

Jennifer Savage, ND 0:02

Okay, so we are going to talk about this H. Pylori review. Before we do, though, let me just hit the live classroom here was look, I was getting notes from one of our past calls, which we'll talk about as well. Alright, so today we're going to have a review of the H. Pylori webinar put on by diagnostic solutions, and just get comfortable with what we know and what we don't know. It's important because this is a public webinar, there are some things that I have strong feelings about. Because I don't think that science necessarily has to be just a ball of confusion. There are things that we know that we can promote. And as long as we know them to be true, we can promote them. But it's the myths, okay, it's these myths that make everybody crazy. And they confuse our clients, they confuse other practitioners and coaches. And so I'm doing this not to, I don't know the right word here, not to really call anybody out. But to confirm where we stand on our thoughts and to open discussion around anything that might be unclear. Okay, so I learned a couple new things in that webinar, that were really cool. But there's also some things that were stressed and highlighted in the webinar that I don't feel are conducive to our understanding of H. Pylori. Alright, and then, we are going to look at Elizabeth's question, we're going to review the discovery call structure that she's laid out, because this is something that she wants to try. And I think that it's extremely beneficial to pick out these types of structures or calls or setups. However you want to do this in your practice. And to truly understand how they will work, what they will do to benefit the client and you. And if this becomes something that in that benefiting the client part, can lead them to a better understanding of functional wellness and potentially lead them to a larger program that you offer. Now, granted, we've talked a lot about discovery calls, and I don't do them. But that's not the point. And it's not about whether I do them or not, it's about is it right for you to set them up and to structure them. And so what I want to talk about today is existing discovery calls, the structure that I know them to be, or at least some of them anyway, and how that structure can benefit or not. And there's just a lot to discuss here. A lot of consideration. And the really cool thing is, you know, when we fail like a scientist, we're actually doing an experiment, right? If we set a call up like this, we're doing an experiment. And it's so much fun, because we don't know the outcome. That's why we do it. So there's never a failure. It's just what is it going to produce? You know, will it will it be beneficial for me? Will it be beneficial for the client? And that's what we're trying to get to. So we do these to find out those those details. All right. Yeah. Elizabeth, I was giggling when I saw your comment. He said I felt the soapbox when I read the comment. fact checkers are required. Uh huh. Yeah, exactly. Alright, so whether or not you are able to listen to the GI map webinar. I have taken some images from it and put it together into a slideshow or slide deck. And we'll talk about it that way. And then we are going to do an in practice event. So you all let me hop over here to me we real quick.

You all have access to this post. It's at the top because it's official. Post. And it is a list of in practice events. As suggestions for what, you know, we can discuss, we are going to do these pretty much on a per call basis or maybe just once a week. Again, I don't know what's going to be best for the group. But I want these available for whenever you want to do them. So if we are sitting on a call just like this right now, I would love for any of you to say, you know, can we talk about? Are we can we do an in practice event on? What if the client wants to drive your bus because I've got this client right now, and I'm really not sure how to respond to her. And so we can do that, like right then does not have to be planned or scheduled. But they are there to do them. But if nobody is going to do them, I'm going to create one per call. And I'll pick it. And we will do it. So that everybody gets more familiar and comfortable with things

they might not even realize they need support on. So down here, we've added a couple things. I mentioned, I was talking to another practitioner yesterday, and she was like put this on the list taking things too personally. And I love this one Tiana, getting comfortable talking about fees and money. You know, because that's not always a comfortable subject, especially after the initial package, or an initial consultation, if that is offered separately. So that's definitely a conversation that is going to come up. And some people do feel very uncomfortable around money. How about everyone here on the call right now? How do you feel about talking about money when it comes to selling your services?

Unknown Speaker 7:00

You can speak or

Jennifer Savage, ND 7:01

put in the chat room? Okay, let's put this good. Lisa says I feel fine with it. Okay, Gail says I feel much more confident than I was. Yeah. Elizabeth has lots of sales experience. And, you know, part of let's see, Tiana says I can sell other services, but not as good as my own. Yeah, okay. Sara says I don't feel good about it. All right. And that's something that we'll definitely cover. Yeah, Elizabeth says it's not about selling now. Exactly. And that can, understanding that from a deeper aspect can remove a lot of the fear around talking about money, because what you're doing is you are providing something that somebody needs. They need it, you have it, you can help them. Okay. Yeah, less. We said the same thing. Yeah. It's what the person needs and how you can serve them. And Lisa says, when I see what we provide, compared to pricing of MDS, I feel great about it. Yeah. Sue says I'm getting better with it. But it used to feel uncomfortable. Okay, well, this is cool that you're getting better with it, and you feel better about it. And so I just want to talk more in the future about feeling more comfortable around that. And so one of the things that I have planned, oh, goodness, and I have so many plans. And I've been prepping these last two weeks for all of the new masterclasses that are coming into the call, or I'm sorry, into the platform. And creating those master classes and going through and picking out, you know, the calls that we've had, like all the calls on H. Pylori, and any specific topic, we have several on digestion. And so this is, this is going very well getting everything lined up. And I did not want to get into it until I was actually officially off so that I wasn't interrupted with sessions and calls in such an appointments and clients in the whole bit and meetings. Oh my. So I've got lots of straight time where I'm not interrupted and can get this set up. But beyond that. I'm also looking at I started already creating this. What we're just talking about, like, like what kind of client Do you want? And how will you get them and I'm not talking about the specifics of marketing. But I'm talking about who you are and the words that you're using and making a decision about getting a client that is very uncomplicated versus getting a complicated client. And those two terms are only referring to. If the person is ready to do the work. It's not referring to their health conditions, or symptoms or anything like that. So complicated versus uncomplicated, you know, we do want that uncomplicated client and I have a lot to talk about around this. So that's also going to be featured in in the masterclass section. Tiana says I actually had a friend who said, I won't talk to you, or let you talk to me about nutrition until you charge me. Good friend. That's the uncomplicated glory there.

Unknown Speaker 10:43

Yes,

Jennifer Savage, ND 10:47

that is a very deep concept. What is complicated? And, you know, the complicated client, that's who we want. The complicated client is the client that may not be ready to do the work. But see, this is where Elizabeth's idea comes in. You know, is there a way to prep that complicated client to receive more and to be more open to what you're offering? And maybe, you know, there's different reasons why people are complicated. They might not be in a place to do the work yet. Like if everything else in their life comes before them. They might not be ready to do the work. But if it's just a matter of, they really don't understand it. Like they would do it if they understood it did not the place that we have to be really respectful and intuitive around. So this is why I posted some of the comments in there, which we'll be going over when we hit this section today. But that's why I posted those comments in those questions. Because I think that those questions can help you provide words and marketing copy and a language to help that person. actually decide you know, where they're at, and to help inform them better. Alright, and welcome, Mark, how are you today?

Unknown Speaker 12:37

Yeah, it was, uh, I'm curious again. So I'm here.

Jennifer Savage, ND 12:48

Hey, listen, we were just going over what we're going to talk about today. But I have a question for you. And Mark, if you know he wants to join in about comfrey leaf. Okay. So looking at comfrey from the standpoint of using it. I'm trying to figure out how I want to do this. Okay. So if we, if we did it as a footpath. Right? If this if this were about bones in the feet, and we want to do it that way. Do you think that it would be okay. And I'm assuming Yes. But I just wondered, would it be okay to be able to use that for like eight hours? Oh, like water? Yeah.

Unknown Speaker 13:43

Um, he says he's not sure. Well, I guess it depends on what the absorption like the hot water infusion will go into the bones from doing a full bath. Yeah, that's my

Jennifer Savage, ND 13:56

that is my concern right there. Yeah. Okay.

Unknown Speaker 13:59

I know comfrey. From my my knowledge about it, it's used as a poultice more than more often, like putting it on using some type of application in that way. That's been used traditionally for many, you know, decades or hundreds of years even poultices. So I'm not sure about the footpath. So because I know that different plants have different effectiveness in terms of how best to extract things. So I know some like with some plants, I know Mark does like a hot water infusion first and before he has the alcohol, and then sometimes he just puts it straight into the alcohol. So when he makes tinctures. So I think there's a difference in that type of extraction, or effectiveness or like a guess the amount of the extraction that comes out of each Like different ways of sticking it out. But yeah,

Jennifer Savage, ND 15:03

yeah, I, I saw that it was recommended to utilize the, like, pour the hot water in with the herbs 20 minutes. And this is for utilization of a foot bathroom, but actually it was set up for

Unknown Speaker 15:20

a poultice Oh, okay. Yeah, okay.

