has she done coffee enemas or brought a coffee insert in because there's something going on with the liver to the colonic. She's done that?
- Yvonne: She had her own colonics boards. She started with doing all of that and couldn't get it to move at all. The salt water flush did nothing. She adjusted both up and down and then she was just drinking it anyway. And I'm like, well, no, because we don't want you absorbing all that salt. I had her stop trying to do that. [00:10:30] I don't sure if she completely went off for the sludgy cocktail, but we reduced it at first and haven't talked to her for a week too much now to know whether she is still doing any of this sludgy cocktail or... She has been getting some relief with Swiss Kriss and the digestive tea.
- Christa: The strategy changes now in Step 3. And so we're going to be working [00:11:00] to convert the neutral bacteria, exert a positive influence and that new life with a spore based probiotic or using the... We're using different probiotics. I would think that if she gets right on the NEUROSYN and the CALM and the probiotic at a low dose, that she's well ready for this and that she should get some movement. But I would say within seven days, but I'd like to hear Jack and Nicole's take. [00:11:30] And I'm also wondering if there's some CIFO involved here, Jack, that we might want to look at the fungus and add some Tai Ra Chi.
- Jack: Okay, good point. This is a classification of someone that we might call inveterate constipation. Sometimes we find people that have had this issue for



40 years. And so it's good to take the case [00:12:00] and find out when it started. Was this person having to use glycerin suppositories as an infant where this person did it suddenly come on in the fifth grade and where you can probably get a hint now where I'm going. Did you want to say something Christa?

Christa: Jack, Yvonne said that she did not have constipation prior to starting Gut Thrive. The conservation came on-

Jack: I haven't planned that. Okay, thank you. I'm scrolling and scrolling [00:12:30] but-

Yvonne: He also though was taking psyllium a little bit, that it's not a heavy, but ICP from Young Living. She takes a little bit of that every day for the last many years.

Christa: So that makes sense. And then we took the fiber out and now we're getting ready to reseed and add the fiber back in so...

Jack: Yeah, it's probably early in the game. We're only moving towards the fourth quarter here. And so sorry for the football [00:13:00] analogy, the ninth inning. But the point is that the work's not done yet. And I think Christa really hit on something there. We want to get the fibers going again and start putting things back and building the good microbiome both with the fibers and the product and then... Christa, did they have access to the [00:13:30] study that we did with the NEUROSYN and the CALM. Is that anything that's available as a download? [crosstalk 00:13:39]

You'll see that even... Nothing is a 100% but we were able to help so many of these people with this issue. But one can't help but think that something has gotten... Rye is not the right word, we're in a transition. So [00:14:00] if you just think maybe in the corporate world, a company buys out another company and there's all this confusion and transition, the ownership company has his master plan. And then everything comes together again and definitely Gut Thrive as a master plan for you in this. I would not be impatient yet.

Christa: Which is being a really good trooper and she's trusting the process.

Yvonne: I appreciate that.



Jack: We won't leave her high and dry or suffering, [00:14:30] but I think the next thing is we have to see how her GI response to NEUROSYN, CALM and the fibers. Getting the fiber content up and the probiotics. There's a changing of the guard going on in her system. Sometimes our systems in our bodies are built, let's say on second best and therefore they have some symptoms and then they do this program. Well, now things are in the transitional [00:15:00] disarray, new signals having to go to the brain, the brain figuring things out. And we are just going to look at those pieces. But the big piece right now is the fiber and the probiotics and then see what we have.

And again, if we need to revisit this in two weeks, we should. And I'll be thinking about all the options because often the concept... And I forgot to mention it before, but [00:15:30] for every symptom, there's 10 causes. And for every cause there's 10 different symptoms that can occur. It's many routes and many branches and we're going to have to look at the situation and make sure there's not something else at stake. But I think we should find some relief and help here with the next phase.

Christa: I will even let her do half of the amount of psyllium she was doing before she started [00:16:00] Gut Thrive now and then NEUROSYN and CALM and just start around this Step 3 supplements. And then you can take the psyllium out when we get to Step 4 and we're terraforming because it will replace.

Jack: The psyllium, which is *Plantago major*. It does attract certain species. And so I think that's a really interesting point here, Christa, that she may have become dependent on psyllium. Now we do have cases of psyllium dependency. [00:16:30] And it may not just be like she's dependent on the psyllium as a fiber, but that she's dependent on the bacteria that the psyllium fibers improve.

Christa: That's what I'm thinking. And then we could take it away. Once we administer Step 3 and we can take that away. She will no longer be dependent on those because they'll grow on their own, right? Let's try that. And then also keep her on the [00:17:00] cleansing oregano pesto because we did say we don't really want the [planters 00:17:04] on that on Step 3, but she's an exception case there is a little CIFO situation happening too.

Nicole: Even have her just take a capsule of oregano, if she has any left.

Christa: Yeah.



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- Nicole: Well she has lots of oregano. She's a young living member so she has...
- Christa: No shortage. We keep us posted.
- Yvonne: Thank you.
- Christa: Good to see you. All right, [00:17:30] let's bring in... Amy is going to come on. I'm going to reject Yvonne and now Amy, I can accept you. Catherine, hold on because so far we've only had two people request to speak. If we don't get somebody up to Amy, then you can bring really Step 2 rule. Jack, what happened to you?
- Jack: [00:18:00] Got it.
- Christa: Oh, he's back. Okay, good. While we're waiting for Amy to come on, let's look at Lindsay here. Lindsay says mine is still just suffering from constipation. 74 years old hypothyroidism (Hashi's), has GERD goes two to three times a week and says she's full of shit. Should be starting week eight tomorrow. This is a woman, especially at 74 [00:18:30] and hypo thyroid is this huge cause of constipation. And so what I would do is I would increase the cooked fruit, cooked pears and cooked apples in the diet of a 74 year old with hypothyroidism. You didn't say which plan she's in, but as long as they're peeled, I think that she'll do fine with that. And then same advice, Lindsay, that we gave the NEUROSYN and the CALM because that's also going to help. So the adrenals especially 74, lifelong 10, [00:19:00] 20 years hypothyroidism. The adrenals have been over-producing, the thyroid's suppressed. We want to kind of flip that script. I don't know that I would add the psyllium for this particular one.
- Jack: One of the great home remedies from way back when was called stewed prunes. And I think that's what Christa just picked out there and said they're cooked, they're stewed. They used to be called plums but now they're prunes. And that was a great [00:19:30] movement through the GI tract for people particularly popular with elderly people. So that would be a good go-to to help in this transition on out of the program.
- Amy: Great. Thank you.
- Jack: Amy I just accepted you again. I'm not sure what's going on but you can always type in the chat if you're having trouble coming on. Let's take this one from



Theresa. We didn't talk about prokinetic and [00:20:00] this is good. So because we're having a lot of the same thing coming up with these Plans S's. Theresa says often with the root cause of SIBO being a motility disorder, is it wrong to just have someone on something like modal pro or 5-HTP supplement to help with underlying motility or should Gut Thrive restore dysfunctional motility?

Well, the CALM and NEUROSYN and you can use the prokinetic so you can use modal pro. If they need something, then you can put them on a prokinetic at this point. But CALM and NEUROSYN are more of a root [00:20:30] cause approach that is going to help restore that dysfunctional motility by re-engaging the gut brain, brain gut highway, and the brain's role in peristalsis. What do you guys think? Nicole, do you often recommend 5-HTP?

Nicole: Yes, I do. Anything about I always do ginger tea in between meals, tact as a pro Connecticut, Connecticut. Look, I said Connecticut. But yeah I think those are all great things.

Christa: You would [00:21:00] start them on modal pro now or wait to do common nursing first?

Nicole: I might give a little now and then start nursing and CALM.

Christa: Let's see how that goes, Theresa. Amy, where are you, girl? I keep expecting you and you keep requesting to speak. I don't see what's going on. I accepted you. Catherine, what to do with extra Tai Ra Chi. [00:21:30] You can keep Tai Ra Chi around. If you have to take antibiotics again, you drink too much alcohol or eat too much sugar, and it's just going to be wonderful to chase back the excess yeast and fungus.

Jack: There's another interesting use of that particular product. If you're interested in it has a bioenergetic quality to it. And it was one of the first products that I looked into [00:22:00] when I first met a mentor named Doc Wheelwright and he spun this story about the great energy of this product and that it worked on the energetic side of a person as well. And so we didn't believe him and a partner and I did. And then we sent some off to Germany and had some more like radionics testing on it. And the guy wrote back and said, "I don't see what it is." And then all of a sudden, in the middle [00:22:30] of the night, we get a call and he goes, "Holy cow, this thing it's just off the wall. I moved my equipment back 30 feet and now I'm getting all these readings.