Jennifer Savage, ND 15:23

Yeah, I'm thinking this, because I've got a client with small fracture and metatarsal issues and want to try it for this. So he, he would do better to be able to put his feet into a footpath. And it doesn't have to be very deep. But you know how many times I'm asking him to do it three times a day. And I don't feel like he needs like a full cup in each one, obviously, because a poultice is only applying the liquid from a small amount of the country. Right. All right, but not to regenerate the same same foot bath to throw that out and do a new one.

Unknown Speaker 16:11

My sense is, is that what Yes. Yes. Be better. And then that feels right. Yeah. And I think what the poultice I know, I think I've seen him do it even on his he applied it somehow or somebody taught told me about it, that you actually the leaves are quite large for my feeling. And so you could just kind of keep the put the leaf on and you just like, I guess tie it on in some way to the body part. And then you just keep that on for hours. So it's continuously

Jennifer Savage, ND 16:44

working and excelling.

Unknown Speaker 16:46

Exactly. So I mean, I'm sure you can just try it and see how it feels with that. We did a bone strengthening tea. She should do. Oh, a tea. Okay. He says his herbal teacher. Oh, Susan weed. Yeah. She had a tea. Yep. That she used.

Jennifer Savage, ND 17:06

Yeah, he's been using for the last week. comfrey tea. Okay, perfect. I just wanted to, you know, tag team or double team. Yeah. Let's get it going on from all options here.

Unknown Speaker 17:21

Yeah, for sure. I think it can't hurt. So try it out. But yeah, I would I would use fresh, fresh ones every time. Maybe, you know, if you're, if he's gonna be sitting in it for a little bit, and then you're gonna use it years later. Yeah.

Jennifer Savage, ND 17:37

Okay. Excellent. Excellent. Well, thank you both for that. I appreciate it.

Unknown Speaker 17:44

Okay.

Jennifer Savage, ND 17:47

Alright, so let's take a look first, because we'll end on doing the in practice event. And before I go there, Elizabeth? Yeah, it would. And I sent you a message about that. I thought

Elizabeth 18:08

maybe I didn't. I got I got the T.

Jennifer Savage, ND 18:11

Yeah, cuz that's a weird location. Is there a caste on there? Oh, no, no, I didn't think so. I didn't think so. So yes. Do use a poultice. Yeah, that's

Elizabeth 18:24

what I was wondering what Silvio was talking about if that would mean this isn't necessarily a fracture.

Jennifer Savage, ND 18:33

Right. But the bone that needs to heal? Yeah, yeah. Okay. Yeah. So absolutely, I would use a poultice. And again, it's the same process. It is the comfrey into boiling water for 20 minutes, soak the the cloth in there, wring it out just a little bit, and then

Elizabeth 18:55

use that. And just put that on the on the area. Yeah. And then and then you can still continue to do the tea.

Jennifer Savage, ND 19:04

Yeah, absolutely. Okay. Yeah. And manuka honey, but I think it's already healing. Well, isn't it?

Elizabeth 19:12

Yeah, it's, it's, I mean, as far as from the, the outside, but it's doing well. I mean, the hip itself is doing really well. But I was they didn't really want you to put anything on it because the the open wound until three to four weeks, and so that's kind of where we are now. And now that the healing part of that looks good. We're comfortable putting something you know, putting something on that so Okay.

Jennifer Savage, ND 19:41

All right. Excellent. Very good. All right. So let's go ahead and get to the h pylori webinar. And if you did not see it yet, this is a it's just a couple places down On. And Gail, if you have a chance, if he unless you already did, if you will hop into your post there and just put hashtag h pylori

Unknown Speaker 20:17

and because I don't even

Jennifer Savage, ND 20:19

think we have that tag in here, but we should and that way. Anybody who wants to click on the tag that says h pylori, it will bring it up. But this is going to be the webinar to which we are referring today. And no, I wasn't blown away. Just to touch on a couple comments here okay, Lisa had talked about some things here about interesting about kids and h pylori. Curious when working with mastic gum and Brocker Max would make sense there like with the kids, or if the protective nature of h pylori would mean not to intervene. And, Lisa, I wanted to really touch on this because specifically, of the little girl that I'm working with, uh, you know, that had H. Pylori. And, you know, was feeling that six stomach had symptoms. And she was six or seven, I guess, six at the time, maybe. But I'm working to relieve that did change several things. So I would say that, anytime there is overgrowth, and we're going to talk more about that the difference there. But if there's overgrowth, it's overgrowth, and it's going to cause a problem. So I would let that be the part that guides me. Okay. Yeah. I

Unknown Speaker 22:00

just thought that was interesting in her presentation. I just hadn't really dug into that power, it would be protective.

Jennifer Savage, ND 22:08

Yeah, no, thank you for that. Yeah. Absolutely. Also, to you mentioned, interesting about not addressing and just use a wait and see approach, even if it shows up in low levels.

Unknown Speaker 22:23

And what I'm point, she mentioned that that would be her particular strategy. I just thought,

Jennifer Savage, ND 22:30

Yeah, I heard her say that, because are you just going to wait and see, if it's there, and you know, it's there. Then it's going to grow, and it is going to overgrow? But I don't know how you would stop that. So.

Unknown Speaker 22:53

And as far as symptoms, I mean, symptoms can be from many different things. You know, it's just your body not getting something that it needs. So, you know, it's like, okay, what simple, what specific symptoms is she talking about?

Jennifer Savage, ND 23:13

Right, exactly. And we're going to talk more about that. But Gail, what you just said, I mean, that leads to the the whole same discussion that we always have, stop pretending that you know, what's driving a symptom? Right, right. Right. Right. Exactly. All right. And you also mentioned you see, says I seem to read conflicting information about addressing it or not addressing it that wait and see approach and yeah, that that's been a big deal from from the first time I became involved with our little friend h pylori.

Unknown Speaker 23:50

And it's just you still have to do those same things, you know, and and the way with the mastic gum and the brocco Max, definitely not gonna hurt anything as know where the antibiotics will hurt something.

Jennifer Savage, ND 24:07

Yes, yes. And that's a very valid point. But can you imagine anybody here on this call who has worked with a client who has h pylori? Okay. Can you imagine not helping them with h pylori? Where would they be today? Yeah, he also is now I can't h pylori is just one of the most prevalent things and yeah, just about everybody has it

Yeah, Elizabeth says in my experience was six to eight people broccoli sprout powder and or brocco Max and mastic gum are so big Nine that to me, it's a no brainer recommendation. Yeah, it is. Yep. And then Lisa mentions the anti toxoid. Agents. When does this make sense? We're going to talk about that because I had some time to think on that. Contemplate that do some research last night. Oh my gosh, this whole thing kept me up until one o'clock this morning. I'm not kidding you. And just, I could not put it down. Because we had to have some answers. So yeah, yes, scale. I'll stay up do the work for you. Oh, yeah, Elizabeth, you caught me, didn't you? Okay, it Lisa says I am pondering if we're teaching our clients how to create a healing environment. What is the message for long term, h pylori overgrowth prevention? And is it true that sufficient nutrition is enough? Without HCl, PPIs and HCl were wrapped up in the same part in this talk? And it was a little strange. And I agree with that. Long term prevention doesn't ever seem to be addressed in these types of talks. And it's not because what's the other thing that never seems to be addressed in these talks? And this is like, I don't know, the 20th talk I've ever listened to in my life. What's the one thing they all leave out? Stomach acid. There you go. Gail Arnold. Yeah, shut the damn door. Exactly. And this is what frustrates me. You can't just leave out something as beneficial as that. And Sue says, hang on just a second. Oh, Gail says I trusted you would be driving the bus. Yeah. Sue says I've treated it twice on myself just finished round two. And I'm doing the HCl challenge now. For sure. Don't want it lingering. Yeah. So. So then sue, the thing is, we definitely want to bring that HCl back in and we want to do the challenge to know how much we need. But there are some things that we're going to talk about today that I think are extremely relevant to you doing the HCl challenge and working on this. So are you free to talk? Or are you not in a place where you can talk? I can talk. Okay, cool. Hi. Okay, so we've got some questions for you. You've had this twice. And I'm assuming that it showed up on a GI map, right? That's correct.



Unknown Speaker 27:54

Okay,

Jennifer Savage, ND 27:56

so when was the first time?

Unknown Speaker 27:58

A couple years ago? I would say?

Jennifer Savage, ND 28:01

Okay, so it showed up the first time you treated it? And regardless of what you use, because there's many different things that work. But did you at that point, bring in HCl?

Unknown Speaker 28:17

I think so. But not not very intelligently? I guess I didn't, I brought it in, but then I didn't continue with it. At least I didn't, I don't think I did it the proper way. I introduced some but I didn't go like I didn't do the proper protocol where you keep increasing till tolerance and then start backing down slowly.

Jennifer Savage, ND 28:47

Okay, now, the second test that you did, when was that? It was just

Unknown Speaker 28:52

a month? Yeah. A couple months ago, maybe? Yeah.

Jennifer Savage, ND 28:57

Okay. All right. From the first test to the second test, did you notice a difference in the amount?

Unknown Speaker 29:06

Yes, it decreased. Okay.

Jennifer Savage, ND 29:10

So was it high out of range on the second test that you just did a couple months ago or no?

Unknown Speaker 29:15

Yes. Yeah. But it wasn't as high as it was previously.

Jennifer Savage, ND 29:19

Okay. And did you at any time have any violence factors show up? No. Excellent. Okay, good. So you might I mean, we don't we do not know that Susie's having a hard time getting rid of this. Okay, because it's just happening. And there's nothing here to indicate that this is very resistant. And she could let's see. If you had this test come back, like two months ago, and you did you just finish the H. Pylori. A regimen or some supplements to reduce it.

Unknown Speaker 30:04

Yes, yeah, I use mastic gum and broccoli sprouts this time.

Jennifer Savage, ND 30:10

Okay. So I wasn't gonna get this specific but let's get specific. So how many grams of mastic gum did you use per day? Oh,

Unknown Speaker 30:20

okay. I'd have to go and look. It's a used the, the gyro brand two capsules and have mastic gum and same with the brocco Max, two capsules twice a day. Empty Stomach.

Jennifer Savage, ND 30:35

Okay. Now I am not going to tell you that that wasn't enough. But it has been my experience that it needs to be like six caps a day versus two

Unknown Speaker 30:47

of the mastic. Yeah, okay. Yeah, just

Jennifer Savage, ND 30:51

the mastic gum only ever to have the Bronco Max. We don't want more than that, because it is so pure. And while it is good. You know, in actually it can help move out some estrogen as well. But we don't want it pushing too much on those hormones. But the master GM is different. And if you do another test, you might discover that h pylori is still there. Did you have any change in symptoms?

Unknown Speaker 31:23

Um, I was very, very bloated to start with like, and I felt like it helped to start with. And I do feel a bit better now that I that I finished it and started VHDL challenge for sure.

Jennifer Savage, ND 31:41

Excellent. And then maybe it did. You know, again, I can't make the call on that, because it's very possible that it worked just fine for you. I'm

Unknown Speaker 31:57

planning on retesting after two. So okay, maybe in another, I don't know, couple months or something. I'll retest and just see if it decreased it again.

Jennifer Savage, ND 32:09

Now, just to answer the question for everybody here, on the retesting, I absolutely agreed with her statement, because even before a GI map came along, this was still the same principle that we're going to finish working on H. Pylori reduction, and then give the body four weeks and then do a retest, as she did mention, you know, some people suggest six or eight weeks that she was comfortable with four, I'm comfortable with four. And so that's how I just want to leave it here, just in case you're curious. All right. Well, that's good to know, Sue, and then when you get retested, would you update us on that? And then we can move forward with your eight, your h pylori story? Absolutely. Okay. Great. Great. All right. Now. Back to Lisa's question, what is the message for long term HP overgrowth prevention? And, you know, I've often thought about this, like, how do we combat certain challenges? Right. What if you have the client that has h pylori, and it's causing symptoms, you know, in their stomach or burping or, you know, reflux or anything like that, and they have a hiatal hernia? And they don't want to work on it or and they cannot take HCl. So, what would what would I do? You know, what would I do with that person to be able to offer them something that could help them and I think one of the most common sense things is using the brocco max and the mastic gum on a quarterly basis. Okay, so that would that would reduce the H Pylori. They won't be bringing in any stomach acid to keep it down. But it would be on the continual movement of calming, soothing the stomach lining and the intestinal lining and reducing h pylori to keep the overgrowth it's not going to help their digestion more than likely, but you know, that's you're you're removing something that could be making them feel worse

Yeah, a Cairo referral might help. Absolutely. girl says I also think it's very important to Have those foundational things in place continually? Yeah. Yeah, it really is.

Elizabeth 35:08

And I'm here to for anyone who has not personally experienced. And again, this is just Jen and I brainstorming on my possibility of a hiatal hernia. And those exercises, I've now done them. I don't know, I guess you'd call them exercises. I don't know what anyways, every time I do them, it only takes one day. And it's complete gamechanger I've done it three times now. And it's just I literally have done them one day and the pain is gone. Wow. And everything I read, I read people saying that. I was like, this is garbage. Like these people are brainwashed. You know? I mean, I just think they're drinking the Kool Aid, whatever. And I've done it now three times. And each time that one day, and it was so much better.

Jennifer Savage, ND 36:08

Okay, so what do you think that is?

Elizabeth 36:12

I guess I Well, one i until you suggested that that one day, I was like, gosh, I've never even thought about that. But I did have all the symptoms, so many symptoms of a hiatal hernia. And now it's now I just feel empowered and educated like listening to my body and then just applying, applying that why it keeps popping back up in there. I have no idea. I've been working on that part. But it's been three times. mean three times just since the summer, but I can definitely tell a difference.

Jennifer Savage, ND 36:50

That is so cool. So cool.

Unknown Speaker 36:53

I told you about that one client that I had with the all the babies. I had. Oh, yeah, yeah, yeah. And she just was amazed at the difference in the way she felt. She She said, the one thing that she got from our work together, was finding out about those exercises was worth every penny that she paid me. You know, so they're discipline, and, and you can do that yourself. You know, you don't have to pay any money to anybody, even though he did go to a chiropractor, but she felt like it was just those exercises that she did herself. That gave her the improvement.

Jennifer Savage, ND 37:37

Yeah. And they don't take long. Oh, my goodness. You can just, you know, wake up in the morning and do them in bed. So,

Unknown Speaker 37:45

yeah, yeah. Yeah. And I'm finding that there are quite a few people that have H. Pylori that have small hiatal hernias.

Jennifer Savage, ND 37:55

Yes. Yeah. And, you know, I think in this webinar, I think she did. She mentioned hiatal hernia?

Unknown Speaker 38:03

He did. Okay.

Jennifer Savage, ND 38:05

Yeah. And she made it sound like it's not a big deal. If she did. Yeah. Well, see, the thing is, you have a client, Elizabeth, I've had multiple clients that, you know, it does make a difference. It does. And this is not coincidence. And these clients that I have, most of them knew they had a hiatal hernia. And several of them, you know, went and got scoped bless their little hearts. I mean, I wouldn't necessarily do that to find out but, and it was small. Okay. They were told it was small. And there are some that were so small that they weren't even told about that they had been scoped, okay for other things. And call the doctor. And, sure enough, you know, when when they said, Well, you did the scope. Did you see a hydrant? Well, if there was one that was small enough, you know, that I would I didn't mention it, or I didn't even notice it.

Unknown Speaker 39:08

Exactly. Exactly. So many people say that exact same, same thing. The doctor just I had to ask him about it. Yeah. And he was like, blow it off. So yeah.

Jennifer Savage, ND 39:20

Yeah, exactly. That and, you know, if somebody is, I don't know, living in such a way that they're constantly keeping their stomach in a position where acid is going to reach that lower esophageal sphincter, then that's going to be an issue. And there's going to be inflammation and there's going to be problems

Yeah, so I, I could read your mind. I knew what you meant for sure. And yeah, that is the master plan. Six caps daily, because in the gyro brand, each capsule is 500 milligrams. So you could split it up into two. And you could do three capsules of the mastic gum and one of the brocco Max 30 minutes before a meal. And then later in the day, you could do that again. And that's, that's perfectly fine. I will also recommend to clients to open those capsules. You know if they choose to Gail, Aye. Aye know that there used to be one gram capsules and some brands. That's why I want to get real specific about the grams per day. And the capsules. And then I've actually seen some that are less than 500. So no, you, you can open the Brocker max. And that's not too bad. You can open the mastic gum as well.