So what Doc Wheelwright was teaching was number one, if a person's a massage therapist, they can put like five drops in a little bowl of water in the room and the energy expands in the room. And then the practitioner doesn't pick up so much of the energy and empathetically from the person they're touching. And so a lot [00:23:00] of practitioners, at least in the olden days would just have a few drops in a bowl of water. And the other thing to do with it is just put a few drops, one or two drops in a glass of water and sip on it. And it often works energetically. Now what Doc did with that formula, he called it the negative feedback bank. And he said, a lot of people have in their brains phrases like, well, I don't know. And well, I can't do that.

And we have a lot of... He [00:23:30] called that negative thinking that became self fulfilling prophecies. And so he said that being around the [trochy 00:23:38] or using a few drops of that expanded in water, not just drops from the bottle that help disconnect that negative feedback bank is what he called it. And people find that they suddenly have a little more positive outlook. And we all know that our positive outlook affects the course of our day in our lives. [00:24:00] There's so many wonderful things to do. I just cringe at the idea of saving [tyrochy 00:24:04] for later use when there's a lot of fun and things to look for using that formula because it's real. It's not just a [pouty arco 00:24:17] in it. You'll see the serious cactus and doc had a real special blend in that.

And the other secret on that is they reverse the polarity. In other words, they put the liquid [00:24:30] through a little device called a micro cyclotron and it makes it spin the other way because it's going clockwise in Brazil where the [pouty arcos coming 00:00:24:42] from. Anyway, all of this is kind of a strange talk, but the cool thing about it is [little 00:00:24:51] water and sip it every day and then evaluate mood and positive outlook and good things down the road.

Christa: [00:25:00] That's lovely. Thank you. I love that. It's amazing Doc Wheelwright and all these systemic formulas, the depth that they have behind them, more than any other company out there. Anna says, does one take common nursing together or one or the other? They're intended to be taken together because they work synergistically. But sometimes people either can't afford both or don't want to overload on supplements. So we'll suggest they start with [comm 00:25:28] especially if they're leading with insomnia.

[00:25:30] I don't know what happened to Amy. Catherine, if you want to go ahead and request to speak, we'll bring you on. Speaking of Catherine, she says woman and Plan P, mid-forties, her excimers of blastocystis harness 10 years



ago, treated with antibiotics, Kick Candida for Good, successfully completed. Began Step 3 today, noticed white specks in the stool. In [00:26:00] early Step 1, they went away and Step 2 returned after a couple of weeks. Not sure if it's a parasite or the result of eating nuts and seeds beginning mid Step 2. Just want to be sure to get rid of any and all parasites. Thanks.

I don't believe that she has parasites. I'm not sure. Candida does not target blasto or protozoa. [00:26:30] Do you guys have feedback on that? White flecks are typically not-

Nicole: That doesn't sound like a parasite to me, it could be yeast tissue like she said. It could be the food she's eating. So it's really hard to say, but it definitely doesn't sound like a parasite.

Jack: No, that's the first thought. Is it something from a food or something and not necessarily a parasite. We want to mainly look at symptoms and energy [00:27:00] going along here and maybe not. I guess if someone's going to look at their stool because of the history of the parasites. There is a parasite that can look a little bit like a grain of rice. So you might check to see if it's like a little rice grain, but it doesn't sound like it. The way you've described it here, the specks, is different or rice grain is larger and more visible.

Christa: [00:27:30] Awesome. I like to celebrate with some good news here. Catherine, my first client, had lost 15 pounds already, a hemoglobin A1C normalized after several pike glucose readings, previously, rheumatoid arthritis, antibodies improved and TSH improved. Yay. Awesome. You guys are seeing it. How it affects thyroid and the immune system and blood sugar affects the adrenals. It's [00:28:00] incredible. Let's take Jen's question here. Male 51 Plan S no Thyroid on NPN testosterone. Had [response 00:28:12] to Step 1 sups. Initially for one month, he's been gradually adding in supplements except the proteolytic enzymes plus [food defiant 00:28:21] and GI repair powder to repair the stomach. He still has complaints of bad brain fog, stomach discomfort, lots of belching, [00:28:30] even in the morning, plus some gasiness. Elimination is good and regular. He just returned from a stressful family trip supporting elderly father post-surgery. He wants to know how long he can expect to feel lousy every day. I'm thinking he should start the bone broth fast with food and Step 2. Yes, he should start the bone broth fast with food and Step 2. And it's really hard to guess how long he should feel lousy everyday, without understanding [00:29:00] where he currently is hormonally and everything else.



But I would say by midway through The Pathogen Purge, inflammation will be gone, all of that, but this is someone who also needs support for stress and stress management. Which is huge because he's showing GERD and brain fog. Also you might want to look at the thyroid if he has no thyroid, [00:29:30] you may want to look at the thyroid meds because he may need more, a higher dose of thyroid meds as stress goes up. like getting back from a stressful trip and then coming back to doing this. So it may be thyroid related. I'll let you two weigh in as well.

He may not be converting either, so he might need some extra support around that. So it's hard to say, but I think starting the pathogen purge would definitely help him. I think a lot of that is just going to [00:30:00] be in him getting rid of those critters out of his gut. So I would definitely start him low and slow on that, and he should start to feel better as Krista said, towards the end of that process. Then support him, whatever detox techniques he can tolerate. So I don't know if he could tolerate an enema. Maybe he could just do a salt, enema, do a salt flush if he can tolerate that. I think that would help as well to reduce the toxic load in his body. So I would give those things a try and see how he does with them.

Would [00:30:30] you add in nearest and now Jack?

Jack: I think it makes sense to get the go ahead and get the brain support. I was, I was kind of pondering back to our branches and roots. There are other causes of brain fog and not just the gut and so that the neurosurgeon would have, start to address some other factors. And [00:31:00] we have to start considering if there's other things coming to bear as well, but he's not that far along in the program. I'm trying to...

Christa: Yeah, he's just getting ready and he just finished Step 1, he's getting ready to start Step 2 and do the bone broth fast with food.

Jack: I think the question, "how long?" there's an unreasonable expectation there and keep in mind that a good percentage of people, I know we're thinking that they hit the end of week 10 [00:31:30] and their arms are raised in the air and the ribbon breaks across their chest, and they've hit the finish line, but for some people it's going to be after they've reset, they're going to be two and three months more of getting benefit after the program. So, sometimes I tell people the biggest payoff is after the program where you really get the individual's immune system to make a new relationship with a new gut microbiome.



[00:32:00] Now it took an infant longer than a year because they're going through different phases of growth. It's awfully early in the game and certainly maybe the neurosurgeon would step in and help with some of the neuro-transmitter cascades. But if he still has leaky gut, which he probably does, we haven't addressed that yet. [00:32:30] We just haven't gotten him to get enough work done.

Christa: Yeah. I need support and get through [00:33:00] it. Okay Catherine...

Catherine: Hi. I'm so happy to be here. Thank you so much for this. This is wonderful.

Christa: You're a therapist, right?

Catherine: Yes, I am.

Christa: Awesome. I'm glad you're [00:33:30] with us. It's nice to put a face to the name.

Catherine: Yes. And I'm, I'm looking forward to the juicy, emotional Step 3. Well thank you for taking this question. I have one client and I are starting Step 3 today, but my two other clients are in Step 2. And the one I'd like to bring up today, she is in her early forties, Plan H, she was tested for H pylori, it came back negative, but [00:34:00] I know that may or not be, it may or may not be the case. She did start the gut thrive program two years ago, but didn't finish Step 1.

She grew up thin, but ate horribly. She said horrible diet and then got a diagnosis of IBS in college. She said later when she got married, she started putting on weight [00:34:30] and she just kept gaining weight. She was diagnosed with PCOS. Then she had four kids and developed a herniated disc in her, in her neck. And then she recently within the last year or so, moved to Arizona and has horrible heartburn. And she's had that for a long time. It's hard for her to swallow also. So we've been really working with that this whole time. Her family has [00:35:00] a history of esophagitis and she does not, but she gets heartburn with everything. Water's really hard for her to drink. And it's really difficult for her to swallow pills because they feel as if they're stuck, but they're not, they're not stuck. She has continual UTI and she's on three anxiety and depression meds, and she has a diagnosis of Fibromyalgia. So [00:35:30] that's kind of the background and what we've done thus far with the swallowing. Oh, and she does have diarrhea. She kind of was that way before starting the program.