Yeah, I don't know how much is in the guestroom. And I don't know that it was quite a lot but but we're going to be talking about a couple other things here to the general Gozzo. And I we're going back and forth with and the reasoning behind that. Loser says God bless the brave soul who opens master comm. Yeah, and the only concern I had was actually something that Lisa and I were talking about. And that is, you know, if you have a client that has this particular situation where the let's just say the the pyloric sphincter is not closing properly, let's say that there is some inflammation there in the duodenum. And it's preventing that sphincter from closing, my concern is that there's capsules are not going to break down and open up inside the stomach. So that being the concern, if you are opening those capsules up and taking them in water or in in flavored electrolyte powder, which would probably hide the flavor of anything. It's what it's doing is it's bringing those substances into contact with the actual tissue in the stomach. Now another thing because based on what I just said, if there is colonization of h pylori in that duodenal bulb, then having this come out and touch the tissue there could also be beneficial for calming the inflammation for that mucin regeneration and for killing the H Pylori. So there's a lot of reasoning there, you know, on the the why. So is that going to be necessary for everybody, no, opening the capsules will not be necessary for everybody. But if you do have somebody where they're telling you, you know, I eat something and I have to run to the bathroom right away. That's not just a signal to the colon that that's also potentially dumping syndrome where the stomach is dumping out too quickly. And it's using things like CCK and those other little hormones there to make that signal to the colon too strong. Alright, so that's kind of a little clue.

Oh, yeah, yeah, yeah, Gail, cranberry juice and not Ocean Spray. And I know Gail knows. But I'm just saying that for the group and for anybody listening to the replay, actual real cranberry juice can also slide the HP off the lining, so then I would think it would be more available for the mastic gum to work. That's absolutely true. Now it is the same thing. When we are drinking cranberry juice. That's what's happening in the urethra. Alright, so think UTI and cranberry juice is layering itself on that lining inside the urethra so infection cannot actually stick around I think can be very, very helpful. Especially if you have a client that seems to have cleared up a UTI or they have frequent UTIs. Drinking cranberry juice can keep that away. Now that's not the full answer. It's bandaids for that. But it's a it's a good thing to do for the mastic gum.

Unknown Speaker 45:21

Okay. Yeah,

Jennifer Savage, ND 45:27

Lisa says it's not that bad. I knew I tried it too. And Sarah, yeah, your kids hated the mastic gum. And this is where we have to fool them. I don't know. I don't know what we could put it in because we don't really want to in food. All right, and then Silvia had pointed out that in the video, they mentioned that GGT is produced by H. Pylori. No, it's not. It's not. And this raised a concern for salvia, which would be a legitimate concern, you know, if H. Pylori produced GGT. If you don't have H. Pylori, how in the world would you have any liver enzyme? No, no. So yeah, it's not. And there are plenty of studies out there that show the connection between H. Pylori and GGG. And we'll talk about that. I think I, I was rushing to get these slides together. And so I might be missing a couple, but it's okay. We'll figure it out. Yeah, she was parroting a lot of studies. And that was pretty obvious that she was, you know, just trying to throw information out. And granted. I understand why. Okay. People are trying to get information out, but this is my big pet peeve. Okay, if you're going to spend the time, energy and resources on delivering information, then why can you not talk about the why? I understand that she had a couple resources there on the bottom of each slide. But they were they looked like they all came from the same place. And there was likely a little bit of bias there. So all right, now, let's I know, I know, I wanted to say the same thing. So we had just explained yourself, what does that mean? Why are you saying that? It's very frustrating. All right. Well, let's see what I think we've got 17 slides here. So we'll just see what we've got together. And if questions come up along the way, we'll just figure it out. Yeah, Gail says, I just think this is such a deep, intricate topic. With so many pieces and parts, it would take days to explain all of it cohesively. Yes. Yes. And what we don't want to do is just jump to smaller things that aren't really helping us understand, you know, what's going on. So, we'll see. We'll see what we can figure out here. Let me bring this in just a little bit.

Okay. So knowing facts that are logical and have both studied backups and anecdotal worth are critical to understanding the H. Pylori process and the truth about its lifestyle and ability to function in different environments. So, there are a lot of things that we know about h pylori, that are true things, they are

Unknown Speaker 49:15

facts, such as

Jennifer Savage, ND 49:19

discovering H. Pylori, in different areas of the body, discovering H. Pylori, in yeast vacuoles. We have pictures of this. Now, there are questions around these things that we may not be able to answer, like what would be appealing to an H. Pylori to enter into a yeast vacuole. I don't have the answer to that. But more importantly to me, I need to know all the places it can reside and that happens to be one.

Hopefully someday, we will learn why it chooses to go there. But as long as I know that it can go there, then I know that it's a possibility. And we'll talk more about this with coinfections. So today we're doing a review of the information presented in the diagnostic solutions webinar, as it relates to facts and truth. And based on what we know from both practice and white papers and studies. Okay, statements and information. Now this webinar started out by indicating that the first thing she said about it, it's very hard to treat, and it has a high recurrence rate. Right, this is not factual. Or actually it is factual, it's the wrong way to approach it. But ultimately, we have ways of easily reducing this and not having a recurrence rate. And we know this. Now, if you are a client watching this webinar, or if you are a practitioner, whether you're new or not, but if you're new to H. Pylori, and you're watching this, what will you think? What will you think when you hear this? H. H. Pylori is very hard to treat? And has a high recurrence rate?

Yeah, exactly, Gail, that there's nothing you can do about it. And that's not true. That's the the non factual part. Yep. Depend, Soviet says depends on the treatment and what else you implement, aside from treatment. A client who is watching this, although I doubt many clients were but if they were, a client might think, Hmm, so why even bother? And that's kind of depressing to me that this is very discouraging. Yes, they would give up Gail. Okay, so she included this slide. And I had to put this in here. Because I don't know if you all remember, I mean, within the last two or three weeks, I use the same slide. And I thought, you know, at the time, this is definitely this came from one of the articles that I posted under resources for you at at one of our talks, and definitely did not come from diagnostic solutions. But I noticed she didn't touch too much on this. And then, you know, I think I had mentioned during our previous talk around the slide that we're not seeing anything around the the thyroid

Unknown Speaker 52:59

and

Jennifer Savage, ND 53:01

so I just wanted to bring this up, where do we see places including h pylori, colonization, and other places outside the stomach, the stomach has a network of lymphatic structure around it with a couple lymph nodes closer to this side over here where the gallbladder is, and they, they can get in there. They've been discovered there is a fact. So all right, now, she talks about some of the symptoms, and I think it's really important to understand what we're seeing in the symptoms, but why. So we've got gas and bloating. Okay, why would we have gas and bloating? H Pylori is present and let's just let's just say it's overgrown, you know for for the points of discussion. Very very overgrown h pylori. Why do we have gas and bloating? Yeah, low acid. Exactly. Silvia Yes, kale under digested food from low acid. Yep, gas and bloating from fermentation because of low acid. Exactly. Exactly. So it's not and this is what we have to be clear. It's not the H Pylori itself, causing gas and bloating. We don't want people to think that we don't want people to visualize that. But we do need to understand the deeper why h pylori does reduce stomach acid and in turn, there is going to be gas and bloating due to lack of digestion. Yeah, girl says



right I try to convey this to all my clients. Mm hmm. Okay, histamine symptoms. Anybody want to throw out one there? Why we might see symptoms of over responsive histamine

that's one yes kill low do gut damage but why would we see this with h pylori? Take the same track that we did with gas and bloating. Yep definitely overstimulation of the immune system. You're right on track there. Thank you, Silvia. Nailed it. And Galen Sylvias go together dysbiosis due to low acid leading to low do exactly that. Okay, so h pylori is not sitting in the stomach, doing anything that's affecting histamine. It is on down the line. And this is why, I mean, we're only at two in here on the list. But this is why it is so important to recognize the effects both upstream and downstream of H. Pylori and why we do address it, because the potential is there to create these symptoms. Alright, so, diarrhea, constipation, it is going to be the same thing with the dysbiosis. halitosis. Have you ever wondered about this? Why it would cause you to have bad breath? Yep, Sara says, if you're not digesting food, well, then you can have overgrowth of other bacteria that produce histamine. Exactly. Perfect. Yeah, it could be in the sinuses. And Sue says yes, she's been wondering. And Sophie says use possibly to Oh, yes, yes, yes. Let's not forget, it's little friend. Gail says, this is exactly right. Because of the gases that those bacteria secrete. Yeah, there's no stomach acid, they're blocking anything. Right? Just comes out your mouth. Oh, and then we finally get to persistent dysbiosis. But that's kind of the reasoning behind the rest of these, right. So this is why it's important that you know, we're constantly honing in on what the facts are. You know, because you don't want people saying, Oh, yes, well, H. Pylori, I have h pylori, and that's why I'm, I'm overreacting to things and they think that the actual h pylori is doing it. Because that's not true. Yeah, kale is really so simple. It is. Alright, now let's look at some of what she posted about non classic or really non classic extra intestinal manifestation. Okay, that was that was a good title there for that slide. Alright, so we have fatigue, depression, nutrient deficiency, especially iron deficiency, insomnia, skin conditions, idiopathic thumb, thrombo, cytopenia, insulin and blood sugars, regulations, sinus issues, autoimmune conditions, neurodegenerative conditions, infertility, and much more. And then the question is really how do these relate to h pylori?

What's What's the number one thing here that is going to have an impact on creating the symptoms? It's not the H Pylori, necessarily, but But more than that. Yeah, low stomach acid. Exactly. Elizabeth Now what if what if you didn't have H Pylori? Okay. What if you just were stressed out beyond your capacity for a long time? Yeah, you don't have the stomach acid. So it's not about the H. Pylori H. Pylori is a factor in low stomach acid. But if you have low stomach acid you're going to likely have if you have it, you know, chronically you're going to likely have a lot of these same things. Yeah, so he says low nutrients from low acid leading to all the above. Thinking Dang, right. Just that's how it happens. He also is because if you can't digest and absorb, you're not getting those nutrients. Do those processes. Thank you. Exactly. And she does mention I don't know if I have a slide on this. I don't think that I do. But she mentions that iron. And I don't want to say this wrong, you know, I don't want to misquote she she led me to believe that iron feeds H. Pylori. And I don't believe that's true. I understand it's a bacteria and its pathogen. And I realized that pathogens many times can utilize the same things that we need in order to live. But in this case, and this is because of their location, like if h pylori lived in the large intestine, normally, if that was its environment, or in the small intestine, I would say it would be much more likely to use iron and we would have an absorption issue. But in the stomach, if we have low stomach acid,

number one iron is very difficult to break out of food. So it is not in the stomach broken out into iron that can be utilized at that point. Yeah, and I don't know how h pylori can take those minerals, Gail, if they're not broken out. So this is something really important to think about. Now, they are going to cause low stomach acid which will cause iron deficiency, nutrient deficiency in general. Okay, and then, now here we go. The skin conditions, chronic urticaria. Okay, now we're back to the picture of histamine that we already discussed. Same thing. So, sinus issues we know h pylori can be in the sinuses.

Unknown Speaker 1:02:16

And Alright, so I feel

Jennifer Savage, ND 1:02:19

like we've covered this quite well. We keep coming back to the basics here, don't we the foundational points and principles and concepts.

Okay, so, the basics of H. Pylori. CO evolving for 58,000 plus years. That's a long time, when you think about this. It is a gram negative double cell membrane. It has a rod shaped with little flagella, a, you know, little little things they wave around, but they actually use to anchor themselves down in past the mucus layer into the endothelial layer. Huge amount of genetic variation, very resist resistant to treatment, and a high recurrence rate 50 to 80%. Okay, now, this is problem. This is this is not true, very resistant to treatment. And here's what I would say. If you are using I don't care what it is, if it's a triple antibiotic or natural treatment, you can see that h pylori will decrease after using that treatment, and for many people, not all, not all for sure. But for many people, we will also have a reduction in the colonization of it, or it will be below a detectable level. And if it's below a detectable level, if they're not really finding it on a GI map or PCR testing in general. Then bringing in the HCl should be you know, a place to keep it down. Alright, place where HCL can enter in and then keep that at bay. Yeah, exactly. So he says if you're not addressing low acid, then yes, it's gonna come back. Yeah. So since we all agreed earlier that you never hear about stomach acid being talked about on these h pylori webinars. I don't care who they are from. Then of course, you're going to have a high recurrence rate But why does that not bother them? Okay, they're very resistant to treatment and you're going to have a high recurrence rate. I'm kind of missing their point there. Okay, now Dr. Martin Blaser says and that name really sounds familiar. Although further research may show that human beings are better off without their longtime companions, H. Pylori, I maintain that we are at present to ignorant of the diversity of H. Pylori strains and their interactions with human beings to advocate their total elimination. And I would agree with him completely. Yeah, Gail says, I guess it just keeps them with patients like Slava policer. It does.

Okay, so what promotes H. Pylori growth? And this is where she said iron? Gen. Yes. I

Unknown Speaker 1:06:10

have a question on that last slide. Oh,

Jennifer Savage, ND 1:06:13

let me go back. Okay, there

Unknown Speaker 1:06:14

you go. Oh, well, the one before that. So when she talks about the gram negative bacteria, so that has the double cell membrane.

Unknown Speaker 1:06:26

So she,

Unknown Speaker 1:06:28

I'm not sure if you have another got one of her. Another one of her slides. With the LPS. She said that h pylori doesn't have a lot of LPs. But I had read that once that membrane gets broken. LPS is in there, in between that first and second membrane.

Jennifer Savage, ND 1:06:51

Do you remember when we were talking about postprandial endotoxemia. And I had a slide that showed the membrane layers, and it's like little hairs that are coming out? The LPS is okay. And that's what it looked like. And I'll see if I can't find that for you. Um, so, yeah, I'm assuming that it would be in between the cell membranes.

Unknown Speaker 1:07:21

Yeah. And so releasing more LPs, she kind of I mean, that's a, that's toxic. So well,

Jennifer Savage, ND 1:07:28

it is toxic. And I'm, I am not 100% sure about this. So let me just put out some points that I'm thinking of that leaves me unknowing, but it does leave us some research points. So if it is a double cell membrane, we also understand that with LPs, the membrane has to disintegrate for the LPs to be released. Right? Okay, so what if it's not in the outer cell? membrane? What if it's in the inner cell membrane? You know, what if it's in a different location that makes it less damaging as LPs?

Unknown Speaker 1:08:13

So it's not in between those two membranes? It's, it's in the membrane. Okay. So making it less damaging?

Jennifer Savage, ND 1:08:27

Well, less likely to come out when the cell dies when the bacteria dies.

Unknown Speaker 1:08:31

Oh, okay. Okay.

Jennifer Savage, ND 1:08:34

I don't know that for sure. It's just something it's a theory, you know, throwing out there. Okay. Because, yeah, I think she mentioned biofilm *Sowmya*. Because in people are, here's what I will say that I know for sure. Having used to using the psi RX testing, and looking for permeability, things and lps on their tests, and I just don't know how accurate this is, but they're very expensive. So hopefully they were accurate. There was not a higher incidence scale of LPs on tests based on *h pylori* overgrowth. This is strictly anecdotal. This is not I mean, there may be a study out there on this, but just from what I have seen, I haven't seen it increase. Okay. This was several years ago. I don't remember all the various factors involved. But it's, it's also possible. You know, we have to keep in mind where the *H Pylori* is. So it's in the stomach, not just hanging out in the gut and So some of it, there's got to be a stray *H. Pylori* that lets go of the endothelial lining, and it's tough. So in the gut, but I don't imagine it's too many of them. And then, if we are using mastic gum to kill them in the gut, the ones that it does reach the ones that it does kill off. That I mean, we should see a higher expression of LPs in the small intestine, but my thought is that because this is a very gentle way of killing them off, we don't need binders. You know, we talked about that before. I mean, binders are great. Don't get me wrong, but I don't ever use a binder for *h pylori*. But the amount of LPs generated by the small amount of kill off every day is probably not very great. And wouldn't rise the overall level of LPs in our body.

Unknown Speaker 1:11:06

So what if you were doing you also had *Candida*? Or *giardia*? Would there be more and you were working on those at the same time?

Jennifer Savage, ND 1:11:20

Um, I don't know. It's really hard to say.

Unknown Speaker 1:11:27

So would you just speaking of binders Would you just go you would just kind of make an assumption that there'd be some LPS that needed to be cleaned up and you would do binders for a short time? Yeah,

Jennifer Savage, ND 1:11:44

especially if we were doing any type of anti microbials okay, and you know, the fact is, and I know you know this already, but megaspore biotic does a great job of breaking down that biofilm right and killing off some bacteria. But I don't know that it binds anything. So would it be beneficial to use a binder when we're doing that? Absolutely. Would that cover our bases if the death of h pylori did increase LPS levels? Sure. It would.

Unknown Speaker 1:12:20

Okay, okay, then I'm on the right track.

Jennifer Savage, ND 1:12:23

You're on the right track.

Unknown Speaker 1:12:28

Alright,

Jennifer Savage, ND 1:12:29

and right, so let's, let's talk about what promotes h pylori growth. Okay, so I disagree that it's these minerals.

Unknown Speaker 1:12:46

It could be glucose.

Jennifer Savage, ND 1:12:48

I don't know, hydrogen. Maybe ammonia and amino acids. I don't necessarily I mean, they produce this ammonia, or at least they produce urease that creates ammonia but again, I'm not so certain about the

amino acids can't say that for sure. catecholamines how does that feed them? Well, she doesn't didn't really answer anything about how these feed them.