Christa: So you have a complicated [bedding 00:35:48]. We're just getting right into this. There's some emotional work you can do with this woman.

Catherine: Yes, actually, it's, it's really fun because what's amazing is she's, she's giving it a go. She's [00:36:00] really willing to do everything. I got to see her have hope cross her face after a couple of meetings was amazing. And she says, she's "smiling for the first time in years," she feels like she wants to do the things she loves to do that she hasn't done in years. And so we are seeing progress.

Christa: Yeah.

Catherine: So when we added in a little bit of aloe, the hard part is aloe is more for constipation. She [00:36:30] tends to have the other issues. We've added in Aloe. She had to cut back the proteolytics for a couple of days and bring them in more slowly for the heartburn and all that.

And what else did I do for the UTI? I recommended the [Kranz dad 00:28:14]. And I also offered with the water, she said, just, it's not her thing. It makes her have terrible heartburn, but I recommended the goodonya [00:37:00] hydrate. But she did say that since starting the aloe, the heartburn has decreased quite a bit. She's drinking the water and she's used to the discomfort, so she's pushing through it, but she still has it; the heartburn is with everything. Then she said, she got really big periods of diarrhea and she accidentally forgot to take [00:37:30] her desiccated liver one morning and instead had it at lunch. So her diarrhea didn't hit her till lunch. So she got curious about that. And so I told her to do a couple of days without the liver and she hasn't had diarrhea.

Christa: That's very interesting because you never get that question. Right. Everybody, their body is their own microcosm, so it definitely puts the liver ounce.

It's a very metabolic food and so it's digested very quickly.

[00:38:00] She is on the right plan. So some people can fall into H pylori plan. It's not because they have H pylori, even if it's not a diagnosis, but it's because of the gut problems; the root of them are in the upper GI. So it's in her genetics and it's also her current experience. I don't think the heartburn is going to [00:38:30] mitigate fully, to be honest until Step 4. But I do think the diary, you take the liver out and then as soon as you part midway through pathogen purge, definitely when you start steps three, that the diarrhea should be a thing of the past.



Jack: I'm always concerned when someone gets a Plan H and then we do testing. I'm going to say most of the times we test, we actually discover [00:39:00] the H pylori. It's been very, very accurate. So when I hear people that have Plan H and then they test, and they don't find it, let's say by DNA in the stool or something, and they're not really having an overgrowth, then I want to know what questions on the questionnaire defaulted them into Plan H? This is probably where we have the heartburn and the reflux. And what you're finding is the [00:39:30] Plan H protocol is based on the upper GI, right? It's up above CBO, CIFO, it's upper up above the lower bowel issues. And so she's in the right plan, no doubt about it. And we just have to take advantage of this plan.

The other thing with this person is there are so many wheels. Wheels of interconnected ailments and further degenerations. [00:40:00] If there's ovarian problems and a urinary tract, there might be a weakness, susceptibility, or even auto-immune activity. And certainly by the time someone has fibromyalgia, we're concerned about long-term issues like that. So we often want to tell the person we got to do first things first. And right now, focusing on the core, we're focusing on the gut and we're focusing on the gut where the majority of the symptoms are, [00:40:30] which is in the upper gut. This is where we want to get the first noticeable improvement.

So the use of the aloe in very small amounts, frequently for the tummy, that should not be pushing the tendency toward diarrhea. We kind of figured it's all going to be used up too quickly than somebody who would have three or four ounces, and then use it as a laxative. Keep your focus up there [00:41:00] in the upper GI and the soothing and the reduction of pain is the start and just stay with it. And then gently march on through the program. So good things are coming for this person, but maybe not the panacea, that's going to solve everything, but start looking at what the gut has power over. Three prescriptions for anxiety. Well, I mean, the huge amount of data says that's coming out of the gut brain connection. [00:41:30] So you're starting to work in, in the right, in the right place. It's just with this person, there's a lot of layers and a lot of work.

Catherine: Thank you. I'll be happy to tell her to hang in there and that it's coming. I have been telling her that, but now I know for sure.

Christa: I think the HCL challenge will probably be a key piece for her too.



- Catherine: I think so. And you know, all of her symptoms really make sense in her plan. I did wonder about the neurosensory activators, [00:42:00] especially because she has so much going on in her throat and so much energetically as well. But, I introduced that earlier. Just singing she said it was really hard for her and to get used to it. But I did introduce those, but I know those are typically for constipation. So it was a little bit weary, but I think I'll continue with those. My next question for her really quick is that at our last meeting [00:42:30] she said her hair is falling out. But she said that the last time that this happened to her was when she cut out dairy, gluten, and sugar, she said it happened to her.
- Christa: She needs more fruit. She needs to increase her carbs by about 15%, especially with the anxiety that she has. It's a thyroid suppression [00:43:00] and the Plan H tries putting her into ketosis, potentially over or out of ketosis. So that will help. Especially with anxiety, again, some advice. Have her have one steamed pear with cinnamon a day, or one steamed apple cooked with cinnamon a day. Or she can increase her butternut squash. I'm going to send a link in the followup about using [00:43:30] carbs for anxiety. You know, you are a therapist, she's on the anxiety meds, she needs to do the neurological track for sure. I see the chakras right behind you and hopefully you can work with her on speaking her truth. When we jump into the portal, we link, we really want people to understand. We linked to Louise Hay. Constant urinary tract infections is someone who can't trust the process of life. [00:44:00] It's not just that we can't get the E. coli out of the bladder. So we have to address the whole person and she was definitely guided to you for a reason.
- Catherine: Thank you. The step-by-step piece that you said, all my clients that came in have this multiple years long frustration with their body and they just want to try everything. They're kind of coming at things from so many directions. I had to [00:44:30] really say, let's slow it down. We're going to start step-by-step, and really find that place of trust. And also, cause we don't know it, but we start beating ourselves up and especially our bodies and there's this sense of betrayal by our own bodies when really that's not what's happening.
- Christa: I think that's wonderful. You bring that up and I would always say to all of you that say to your clients and patients, [00:45:00] true holistic health requires a complete counter-cultural approach. It requires us to go one step at a time. It requires us to stop beating, kicking, forcing the body into doing what we want it to do, but respecting the inherent intelligence that it has when you give it what it needs, it will heal itself. We need to get out of our own way. You're spot on. They need your emotional support. You develop your intuition as a clinician



[00:45:30] for telling them what they need to hear, because so much of a part of this is shifting your belief systems and that's going to come up for them in Step 3. For sure.

Catherine: Yes. And I really wanted to thank you because when I was doing the Kick Candida, at one point in the program, you mentioned that we're a little bit of a rebel, living this different way than everybody else. I took pride in that. There was this little bit of walking around, everybody's eating differently than me or thinking differently. [00:46:00] I'm living on the edge in this healthy rebel sort of way. \

Christa: The more we do that, then the more it should be normal, right? Why should we be burdened with organic in front of our food? It should just be food. They should have to put pesticide laden - filled up with chemicals, right.? Or we just eat an Apple. All of you guys with your boots on the ground, the more we're going to affect the food supply, the way food is grown, how people purchase and, and then normal natural [00:46:30] healing will be norm.

Catherine: Well, thank you so much. One more thing, I am going to recommend her partner take Candicid Forte. Should I do that? Isn't that for Plan H?

Nicole: You said they're Plan H? You could have them do Pepti-Guard.

Christa: [00:47:00] If you can get the partner to do Pepti-Guard and GI support and soothe, double-insuring non-transmission.

Let's take a couple more questions.

Jack: [00:48:00] Did we do Jess on the NEUROSYN and CALM? It doesn't have to be just for people that are constipated. What we were doing the experiment [00:48:30] with those products was trying to reactivate. And that's what the neuro activation exercises are for too. And this was something that would accompany the neuro activation to get the brain back online. Brains go offline on a lot of other areas than just GI tract regulation. CALM is just a major go-to formula for anxiety and depression. So if people [00:49:00] are a little bit anxious, the CALM is not a sedative. I do have a few reports about it helping with sleep, but mostly what I would do in the evening would be to combine one CALM with something else out of that systemic line, the same company, the formula would be dream (D R E M).