Unknown Speaker 1:13:27

How does biofilm feed them? To grow?

Jennifer Savage, ND 1:13:36

Yeah, so he says I used NAC with my own treatment. So don't eat carbs or protein Yeah, that's right. Nothing so I don't I don't know here you know, I am nowhere near done researching this Yeah, eat butter all day. Oh my gosh. So, you know, hopefully we can find some more things out. We come back in the new year. I'd like to do an add on to this one. So we can finish it. Okay, so what does h pylori produce? It does produce urease catalase oxidase and hydrogenase. But what does it produce that she didn't mention? That is like, like urease it's as important as urease production

Unknown Speaker 1:14:49

anybody remember?

Jennifer Savage, ND 1:14:59

How Does it get down to the epithelial lining

to this is it digs

oh my gosh you guys are cracking me up

yeah the flagella yeah it's gonna hook on with those but what does it do to be able to get that flagella to hook on? Anybody know yeah it borrows but it does something before it borrows. No no endotoxins no swimming. Now it puts out another enzyme. What is that enzyme

okay, it puts out Musa days to remember that from our h pylori talk before Okay, all right. So, oh, Tiana remembered. Okay. And I don't know if I have the I'm not going to dig around for those images right now. But I know that they are in

Unknown Speaker 1:16:43

Dinah list

Jennifer Savage, ND 1:16:46

that we have, you know, with the microvilli. And you know, looking at that, from that aspect, it's like, very up close and personal. Yeah. Gail mucinous. Does it delete, dilute the mucin layer? It does. And because it deletes that mucin. The reason is, it's trying to get down and anchor into that endothelial layer. But this is why we have such an issue with ulcers, because a little missing mucin here and there isn't going to make a difference. But when you have a lot of mucus that's missing on that lining of the stomach, because it's overrun with h pylori, and even the violence factors are part of that. Then this is where you have acid coming into contact directly with that endothelial layer in a large way, not just here in there. Okay, so that's why I'm saying, you know, mutinies is like a second second biggest outpouring from an H. Pylori standpoint as urease Yes, ulcers for sure. All right. She keeps mentioning hydrogen sulfide. She mentions hydrogen, but then she mentions hydrogen sulfide. So I'm not sure if she put a typo there or not. I don't know what to say about that. And biofilm, does h pylori produced biofilm, it might be a part of biofilm. Yes. There's lots of things that make up a biofilm protein. So kills like you need to send her an email with red line edits. Yeah, I'll be right on that. GGT so as I mentioned earlier, this is not h pylori does not create this enzyme. And I just want to be very, very clear. It does not create GGT there is a role that it plays with GGT Yep, I'll take that. That. That name right there. The original fact checker. Oh, Tiana wants to invite her for interviews. Okay, that would be fun. I just that would be really fun. All right, so let's see what our next one reveals. Okay, the immune system and H. Pylori. Now we know that as a bacteria as an overgrowth, leading to it being a pathogenic situation. Okay, it's going to have an effect on the immune system. And, you know, I've touched here and there on how it can affect the immune system. She has a lot of things listed here, I do suspect that it could promote th one polarization, but just as easily I suspect that it has a major impact on th two modulation.

Unknown Speaker 1:20:31

So

Jennifer Savage, ND 1:20:34

definitely you have to look at that, you know, in both sides. Um

promotes immune tolerance, persistent infection. Yeah. And we call h pylori infection. Okay, because it's overgrown. So yeah, exactly. Sylvia says anything that causes inflammation and irritates affects the army to get involved. Yeah, absolutely. And there's irritation there, right. So it doesn't matter. You know, if the irritation came from the H Pylori, or even potentially something else. Irritation, irritation, it's going to call out to the immune system for help. Yeah, kale says that that's so right the body doing what it does best. And this is why, you know, when we talk about doing things for the body that are not

interfering with what it's trying to do. When we're bringing in mastic gum and brocco Max, we are merely reducing some of the overgrowth and it works well. It's not harsh, it's very gentle. And it's reducing it a little bit at a time. But generally I feel and this is partially my intuition, but I feel like two to three weeks is the timeframe that we need to adequately reduce that that h pylori and in saying that, I'm trying to think of how I want to phrase this okay. So, if we reduce that, what has that done to interfere with the body? Nothing, right. So, if h pylori is there day after day after day, and inflammation is there day after day after day, and we're reducing some of that h pylori, the colony of h pylori, then that should automatically show the body that not as much pressure is on it to reduce the inflammation that is lessening. Yeah, it helps it out. All right. Now, she also mentioned this is something else I wanted to explore the inhibition of phagocytosis by macrophages. I am not aware. And I have looked at this before, but I'm going to look again. I am not aware that phagocytosis has any errant interference, because of it being h pylori, none. So, the macrophage is going to eat it and poop it out. Okay, just like anything else.

Unknown Speaker 1:23:47

Um Tiana says,

Jennifer Savage, ND 1:23:53

I'm not sure what you're saying here, if client bought bigger bottles than needed, oh, if they bought more than to do it for three weeks, I usually just have people do it for a month only because that is what the size bottles fit. So let's do it for four weeks. But at the beginning of that fourth week, while you're still finishing those bottles, let's introduce HCl.

Okay, and again, with this stimulation of histamine, more related to low stomach acid. Yeah, Lisa says the HCl timeline is harder to explain to clients. Yeah. Yeah. And that's why I use you know, what I showed you on one of the calls with I don't think I have that little Excel spreadsheet example that I used for you before, but it's the overlaying of the tables in an Excel spreadsheet. So here week one, use mastic gum and blah, blah, blah. And it shows them, you know, six weeks on down the line. And then we look at the other part of the table and it shows at three weeks in like now you're at the beginning of the fourth week, now you add HCl. So it's not really hard to explain. They're just going there. And they're saying, Alright, well, what am I taking this week? So

okay, so what Gail saying, once they read that you can't use it, if the gut isn't ready, they're afraid they'll cause more damage. Yeah, and generally, there's not going to be a lot of damage there. You're going to know the client, who has a lot of damage there, because they're the ones that are going to have a lot of burning and pain in their stomach.

Unknown Speaker 1:25:47



So I've had this happen multiple times. And you know, we go through the three weeks, and then you know, it's time to start the HCl challenge. And I give them the handout, going through why stomach acid is important. And how to do the challenge what to look for. And then one client in particular, she is just she said, I'm so afraid, I'm so afraid, you know, and I have stressed so many times, this is the key, this is the key. So whether she is believing that she's feeling something, you know, that shouldn't be there.

Unknown Speaker 1:26:41

That is

Unknown Speaker 1:26:43

indicating there's more damage, or whether she's just like, Oh, I think that's the symptom. So because they want specific symptoms to look for that so and I find this, like Lisa said, This is really hard to explain. And I just recently, so I've done the whole challenge thing, and I have gotten to my point where I it's exactly that feeling of warmth. And you can't explain you the only word is warmth, it's not fire, like, like reflux. It's just the warm, that warm feeling. So they're so the confusion is okay, reflux warm feeling, you know, I don't want to do any more damage. Well, in reality, you're doing more damage by not bringing the stomach acid in to keep h pylori under control.

Jennifer Savage, ND 1:27:41

Yeah. Yeah. And the other thing that they need to understand, and I try and emphasize this, but again, not everybody hears things the same way. They can bring in some baking soda, if they start to feel anything, bring in some baking soda, neutralize it.

Unknown Speaker 1:27:58

Yeah, I'm super hesitant about bringing up the topic of baking soda. Because they'll jump right on. Oh, I am I think I'll just take some baking soda. And I've had some people say they take it every day. It's like, oh, no, you're just that's not,

Jennifer Savage, ND 1:28:18

you know, if, if they're taking it in between meals. That's okay. You know, there there are merits to taking it, but not all the time. You know?

Unknown Speaker 1:28:32

Oh, well. Yeah. All the time. I think a lot of people do take it all the time. So, which is that that whole circle of you just continuing, you're not making any progress.

Jennifer Savage, ND 1:28:47

But it comes back to we have to educate them and people learn in different ways. You know, so you have a very pointed topic group that a lot of us, most of us don't have, I'm gonna say any of us have that know. And so you may need, you know, with your clients coming from that group, you may need extra tools and resources, like visuals to show them even a slide deck Gail, you know, to, to really hit home images of, you know, what they do and and trying the baking soda and doing the HCl challenge and all of that. You might need it more than we need with our clients because your clients have, you know, they're there with you. Because h pylori is a huge factor in their life. Right?