The CALM can go with the dream [00:49:30] for insomnia. The CALM is calming neuro-pathways. When someone is overexpressing the excitatory neuro-transmitters, the CALM tries to help get that back into balance. The body chooses those neuro-transmitters. But then if the inflammation gets in the brain, they can get locked in. And that's where we hear [00:50:00] about so many people just staying locked in to the anxiety pattern. CALM can be extremely effective for that. Our original concern with CALM was that it seems to have the same run at things as an SSI, right? A serotonin uptake inhibitor. We were concerned that if people were on those types of drugs, that there could be too much. [00:50:30] It's just not turned out to be the case. The body seems to really differentiate the impact from the botanicals, which are very supportive to the body to correct itself where the drug would be more of a dictator just demanding that uptake of serotonin is slower.

So I find them to be safe for the most part. And I use those formulas so much because people have so much background [00:51:00] angst. Particularly after a year of COVID. There's a lot more angst in people. It's just so refreshing just to be able to find the CALM center that they're missing. I encourage everyone to do that. The brain has to oversee a lot of the healing responses and other things as well, and integrate [00:51:30] the new lifestyle and all the new foods, every reason to support that. In our study, Krista and I up to three capsules a dose twice a day. You can use that. I often will have maybe just three capsules once a day.

[00:52:00] You want your brain turned on and you want to be active in the morning, but you don't want to be anxious. So my secret recipe, there are two of the NEUROSYN and one of the CALM, and they start going through the day and then toward the evening, we think, [00:52:30] well, now we want more CALM, but NEUROSYN is not an upper and CALM's not a downer. So you can use NEUROSYN in the evening and then double the CALM; one and two. And that seems to hit the majority of people. That way they have a good day because they have some CALM and they have a great evening and they're going to sleep. Then bring the dream formula in, [00:53:00] and they get good sleep and it becomes a cycle. Then down the road, they don't need the supplements because they've actually worked out some of their problems.

Christa: I want to jump in. I want to answer Janelle's question and Nancy's, and then Nicole, I'll let you choose one that you want to answer.



This is really interesting. "Plan P taking a lower dose of Step 2 supplements, one fourth of a capsule. Did one capsule of advanced microbial support in [00:53:30] water, and drank it over the course of three days. On day three, she had a significant increase in burning pain. The next day she had worms in her stool."

This is a very positive thing. "I suggested to take a day off of all supplements."

Nope, don't do that because now you're finally getting the movement. So this is a situation of pushing through and increasing GI Support and Soothe, but continue the [00:54:00] same dose that she had done in a capsule, drinking it over the course of three days.

When you finally get the worms coming out in the stool, you want the body to complete the process and not shift the directive. So continue on at the fourth of a capsule and the microbial support over three days, but add in Aloe Vera, she should drink that first thing in the morning. And then maybe before she goes to sleep at night and then add the capsules of GI support and soothe with her meals.

[00:54:30] Nancy asked a really good one. So that's a little good to know for you guys and plan P.

Nancy asks about Plan S. This is also good. "Is it normal to have an appetite increase and allow for more food on the diet list or should the case study Plan S push through and not eat any more than one snack plus meals?" So Nancy Jensen also is an Adrenal ReCoder and Nancy, my gut feeling is that this person's metabolism [00:55:00] is turning back on and that some of their CBO has been hypothyroid induced.

Let their body guide. Especially if they don't have constipation, even though we're trying to not give the digestive system too much work on Plan S. This person can either, add in one extra snack to kick the thyroid into place and the metabolism, or just like you learned in the adrenal recode, they can increase their good, healthy carbs with breakfast, lunch, and dinner. You can even start playing with temperature [00:55:30] and pulse here. And so make sure they're eating till they're 80% full. So it's either increase the existing three meals and one snack by 10% or eat the same if they're 80% full and then add another snack. Play with the carbohydrates in Gut Thrive you're not going to get your



carbs greater than your protein greater than your fats. You can keep the carbs equal to protein, protein, equal to fat, that type of a situation.

Christa: Yvonne, let's have you leave out the Young Living NingXia Red. It's all good stuff in here, but you just have so many formulas that we're working with that I don't think it's necessary. And Nicole, is there something you wanted to answer from someone?

Nicole: Yeah, let me find one we haven't answered. Marion asks, "I would love to hear more about the strategy with Terraform Plan S. In [00:56:30] the webinar, you talk about the partnership between Lion's Mane and the bifidobacs. Since there's only strains of bacillus in Terraflora, what's the reasoning behind this strategy?" Yeah, so in the Terraflora, we use soil-based organisms, and we use those because they tend to be more effective for people with SIBO. They generally don't populate in the small intestine. They go right into the large intestine and colon where we want them to be. Because sometimes with SIBO, if you overpopulate the bacteria in there, you can exacerbate the symptoms. So those typical strains of bifidos and [00:57:00] lactobacs can sometimes do that. So we found that the soil-based are more effective for that reason.

Christa: And Jack and I did a whole study on that back in 2015, didn't we, the soil-based and the spore-based probiotics? Yeah, great. Like to celebrate Corey's Plan S client. "Lost 11 pounds, still no migraines she was having the multiple times a week for almost a year. They stopped during Step 1 and they never came back." Awesome. [00:57:30] It's all just the beginning. Amy, I know, I know you say ... She says, "I'm so sad I can't connect every time I try to join you, guys." Well, you can try again. Why don't you type your question here, Amy, and we'll answer. I keep letting you in, but I think it's not in the cards. Okay.

Jack: Nancy seems to have a person that's probably going to fall off the wagon and also travel into new [00:58:00] microbiome cultures by going to Mexico. I'll mention the WO oil on that, because I think ... What I would do, Nancy, is I would just arrest the program. You're pretty sure she's going to fail, and the birthday cake, and that's enough right there and one piece turns to two, and then there's the beer, the wine with it, and so forth. [00:58:30] I think there might be a little shortcut if it's okay to mention the Systemics. They have a product called WO Oil, which stands for worm oil, or more nicely, wonder oil, but it's anti-parasitic. I always travel with that, particularly into new cultures. Certainly, Mexico is a good one for that. [00:59:00] This oil can be ... just three or four drops can be put in your double-ought capsule. Just even taken once a day, it would maintain the antimicrobial aspect, hopefully avoiding acquisition



of other microbiome, other bacteria that are going to cause problems. So we're just staying the course for this 10 days or two weeks, and we're just trying to [00:59:30] arrest the program, but if she doesn't have something in place, she's going to lose ground, and it's celebration birthday time.

So I think something like that would sort of hold the line at the Step 2 or the pathogen purge. It's going to have you right there, do the travels, and then come back and have a full pathogen purge after that, and proceed with the program. So we'll just call this a hiatus [01:00:00] in the program, but we don't want to lose ground and you can probably save her from having to start over with the WO trick, and then not getting the turista or Montezuma's will certainly be a blessing. That's just a good travel tip there for any time going into other ... you're going to drink water, and have soups and things in other places, it's good to have that. [01:00:30] Three to four drops of WO in a capsule, once or twice a day is all it takes.

Christa: Mm-hmm (affirmative). That stuff is magic.

Jack: You gotta put it in the capsule because it's so strong in essential oils, but it has the wormseed oil in it and other antimicrobials, but then it won't be overpowering. So hope that helps, Nancy, let me know.

Christa: Everybody should get familiar with WO oil. It's incredible.

Nicole: Hey, Christa. A bunch of people are asking for [01:01:00] the neuro supplement handout, which we have grayed out still, we don't have it active. So let's put that on the list, too.

Christa: Sure. I can get it up there by tomorrow. Brent's off ... the neuroactivation?

Nicole: Mm-hmm (affirmative).

Christa: It should be under Step 3. Okay.

Nicole: It's grayed out in our Resource, so we can have Brent do that pretty quick.

Christa: Okay, thank you. Susan Erica, thanks for your text message earlier. It was good to see you last time. "Gratefully, my case studies [01:01:30] are all doing great. I'm curious what your opinion is on butyrate. I didn't see it listed in our supplement ingredients. Another question: a couple case studies, a couple cases have been having a Bristol Stool Chart Number 4, which has been



wonderful. Please guide how to continue this wonderful benefit after the supplements have ended. Thank you so much. Your GT5." I feel like you're the best person to answer that, Jack, about us not working butyrates in to the Gut Thrive plan, and then the Bristol Stool, [01:02:00] I mean, they should just continue on if they haven't a healed rejuvenated microbiome.

Jack: I like butter.

Christa: Yeah. I mean I feel like we [crosstalk 01:02:14].

Jack: Put some butter on the vegetables then you've got the butyrate. The thing that builds butyrate is coming in the recolonization, the receding program, because butyrates [01:02:30] are made by the prebiotics feeding the probiotics. So rather than a supplement that might end up falling off the wagon when they don't finish their work or something, we want them to make their own butyrate and get the whole pipeline started for the colon sites cells to be able to grab that butyrate. But I think a little dab of butter can help solve that. [01:03:00] The microbiome loves good organic pasture butter, and they love these fats. A lot of these bacteria that are the good guys for us, they really go for the fatty foods like that. So that's a simple way to have that element, but it's coming. They're making their own butyrate is coming when the fibers increased.

Christa: They should continue with their Bristol Stool Chart Number 4. [01:03:30] It's just going to get better from here, especially if they're already there. Jen, I will send out a link tomorrow for preferred fish without mercury.

Nicole: I've got a link for that in the chat.

Christa: Oh, you did?

Nicole: Mm-hmm (affirmative).

Christa: Oh, okay, great. Thanks, Nicole. Yvonne, yes, maca is okay to still have, but you want to test your hormones before. It's not just something to stay on forever. Should be small molecule maca. Then, Teresa, "DGL [01:04:00] chewables okay for those with upper GI irritation?" Absolutely. Okay, are there any other ... Oh, let's just touch base with Dani on the kidney support. I saw this one earlier. "Question on kidney support. You shared a ton of various tools we can use to support the kidneys throughout the process. Can you talk more about what to use when? Cran Stat versus kidney cocktail, what are some symptoms specifically that someone might be experiencing?"



So Cran Stat is not something to stay on. That's [01:04:30] something at the first sign of a urinary tract infection because it's got uva ursi. It's going to combat the bacteria in the urinary tract. It's going to, because a lot of times kidney problems and urinary tract symptoms go together. Obviously, cranberry is great for both. The kidney cleansing cocktail, if somebody's lab work comes off, if you're seeing something on their kidneys, you can support them with the kidney cleansing cocktail and four ounces of beet juice daily. If they're having frequent urination, if [01:05:00] they're having symptoms of kidney issues or they're herxing and their liver is completely fine, then that's when you would add it in. So it's not a regular part of Gut Thrive. It's not something that we add in all of the time. It's if they're just showing signs of not being able to maintain electrolyte balance and those types of things, somebody who's in adrenal fatigue, adrenal dysfunction... we don't really use the term fatigue anymore ... then they could also use a [01:05:30] bit of kidney support.

Okay. Jen, "Loving the results I'm getting so far personally. Wahoo! And I often get down on myself for having a bit too many potato chips, starchy vegetables, fruits. I just get so hungry. It's a fine line. I don't want to feed the nasty buggers, but I also feel like my body and nervous system need those carbs." This is where I really want you to listen to yourself, and especially if you're on Plan S and if you have high stress, like we want this to be a comprehensive [01:06:00] healing program. Rather than adding in potato chips, I'd rather see more starchy vegetables and fruits, more roots and fruits if you need more carbs, and just always combine those carbs with protein and with fat, because that's going to train the body right to shuttle the glucose into the cells that are stored as fat or feed the bad bugs.

Danny did suggest, are you getting enough protein? When we don't get enough protein, we crave carbs. We see that with toddlers all the time, [01:06:30] don't we? Cory-

Jack: Kristine or Sharon ... Oh, sorry. I didn't know if I was skipping too far ahead.

Christa: No, go ahead please.

Jack: Oh, well Sharon is asking, someone has pretty bad reflux and that's a concern because that can lead so quickly to more permanent damage and things like that. We really want to help get the reflux issue [01:07:00] solved, and so we want to find out if the person has a hiatal hernia, for one thing, which would be a big stumbling block to getting over the reflux. And yeah, what you're



mentioning here is the ABC. You put it in water and drink it, and that's going to give probiotic support a little bit to the esophagus in the stomach. The stomach acids have a tendency to kill these probiotics, but they can do some good before [01:07:30] that happens and some of the species will definitely oust other species. So we like to do that. The other thing to remember is just to add that fresh to the water and drink it right away and do that. You might even add a little concentrated aloe vera to the water. But do a little background search and see if there's any hint of tipped stomach, [01:08:00] the hiatal hernia issue, and make sure there's not a mechanical issue here. Just when I hear a pretty bad reflux, there's a difficulty here and it needs to be solved here early in the Gut Thrive program.

Christa: Great. Alicia, Systemic Formulas makes CALM. Let's celebrate with Jen for a second. "One of the most random symptoms went away for me, a painful and sensitive scalp. Sleep is so yummy; vivid dreams. Loss [01:08:30] of bloat. More robust mentally. Weird skin rash is gone. More energy except for the days where I may be having die-offs." Awesome.

Jack: We can give her a pat on the head now.

Christa: Now, we could give you a pat of the head. That's cute. Okay, Nicole, is there one you want to answer? Can I jump into some screen sharing here?

Nicole: I'm trying to find somebody we haven't answered.

Christa: I'm going to screen share while you do that, okay?

Nicole: Yeah. Are we able to get ... [01:09:00] Yeah, Danny, you could contact Systemic Formulas to get an account with them. I'm not sure what their requirements are, but yeah, definitely.

Christa: Do you know, Jack?

Jack: Sure. Yeah. They want to be pretty confident that you're a real practitioner and you have a practice. If you don't have a lot of credentials to offer, I think the thing to do is to mention that you're in training with Christa and with me. I'm kind of a ... hopefully I [01:09:30] can help facilitate your getting the account. Just mention that you're doing this training program and then if there's any hesitancy, I'll go to bat for you and get a call in into the new account department that you are in training and you are going to be working with people or you are working with people. They just try to weed out people that



don't have any kind of credential and [01:10:00] don't really have a practice. They'll do that to protect you when your patients call and try to go around you and things like that. So it's a good standard, but yeah, you should get into the club there.

Christa: Jack's a bigwig at Systemic. He's formulated a lot there. I think that's how I first met you, right?

Jack: I'm kind of a little wig now, but ...

Nicole: Little wig.

Jack: ... Hopefully I'll have some clout [01:10:30] with ... and help you get in there. It's a matter of government regulation. They want a piece of paper to put in your file, and the file goes in a filing cabinet and it's over. So look for any kind of certification or paper that you have and go through the credentialing process. If not, I said I'd be willing to make something up for you. You're going to need access to some good helpful [01:11:00] array of formulas in order to help your people.

Christa: Yeah.

Nicole: Yeah. Usually they make you send in a photo of your license or certification to prove that you, like Jack said, that you're an actual practitioner.

Christa: Let's take Amy who tried to get in and present her case study multiple times. Let's take her question and then we'll jump into the portal, okay?

Jack: All right.

Christa: Amy has a Plan S, 39-year-old female, 5 foot 4, 195 pounds. She had constipation her whole life, unable to tolerate [01:11:30] supplements her whole life. She's done very well up until week seven. She got a yeast infection and then her family got a stomach bug and are throwing up. She's disappointed because she's having bloat now and nervous about the Step 3 supplements. Any recommendations to ease her stomach and bloat and ease her into Step 3? Also, when do we introduce the neuro supplements in and when do we add in chia or flax with probiotics? Thanks.

I'm sad you couldn't talk with us today either. It's excellent [01:12:00] that ... I'd like to know how much weight she lost. It helps me figure out how much



cellular inflammation she has. It looks like she probably has about 60 pounds to lose on this program and she can do that over time. I'm curious if the constipation is related to both yeast and thyroid because if she's got a yeast infection, I would add in [01:12:30] Plan F supplements along with Plan S, and I would probably just do a blanket add in of Candicid Forte. Nicole, what do you think?

Nicole: Yeah, no, I'd definitely add in Candicid. If she has some oregano left over, she can keep taking that.

Christa: Yeah. Keep taking the oregano. She should have a couple of pills left over, or she can even get another bottle of that and just take one a day all the way through the end of the program. Just take it away from the probiotic. But definitely Candicid Forte. I'd have her take [01:13:00] two twice a day and get everything under control. That'll get the bloating under control. Then once things are under control and she's back where she was at week seven, then start Step 3 and start the CALM and NEUROSYN at the same time when you start Step 3. You're going to add chia or flax, you're going to add that in Step 4. That's with terraforming.