Unknown Speaker 1:29:50

Yeah. Yeah,

Jennifer Savage, ND 1:29:52

the our clients aren't like they're like ah, what? You know, they they don't have a knowledge of it. So therefore, they do not No all those things that your clients No.

Unknown Speaker 1:30:04

Okay, right.

Jennifer Savage, ND 1:30:08

All right, Sue says, I usually start with gut healing powders first alongside the mastic gum so that the mucosal lining is nice and strong to tolerate the HCl challenge. I do not disagree with that, because there are a lot of herbs out there, slippery elm. Oh, and the rest of them, I'll just say because I can't think of them off the top of my head. That can be very, very soothing to the not only the stomach lining, but the intestinal lining as well. The reason I personally just choose not to use them, although I might use them with somebody who has stomach damage that we're pretty sure that they do based on their symptoms. But if somebody doesn't have the symptoms, I'm allowing the broccoli sprout powder and the mastic gum to do that, that healing because the broccoli sprout powder, the sulfuric veins, specifically will regenerate new mucin. Now, that's going to be an issue. Like if we're trying to work on leaky guts, for example, if the small intestine is damaged in some work, that that's like a slightly different area, we're not trying to create mucin there, but then again, the broccoli sprout powder is really being targeted in the stomach for the stomach lining and then being absorbed through the gut wall. And if it's not being absorbed, you know, then it's going on out. So I don't know how much it's actually working in the

intestine, although I have to suspect it is someone. All right, Lisa says I'd love to be able to get clarity on how long on average, someone has to have HCl incorporated before their own body will pick up the job. A lot of factors here in symptom observation, I believe. It's really easy. People need HCl, until their stomach tells them they don't. I've actually experienced this myself, which was so cool. And I'm so glad that I it actually happened to me, but it's happened with clients. And so if you're taking for HCL per meal, and it's pretty standard, sometimes right in the reality of life, you get a little heartburn or little warmth, I'll say from a meal. But then you try four capsules that exhale and it's fine. But what's going to happen is you you will consistently get some warmth going on at four caps when your stomach acid is coming back online. And people who have stressors you know, it can take a while for that to happen is your client 75 years old, okay, they're probably never going to get off of HCl. B because we're not producing as much stomach acid in our older years. So they might take one or two per meal. But we should see when stomach acid comes back online and regenerates a need to reduce the HCl

Okay, Gail says my clients are always doing gut healing before they start with HCl. Okay, and Lisbeth has same question as Lisa. Jen, can you hear me? Uh huh.

Unknown Speaker 1:34:07

I like how you made it sound so simple. I and I think as you were talking, I was realizing, so many times we teach our clients to talk about supplements, like what are you noticing, but this is the time that they need to stick with it when they're not noticing anything. And I'm, I'm just trying to figure out a way to verbalize this to people because I've had more than one person just kind of say, Oh, I stopped that because I didn't I couldn't tell if it was doing anything.

Jennifer Savage, ND 1:34:32

I've heard that like a zillion times. Yeah.

Unknown Speaker 1:34:35

And I'm so I'm thinking like, what am I doing wrong here and conveying this because I feel like I'm really very specific about the importance and we talk at length about it. But this is helping today because now I just want to differentiate with them like stick it until until you do feel

Jennifer Savage, ND 1:34:56

something. Yeah, because we have those clients that just stopped right because they weren't feeling anything, and then six months, eight months later, they do another gi map and look, the H Pylori is back. And that's why. So yeah, they just have to stick with it. We don't know, to this, this is the unknown factor here. We don't know what created the low stomach acid. So let's just say, oh, this person has had H. Pylori in their stomach since they were three years old. But they had good stomach acid. Okay, so h

pylori moved in, unpacked its little bags, and it was working commensal. Now, this person grows up and goes through high school and still good, strong, healthy, healthy girl, good, strong stomach acid. Life is good. All right, now she grows up some more. And she's 24.25. She's just finished college. She gets a new job, she meets the love of her life, they actually have to move because he got, you know, a promotion in a different state. And they have to purchase a new house there. According to some studies, these are all things that are on the top of the list of major stressors and a human being's life. So this could, the stress in itself could affect her metabolism. Because of being under so much stress, and being under stress for two, six months, so it's chronic. It could reduce her stomach acid, enough during that time to allow H. pylori to overgrow. Now, will her own stomach acid, you know, when she gets beyond the stressor, and it wants to come back? What's gonna happen? Will her own stomach acid be able to come back online? No. Because every time it tries, the H. Pylori is putting out a bunch of urease

Unknown Speaker 1:37:16

to reduce it.

Jennifer Savage, ND 1:37:19

So for a while, you know, she's not only not digesting your food, but she's not absorbing nutrients properly. And because of this, over time, those nutrient insufficiencies are going to start showing up as symptoms. She might feel cold, she might lose some hair, she might be short of breath. And they're just little things. And maybe she's not worried about them. And then you know, another year goes by and they start getting worse. You know, and it takes time for these things to show up. So in that respect, if we reduce the H. Pylori, and her stressor is gone. Does it make sense that her stomach acid would come back? Yes, absolutely. Of course, we would start with some HCl. But what if she discovers she only needs one or two, and even some days, that's too much, then I would say her stomach acid is back and working properly. But if we are talking about somebody who did not have a stressor like that they they survived trauma. And they stay in a place of fear. Okay, so constantly in that sympathetic mode, you know, we know that we're working to help them right. But we're not therapists and it might not be us working in that area.

Unknown Speaker 1:39:01

Because of this,

Jennifer Savage, ND 1:39:04

they might not I mean, they might still be in that place of fear

Unknown Speaker 1:39:10

and stress and

Jennifer Savage, ND 1:39:13

they've had h pylori their entire life. Okay, which is why they get to a certain age and they start seeing all these symptoms really pop up. Now, if that person reduces the H Pylori, but the stress is still there, will the stomach acid come back? No. There's a reason that the body will physiologically reduce the stomach acid and that is so you can you know, fight or runaway.

Unknown Speaker 1:39:46

That right there, what you just said is where I struggle with not struggle, but where I don't think clients wrap their heads around that like the vulnerability of it is to persuade Time to stick with it long enough, you know, to avoid that problem in the future.

Jennifer Savage, ND 1:40:07

Yeah. And we'd

Unknown Speaker 1:40:08

like to start, okay. I always like to refer the book why zebras have no ulcers to my clients. I just did for my recent one who's when I was just talking to her about how stress affects digestion. And fantastic book. And

Unknown Speaker 1:40:24

what the title,

Unknown Speaker 1:40:25

why zebra have why zebras have no ulcers? Nice. Yeah. It's an awesome book, it talks all about the stress response and how it affects but it does it in a fun way. So in actual like, diagrams, and even, you know, like cartoons and Oh, so cool resource. Yeah, it's a it's a really great book. So yeah, highly recommend.

Jennifer Savage, ND 1:40:47

Alright, excellent. So if anybody wants to pop that into the melee group, that would be great. Why zebras have no ulcers, and we've seen them being chased by hyenas. Right. So to not have an ulcer? That's pretty cool. I'm just making making that up.

Unknown Speaker 1:41:08

So yeah,

Jennifer Savage, ND 1:41:09

I mean, for the person to understand the right they have to understand the benefit. What is the benefit of stomach acid? Apparently, a lot of doctors don't understand this point. Don't think you need it. Right. Based on what Sarah has told us in the past about PPI use, you know, and that's one of the most major prescriptions out

Unknown Speaker 1:41:36

there. So

Jennifer Savage, ND 1:41:41

why do we need stomach acid? What does it do for us? Or if we don't have it? What does it prohibit? We know all these things, we know all the downstream effects, or at least a lot of them.

Unknown Speaker 1:41:56

So, if they

Jennifer Savage, ND 1:41:57

understand the benefit of having stomach acid, then they also have to understand what can reduce it and the benefit of artificially implementing it.

Alright, I hope that helps. I hope that is clearing some things up. And if not, we continue to discuss

it. Alright, Tiana says Can you clarify the max of HCl caps, assuming 500 milligrams per cap, like in bio, just, you've mentioned six SFM handout says eight. And other articles have varied in number.

Yeah, everybody is going to need different amounts. And I'm okay if they do an HCL trial, and they get up to six. But I personally, I want them to have enough HCl, for the capacity of digestion, you know, let's not have acid. So using, you know, four or five, six capsules, whatever they need, if they get to six, and they're not feeling anything, then they could stay at six, but here's my concern. If they drop down to five, or even four, will they get the same digestive need? Fulfilled? Alright, well, we should be able to see that, like on a lab test, you know, seeing are the nutrients rising now that they are using HCl and digesting their food properly. Um, but I'm going to do anything that I can to reduce the amount of capsules that they need to take every meal. So I don't know that there's a right or wrong here. And it's probably best, you know that they stay at six if six doesn't bother them.