So the thing is, is the chia and the flax, and we're going to start using prebiotics and fibers to feed. [01:13:30] We did the weeding, now we're going to be converting other negative or neutral bacteria. Like we got rid of most of the pathogens, some that are still there, we are going to root them out with the probiotic strategy, with the different strains of probiotics. We're also going to ... when we plant the good seeds that are specific to wherever we're genetically and originally from, and we want to feed those. We know what we're feeding when we start to add in the fibers. So really only adding the fibers prematurely if we've said it, like for Yvonne's case [01:14:00] with psyllium because her microbiome is already used to psyllium. Is there anything else you guys want to add in?

Nicole: You could have her drink some pau d'arco too, some pau d'arco tea. Albeit-

Christa: Oh, yeah, but ... She did the pau d'arco and FemGuard. Oh good.

Nicole: Oh. Good, okay.

Christa: So yeah, so you're doing the right thing. Just add in the Candicid Forte. Great. Ana: "My clients are thriving. I had just started the program myself. Week two of supplements for me. My skin is so [01:14:30] dry." We are getting plenty of good



quality oils. Sometimes dry skin can come from both the thyroid and the liver, so if you were eating a lot more carbs before starting Gut Thrive and then you went down to way less, you may need to ratchet those back up somewhere in the middle to help with the dry skin.

Okay, all right. Now, screen share back on.

Nicole: Okay, [01:15:00] party people.

Christa: So here's your ... I think a lot of you have already taken in the information for Step 3, which is awesome. You've got your video here, you've got your course lessons, and we're going to add our training webinars. This is going to be this ... We'll add them in as you go. So I'm just going to move through the portal here. I want to get to ... [01:15:30] Okay.

So one thing I want you to have your people doing, let me just make sure you're seeing what I'm seeing. You guys, does everybody see the mindful eating? Okay. We've talked so clinically with all of these people, but I really want you to help them slow down. One thing that I found frustrating in my practice would be when I would call them functional medicine junkies where we get clients that knew [01:16:00] everything there was to know about functional medicine, they've been to so many different doctors. They're not getting the results. So much of it was having them slow down and get out of their head and get into their body and really start to look at the other aspects of their life, the mental, emotional aspects of their life. The fastest way to do that, to draw that bridge is to get them doing food mood journaling and get them doing more mindful eating.

We're doing more than we ever have done in our lives, and we're not paying [01:16:30] attention to our food as much and we wouldn't have a good relationship with a human that we didn't give that much attention to. We're not going to have a good relationship with food if we don't give it enough attention. So I want you guys to download this handout and use it in your next session with your case study and go over it and say, "Okay, now we're going to talk about chewing and mindful eating," and explain this to them in your own words. But you're going to want them chewing at least one mindful meal a day. I get it, and especially if you have young kids, you're [01:17:00] very busy, people working through lunch., they have to actually practice with one meal a day chewing 30 times. They're not watching TV or anything else. They're just focusing, and it's incredible the changes.



Like I have had a client who ate Big Macs every day in his car, like to and from the way to the hospital. He was a doctor. I said, "Okay, you're not going to do anything else I asked you to do. Just stop the car. Stop the car, eat the Big Mac. Chew it. Don't do anything [01:17:30] else." He came back my office like a few weeks later and he said, "You're not going to believe this, I hate Big Macs." So we just want people to sit and focus and really kind of check in with themselves, especially your Plan S'ers. It's going to be really important.

So here's a food mood journal. You just want them... self-awareness is such a huge part of having a happy, thriving life. So using a food mood journal creates a lot of self-awareness in terms of how foods affect them, what works [01:18:00] for them. So show them, say, "Okay, well, we want you to look for clues for balance and clues for imbalance." So they're going to start to look at that, clues for ... and that goes for both physical and emotional clues of balance. So go through this with them, and then you're going to want to review their food mood journal. Just have them do it, say, three consecutive days in one week. If you can get them to do it longer, great, and then you'll review it. Then you can start to see, you start to track because so much of working [01:18:30] with the adrenals and the thyroid is figuring out your body's natural flow of burning energy and a lot of people are different.

Maybe your digestive fire, your agni ... I know we've got an ayurvedic practitioner. Some people, it's the strongest first thing in the morning. Some people, it's the strongest ... for me, I'd say 11:00 AM is when I'm at my hungriest. So eating a small breakfast and then a bigger meal at 11:00. So see if you can help them figure out their flow and then you can make ... and then you'll also see everything that [01:19:00] they're eating, you'll be able to help them make upgrades along the way. This is really where your health coaching skills are coming in and where the health coaches can help the other practitioners as we go through this, as we go through with this type of stuff.

Now I want to get back to... I hate how it... Let's see. Can you, guys, see my screen? No. [01:19:30] I gotta get back in. Okay, let me get back into... I actually have to log back in. Okay, Nicole, can you do me a favor and answer questions while I log back in? Okay. [01:20:00] You're muted, Nicole.

Nicole: Okay. Well, I've been just talking to myself for like ...

Christa: You were just chatting and I was like, "Is she okay?"



Nicole: I was just reading Teresa's comment where she said, "So important people always focus on the diet and the supplements and tend to skip sleep and stress relief. Like those things are optional, and then they're disappointed when they don't heal. Can't skip these things." Yeah. I 150% agree with that. I know [01:20:30] those of you that did FDN, you know rest, exercise, stress reduction are key pieces, as is the emotional component, like the work that Catherine does. I think sometimes if people, if you have clients who do everything right with the diet and the supplements, and they're not getting anywhere, I think it's super important to take a look at that emotional piece as well and see what else is going on in their life. Because sometimes we trap trauma, emotions, stressful situations in our bodies, and that can sometimes need to be healed first before the physical takes root.

Christa: Yeah, and [01:21:00] this is where you help each other out. The health coaches can help with that coaching. Catherine, you being a therapist, can help with that as you're connecting with each other on the forum. But one thing, and I'm going to talk about this in the business webinars, maybe we think in the third or fourth one, but it's really learning to take right accountability. Like so many clinicians, practitioners, we want to help, we want to help at all costs, but you don't help anyone in any aspect of your life if you take over-accountability or over-responsibility. [01:21:30] So if you feel that someone's not ... We do that as clinicians. I know I did that for many years where you'll take the responsibility on yourself and it's like you don't just keep adding in physical things and you'll keep making changes there. It's like, there's a lot of this stuff that we don't want to look at and it's coming to the forefront.

So this is a handout that can be helpful. It's a dimensional, emotional cleansing handout. So we told you, Jack and I realized, we have 2,000 people, we [01:22:00] realized the hard way when we first launched Gut Thrive the wide range of emotions that come up in Step 3. So you need to preemptively know that. You need to watch the webinars that are in Step 3, especially the one with Jason Brody from the Awakening because he's really going to talk about what comes up and how to troubleshoot it. If you're doing Gut Thrive right now yourself, it'd be really interesting to see.

So it is very important to know the microorganisms in our digestive systems [01:22:30] secrete chemicals, and among those chemicals are the same substances used by the neurons to communicate and regulate mood. So things are shifting now; dopamine, serotonin, GABA. This is why you really want them to check, run a DUTCH panel, run a neurotransmitter panel, especially



your clients and patients that are on two or three anxiety meds and depression meds. Let's see what's actually going on with the excitatory system, with the inhibitory system, and work not just with [01:23:00] CALM and NEUROSYN, but work with the emotional aspect of it. Okay?

So receiving is going to be a little bit of a gray area, and there's a lot of magic, there's a lot of power, there's a lot of transformation. Some of you are going to feel with a lot of Plan S'ers that you might freak out and they might get like a resurgence, and I need you to know that health is not a linear process. It doesn't mean it's not working for them. Sometimes it's three steps forward and one step back, and then two steps forward and one step back. So if you expect [01:23:30] that and you train your clients and patients to expect that, and then, hey, it doesn't happen, awesome. But, just like an attorney, we want to be able to paint the worst case scenario and then also the best case scenario.

Okay, so let them know you're preparing to receive. Like touch on this. So you might also be ridding yourself of old habits and patterns and belief systems, like maybe some lifelong issue with their mother, their father, whatever their [01:24:00] wounds are, whatever their demons. Like Kim Paul said, we're all humans, we all experienced trauma. These are all things to look at and become self-aware. Self-awareness leads to growth and leads to evolution. They can be a brave warrior with your help. Explain to them so much is going on that their brain, their nervous system, and their immune system is recalibrating now. And their metabolism is shifting for the better. There is so much happening. They're evolving physically, [01:24:30] mentally, and emotionally, and encourage them to write, to do yoga, to take walks, to take a little bit more space from certain things that are taxing than they otherwise would.

And Catherine, when you were up, I really wanted to suggest the emotional freedom technique with your case study. And this is something that just helps people get through their emotions, move their emotions through their body. There's a book and there's a video here that can help. [01:25:00] And then we go through.

So try all of these yourself before you recommend it. I am always my own guinea pig throughout my entire career, as we all are. And so try these before you go and you start explaining them to others, just basic breathing, whether it's diet alternate nostril breathing, there's the earth breath. That's good for digestion. And then maybe even go through with them a five to 10 minute imagery, meditation, where they're really thinking [01:25:30] of a place where



they kind of become alive. And then here's what I was talking about with Louise. Hey, this is something that you can give it to them.

And if you feel comfortable, I would talk to them about linking their emotional, their spiritual, and their physical self together and going through, what are the driving problems that they have and what could be a probable emotional root. And then what's the affirmation. You can even take the affirmation and you can use that affirmation along with the [01:26:00] emotional freedom technique.

So really kind of going through because yes, we can have these problems, but when we fix them physically, if you don't fix them emotionally, the emotional harm, our thoughts create our emotions. The emotions can drive the physiological process right back where they came from. And so this is part of healing from the root. So look at this, especially here. Plan efforts, like feeling scattered, lots of frustration, anger. A [01:26:30] lot of these things, just let them lead. Say constipation, a lot of you are dealing with at night. Talk about how can you release the past and do some writing through that? So go through this, familiarize yourself with it.

I pulled everything from Louise Hay, the top ones that we experience with our gut Thrivers. And then I love this. Those of you who went to IIN, I don't know if they're still giving out the flying trapeze, but read through this [01:27:00] because they really are. You change your gut bacteria and it drives so much and they're rejuvenating their system there. It's like a chance at making totally different life choices than you've made the work. But they're in that unknown zone. Right? And they've let go of one monkey bar. They haven't grabbed the next one and they're floating into that middle space right now. And so all of these things can be really nice tools for them. Now let me, [01:27:30] I'm going to stop screen sharing. And then Nicole, I'm going to let you jump into the chat and take some questions while I pick up my next points.

Nicole: Okay.

Christa: Thank you.

Nicole: I want to see where we left off. Yeah. That Jason webinar is in the Step 3, you guys were asking. [01:28:00] we're going to open the PDF for the neuro supplements tomorrow. Lacy, for tracking on supplement orders, just email into customer service. If you haven't gotten an email directly from Carewell. I'm not seeing any other ones we haven't answered.



Christa: That's great.

Nicole: Yeah.

Christa: Okay. Well the last thing I wanted to go through, can you see my screen here? [01:28:30] Yeah.

Nicole: Yes.

Christa: All right. Is the action items. And now this is just for Step 3. That's what you're looking at here. And you can print these out and highlight for the specific plan that you're on. Go through the supplements, make sure they understand. I want you to explain each and every supplement that they're taking, what's happening in their body. Practice educating them. Do you see the light come back in their eye of understanding? So I want you to come up with your own analogies [01:29:00] and I really want them to understand what's going on and for you to develop as a clinician on how to explain it and how to approach different people. You can't say the same thing to everyone, right? That's part of the gift of being a good clinician is understanding who's in front of you. How much do they want to know? What's going to light the fire of inspiration and motivation with them and explain how profound it is, what they're going through so that they can get through any kind of hiccups that happen.

So yeah. Receiving. [01:29:30] So you're going to be able to include roasted garlic cloves. Everybody but Plan S is going to do that. So we're just using food to continue working on the virus and the bacteria and all of that. As we shift the strategy, cleansing pesto up to four ounces is completely fine. They can get that in their diets still, they can keep that. Plan S you can play with it, or least take the garlic out of it. If you're going to include it with them. [01:30:00] The immunity spice mixture, that's in the recipe. That's wonderful to get them started to use. We want you to have them create a lifestyle. It's seven different spices that you mix together that will help to support the immune system and the inflammatory process.

So you're going to give them their food mood journal. They're going to come up with, right? You're going to give them the mental, emotional stressors and the breathing and say, what can you realistically do? And somebody might say, [01:30:30] I'll try EFT. Great. The other person might say, that sounds too strange for me. I'm going to do the diaphragmatic breathing and the imagery meditation. Right? So this is really where you get to customize and help that



mental, emotional process. And we're not going to go into Step 4 now. So you're just going to give them those two pages and get them receding and healing, their leaky gut. Okay. Questions, comments, concerns?

[01:31:00] Okay, Yvonne, it says to add the pesto back in. Are they supposed to take it out in Step 2? No, they can consume it in Step 2. They're not really consuming it in transition week. So the last week of the pathogen purge. So that's why we say they can add it back in.

Jack. Do you have experience with essential tremors?

Jack: [01:31:30] Yes.

Christa: Plan S family history of essential tremors. Her mother and grandfather had it. She's worried because her hands are now shaking, but it has decreased quite a bit since the beginning of the program.

Jack: Oh, well isn't that great? You're starting to get leverage over something that has a strong genetic epigenetic founding and certainly in the polluted environment, the heavy metals that accumulate [01:32:00] cause the immune system to get more involved and connections broken as far as the nervous system. So you're already on a great run there, keep it going. And we can certainly look further.

If you just want me to throw a supplement out for you, the phospholipids, I think there's officially nine of them or something. And I would get the phospholipid type supplements. [01:32:30] Of course, Chris has already mentioned that my go-to is kind of systemic and they've got a really fine one there called Vista. That'd be one area to supplement. And then of course, in classical homeopathy, we've got a number of remedies that have helped people that I've seen help with, particularly the early onsets like Parkinson's and other, the essential tremor. [01:33:00] Mercurius is one of those. So yes, there's much to do. So just keep your person going, getting results and see how far the gut thrive takes them because you're establishing a new core for this person. And then you can start looking at the B complex vitamins, the phospholipids, and helping more with the intent of maybe this person can be the one that breaks that tendency to follow suit with the ancestry.

Christa: [01:33:30] It's so beautiful. Like seeing epigenetics in action, right? Literally duct taping down the genes for disease. So to speak. Let me screen share. So Dani is asking because she had explant surgery last week. I hope you're



recovering nicely, Dani. She's feeling the results of the anesthesia. So I just wanted to point this out [01:34:00] for you all. One of my dearest friends and coauthor in our pregnancy book as a homeopath, and this is her homeopathic protocol for surgery. I use it on my mom for getting a mastectomy. And even though it was a week ago, Dani, you can still use this. Jack is a homeopath, as well. So he can comment on this. So it's before surgery and after surgery, and you can get any of these at the health food store or on Amazon. [01:34:30] To get the anesthesia out of the system, she recommends 30 C1 dose every four hours for two days, you could still do that now after the narcotics and for anesthesia.

So I just wanted to point that out in the resources section, other things that you have histamine intolerances here. And just because we're talking about the gut/brain, brain/gut connection, this is Jack's article on your cycle biome. He just wrote this within the last year. And so we're talking a lot about Plan S and SIBO [01:35:00] and thyroid dysfunction. So take a look at some of our thyroid protocols and maybe you might want to work some of them concurrently in, as you start customizing. Again we want you to keep one case study as a control, but a couple you can use as an experiment. I just wanted to point that out in the resources in the bonus section. Do you like phosphorus for helping the body move through anesthesia, Jack?

Jack: It's a good one. And there's also, if they get a lot of constipation [01:35:30] after anesthesia, their remedy goes by the name of opium.

Christa: Okay, good. Get those. All right.

Jack: They've made it a little harder to get that remedy because of the name.

Christa: Okay. All right. Did we answer all of the questions? Let's see. Allana. It says to have a fiber chaser [01:36:00] on Plan S Step 3. Is the fiber supposed to be started in Step 4? Oh Nicole, can you make a note of that? She has a fiber tracer on Plan S Step 3. Can you send us where it says that Allana and then we'll respond. I just want, if you could send it, send a ticket in that way. When I write the replay email, I can address everybody all at once to make sure there's no discrepancy.

Oh, Terry Lee Plan S should they use [01:36:30] the Terra flora in the enema as suggested for NBC to help plant the probiotics into the lower intestinal tract. So of all the tickets you've gotten from Plan S Gut Thrivers, what is your response to that, Nicole? I mean, because we're working with such a large



group of people that we err extremely on the side of caution. You guys, aren't going to have to do this with all of your Plan S'ers.

Nicole: Yeah. I think historically, it's not that you can't, you can, if they tolerate it because it's a local [01:37:00] FODMAP thing. I think we just took it out, especially in the pathogen purge, because we thought that it might be too abrasive for SIBO during that time. And aloe would be better for constipation and to chase yeast back at the same time. So again, you can do it. It's just something where we were being really conservative with it.

Christa: Yeah. I would start just having them take it and see how they do. If they get incredibly bloated, they can't handle the probiotic or your body says no. Then I would move to [01:37:30] doing the enema. What do you think, Jack?

Jack: Sounds good.

Christa: All right. Okay. Let's see here, Jen, my Herxheimer client S says lemon water upsets his stomach. Why is lemon water okay initially for Plan S and then we omit it in Step 2? Because we're erring on the side of caution. We don't want to cause too much irritation. We want to get the live fresh enzymes to get the body. Cause we're shifting pH [01:38:00] in the beginning. Once we get that going, we don't want to continue with the irritation. Only for S'ers.

Oh yeah, Lacey, I remember sending you the homeopathic protocol for your son's surgeries. Yes. She said, I couldn't believe how well he did. Yeah. It's pretty amazing how you can have a much more graceful surgery with that homeopathic plan. So you're welcome to share that with everybody you know.

Nicole: [01:38:30] So I just looked at, for Elena the fiber chaser in the Plan S protocol supplement protocol, it's correct. It's supposed to be started with the Terra flora in weeks eight and nine.

Christa: Okay.

Nicole: So that's correct.

Christa: Okay. Thank you for looking into that and answering that. Okay. Connie, can you do a coffee implant versus a coffee enema? Might be something someone who is leery of coffee enema might do. A coffee implant, [01:39:00] I look at doing that after a colonic, putting the coffee implant on and holding it because of the way they're flushing it all the way up. The difference between an enema. Is there



anything you want to comment about Jack, an implant versus an enema regarding coffee?

Jack: I think that's pretty much the slight differentiation.

Christa: Okay. And the effect in general?

Jack: And what in general?

Christa: And the effect is like, do you think sometimes they feel that because [01:39:30] you can hold it in longer with a colonic and already eliminated so much. Then now you can really get to the liver and force the bile release.

Jack: Yeah. That's true.

Christa: So yeah. All right. I think we did it everybody and I don't know that we need to stay on until 4:30. Okay.

Yeah. Good. I like how you guys are all chatting. [01:40:00] All right. Any final questions? Jen would love a homeopathic vaccine.

Nicole: We sent that in the last... Didn't you guys send that?

Christa: We sent the homeopathic COVID vaccine out via email.

Nicole: If you want to send a ticket to me at info@thewholejourney.com, I can send it to you if you don't have it.

Christa: Did we have that conversation here, or was it [01:40:30] on gut thrive interactive webinar about the whole way to approach COVID.

Nicole: Oh, but I'm not sure actually, you know what? I don't know their [crosstalk 01:40:38]

Christa: This is a very important topic. The vaccine that's coming out now and yeah, it's a can of worms, but it's an important thing to discuss and it's important to understand what the benefits versus the risks are. So I'll send you the newer pharmacy. Did you see that study, Jack, that they used the homeopathic [01:41:00] COVID on 437 people with no pre-existing conditions. And then they expose them to heavy and various strains of COVID and not one person got it because they were homeopathically vaccinated?



Jack: In using the genus epidemicus, which I can only give you an approximate number, but I think about 800 people have gone on that. And I don't have anyone that's had a difficult [01:41:30] time. I've had a couple or three of the mild sniffles. And then once, once they're over it, we do have some people that have some of the lingering symptoms, particularly the loss of sense of smell. And then there are remedies that address that. And in fact, many ways the virus can go from joint pain to fatigue and so forth. And we just chase it down and try to see where I think some [01:42:00] of the gain of function of the programming of that virus, which I'm pretty convinced from my research that it's man-made in the biowarfare lab, it's not a bat and a snake, but that it was made to evolve.

And so we think of it now like with Italy going into lockdown again because of variants. But more than that, I think it's made to evolve within [01:42:30] the person. And so we start tracking the ACE two receptors and some people, if it lingers too long in the nose, it can get into the brain. And then cause neurological, if it can get into the gut. In fact, I printed out something from homeopathy. Fatigue, exhaustion, shortness of breath, joint pain, cough. These are the things we're looking for. [01:43:00] Brain fatigue, renal injury, heart inflammation, fibromyalgia, liver. And then there are remedies. So when we find out an individual has lingering symptoms, then we can give, you might say, the finishing remedy that goes ahead and gets their body to be strong against it however it's tried to mutate so that they don't end up with symptoms five or 10 years from now that they're chasing down that may never be correlated [01:43:30] to the virus.

And so that's how homeopaths have gone in getting people prepared. Then they're treating people if they get sick and then any lingering symptoms are addressed. And so the homeopaths have done a beautiful job worldwide in handling this. But you know the history is the same and this is not the first time. So it's not that suddenly [01:44:00] homeopathy is the hero. In 1813, it was the typhus epidemic where you might say their modern medicine or their conventional treatment had 30% mortality. But homeopaths only had 1.5. In 1830, the cholera epidemic at 40% mortality, but it was only 7% with homeopaths. And on through the history, even up to the 1918 Spanish influenza, [01:44:30] the 30% were lost to medical treatment, but only 1% lost to the homeopathic treatment.

So we really see, and I could give you the diphtheria in 1862, if you want, but it's all of these great pandemics or at least strong, large epidemics in certain



areas, homeopathy is shown to be the superior route to go. And all [01:45:00] I can say right now is it's before the United States FDA to ban homeopathy in this country. If you get any of those emails to lend support there. And this has been going on for three years, that the big pharma has been pushing. And you just have to ask real quick, why pick on some little obscure medicine unless it works. I mean, because the fair market, if it didn't work, nobody [01:45:30] would use it anyway. So it just shows sort of what's going on. And I know we don't want this to be a forum on vaccines, but I think if we look at the Moderna and the Pfizer right now, we're approaching 2,000 deaths from those vaccines. Now that starts to be a significant figure about loss of life.

And it really is a genetic experiment on human beings. [01:46:00] It's changing the genome of a human being. So we're morphing human beings into different organisms with those, and of course, AstraZeneca is getting banned all over Europe for causing the blood clotting. The Johnson & Johnson has come out. Now it's more of your old fashioned flu shot type immunization. I've not heard of death from that. I keep looking, I keep expecting something. [01:46:30] And so far that would be the superior choice. If you have to recommend to someone that they get one, it just seems like that vaccine seems to be a whole lot safer and it's less of a making people to be guinea pigs.

Christa: And in our first webinar, thank you, Susan and Erica. We did talk about that. If someone is getting the vaccine and not open to homeopathy, you can just download that transcript and search COVID or vaccine [01:47:00] or, you're going to give them the homeopathic thuja. You're going to mud pack the site with clay, give them a Medi-Clay capsule. They can mud pack the site, put a Band-Aid on, just mix it with a little bit of water, take Ledum for the needle, thuja, and quercetin. I always say that wrong.

So that that protocol is in there, but I will send you out another link to the homeopathic COVID and I love what Corey says. She says our pediatrician helped us homeopathically immunize, not vaccinate [01:47:30] our kids. I pulled the titers just to be sure. And they actually have immunity to all the childhood diseases for which there are vaccines. So this does work. I use homeoprophylaxis, it's called, with my little guy. And so I'm going to send a link to the book, the solution. It talks all about homeoprophylaxis. You know, we're not saying don't educate the immune system, just educate it in a no-harm way.

All right. Did we cover [01:48:00] all that and then some?

Okay.



All right. Yeah. I wish more pediatricians would do it, too. Amy. Hopefully they will. We've got a lot of laws to jump through, but Marion out there in France, very easy access to homeopathy. We love it.

Okay. You guys are warriors. You are on the front lines and remember. When I did that webinar, remember that COVID-19 enters the body through protein receptors called ACE [01:48:30] two receptors in the body. And the lion's share of the receptors are in the gut. Now you're flipping the genetic code. And so, you are helping people naturally be able to not get and not have to live with the COVID-19. All right.

Yes. We love this group. Okay guys. Thank you so much for being here. Nicole and Jack, you guys are just the best. I love doing this with you. Thanks for all your energy and expertise.

Nicole: [01:49:00] Thank you for having us.

Jack: Take care.

Christa: Take care everybody, we'll see you soon. Good luck. Bye.