Unknown Speaker 1:44:17

Or the reason I was asking is I really like, I don't want to have to recreate handouts, and I know you like to use articles by other people. And that is one strategy. But sometimes I just like a handout. That's not relating back to somebody else's website. But that's just me. So I have used some of the SFM handouts for that purpose. And I just was questioning just because the one from SFM specifically has eight and so I didn't know should I go in and edit it. I mean, so that's really why I'm asking is like, maybe it's six

Jennifer Savage, ND 1:44:50

or again. So, yeah, I mean, I would just leave it at eight. They're they're going to do a trial no matter what whether saturate.

Unknown Speaker 1:45:01

Yeah. And then I know, based on how much HCl is in each capsule, I'm aware of that as well. So that that was really why I even brought this up again. And and I know we've discussed it in the past, and also compared brands and that sort of thing. So,

Jennifer Savage, ND 1:45:16

but see even you using handout from SFM is taking them to a different authority. And that's what we're trying to do. You're not the authority telling them what to do. This is how we practice safely that other authorities are giving information and instruction.

Oh my gosh, you guys have like produced 33 new messages here. I'm sure I'm scrolling through. Bio Jess has much less HCL than HCL by itself. Yeah.

Unknown Speaker 1:45:58

I thought we had this discussion as well, we did. Okay. Because the bio just has two different forms two different forms. Yes. So it still has the same amount per capsule?

Jennifer Savage, ND 1:46:08

It has 480. That was my understanding. Yeah,

Unknown Speaker 1:46:11

that's my understanding, too. I mean, I've asked the company as well, it's just that it's not as clear because the way they list it on the bottle, instead of just saying, How is it list instead of just saying betaine hydrochloride? It's, one is, you know, betaine hydrochloride? And the other one has, I don't know if it's glutamic acid or something like that. It's just a slightly different form.

Jennifer Savage, ND 1:46:36

Yeah, I was going to go back and see where I could find that in our notes. I'm glad she just brought it up, though. Yeah, so to me, the only difference between bio jest and HCl is the fact that HCl with pepsin is just missing all the extras. And it's perfectly suitable to use, you know, we don't always need extras. The reason I liked bio, just, and then I use it to start with is because I that person is really just coming back online. Okay, so they've done, you know, the supplements to reduce H. Pylori. And when they've done that, you know, they haven't digested well for a long time. So the bio just provides just a little bit of support for extra ox bile, you know, to you know, utilize indigestion, some enzymes to help digestion. Can they move from that on to HCL with, with pepsin? Sure. Can they just start with HCl and pepsin? Sure. You know, I don't, I don't necessarily feel one way or another about it. But I wanted to explain why I choose to do it in the order I do. Excuse me.

Unknown Speaker 1:48:06

And I like that reasoning. I like having other things in there. If someone doesn't need it, though, the plain HTML with pepsin happens to be cheaper. And when someone's taking six per meal at 18 per day. Yeah. changing over to a regular HCL with pepsin even switching brands where you have a little bit more per capsule. If there are some other brands, it can save a few dollars when you're when you're somebody who's taking six or eight capsules per meal. That's just a lot of time, though, but I do like starting with everyone. Yeah,

Jennifer Savage, ND 1:48:42

I agree. And when you put it in that picture, that's a lot. That's a lot of capsules per day. That is



Unknown Speaker 1:48:55

why they sell a humongous bottle. Yes. You know, they sell like a 240 count. And I don't start there because it's very intimidating to a client. You know, so we start with a few of the other bottles but yeah. As Jen are used to say, she would eat a meal of capsules. And

Jennifer Savage, ND 1:49:20

yeah, exactly, you know, and that's, that's pretty sad. That's pretty sad to get full on how many capsules of HCl that you have to take. Just know. Just know.

Unknown Speaker 1:49:38

So the other thing is with the swallowing of the capsules, you know, I think many of us are aware of the suggestion to chew your food so well that you can swallow the capsule with your liquefied food instead of having to take it six capsules with water. And so it seems that if you're taking six or eight capsules, it's like you taking it it's your home meal, the whole meal is used to swallow eight capsules. And, you know, that's if you're not taking anything else that you need to take with a meal

Elizabeth 1:50:07

as so?

Jennifer Savage, ND 1:50:10

Well, yeah, I don't worry about the water too much, you know, if they're taking, let's just say two capsules at a time, that's going to be three sips of water, there's not going to be very much to disrupt the, the pH. So. And, you know, however, your client is going to be able to get those down, I think is going to be the priority there to get that many down. I personally, I take two and two, you know, when I'm having a state, that's going to be my, the biggest amount that I take for a state, I don't even take four anymore. I take three but I take two at a time. And then I do a second one, I guess. Or a third one. Yeah, Lisa, systemic acid is so vulnerable. It is. It is. And, alright, I just want to throw this out here, because if anybody has any resources, I would like to see them. I mentioned just a little while ago, that doctors, especially because they are prescribing PPIs don't. And I mean for life, like they'll tell these people, they've got to be on the PPI for life.

Unknown Speaker 1:51:29

So

Jennifer Savage, ND 1:51:32

what I'm not understanding is why they do not feel stomach acid is important. I would really like to have that question answered by a doctor. Why is stomach acid not important? So so not important that you are prescribing a drug that is removing it completely? And why you think that's okay. Does anybody else have that question?

Unknown Speaker 1:52:06

I, I thought about that. And I think I actually when I was reading the book, Why stomach acid is good for you. He mentioned that actually, he talks about sort of the old mentality, the old sort of conventional medicine mentality of that, actually, that was brought up, I believe, from what I remember, I still still have like a few pages left of the book. But he does mention it there about tackling that and how the I guess the that's that idea he had to overcome when he started actually finding out the opposite. It is very important and how that kind of he was faced with a lot of pushback from his fellow colleagues about that. So

Jennifer Savage, ND 1:52:49

I remember that about the pushback. But I don't I'll have to go back and look to I didn't remember at the time that I read that. And granted, it has been a few years, but don't didn't remember that interested.

Unknown Speaker 1:53:03

Do you think it's gotten worse? Like over the past 30 years, maybe that because of more pharmaceutical interventions and artificial sugars that there's been more results of low stomach acid?

Jennifer Savage, ND 1:53:28

Probably so I mean, just because it's a great way to help a client like with a hiatal hernia, and and you're cutting all these corners, but what else are you supposed to do? I mean, you can't really operate on it, not when it's little. Yeah. So it's just a quick, a quick prescription here.

Unknown Speaker 1:53:50

Right? Uh, well, I totally agree with that. I mean, for everything, you know, I have anxiety, here's a ppi. Yes.

Jennifer Savage, ND 1:54:00

Yep. I would agree. I would agree. But I want the answer to that question. And I think I want to talk to some doctors and find out why. Maybe they don't know. Or maybe they are looking at this as an either or situation. You know, if the client doesn't use the PPIs they will develop, you know, Barrett's esophagus, or what have you. But I think it's way too easy for somebody to go to a doctor and say, I have reflux or GERD or whatever. And it's just too quick to give them a ppi and see how you feel. Yeah, talk to you in two years. Yeah, Elizabeth says, I've noticed that bio jest can cause loose stools whereas HCl and pepsin does not. Yeah, so before clients Give up on using HDL it's a good option to consider. I have to agree with that. Because everybody is going to respond differently to theirs digestive enzymes and ox bile, for sure. Yeah, so he says, I take that I tell them to take some bites and take one at a time. That's exactly how I do it. Yep, Gail, I do the same. I take more when I eat beef than when I eat chicken. Red meat. Yeah, it's good for you and has a lot of the nutrients that we need. But she's hard to digest for sure. Alright, so I didn't see until too late. We lost Sarah and we lost two. They had to go. I would have liked to say goodbye. I didn't want them just leaving without a goodbye. All right. Um yeah, Gail. Gail says because Big Pharma hasn't told the doctor to understand stomach acid. There you go. Hmm. lisabeth is the same because they heard from a drug rep. And because of a study from old school. Yes, exactly. That study mark is talking about done in LA. Tiana says a PCP slash MD I just interviewed the other day said the reason our stomach acid is considered low is because we are meant to be Oh, no plant eaters and not meat eaters.

It's done to us. I mean, that really just struck me as a circle.

Unknown Speaker 1:56:53

And I tell you, I'm going to go off on a little tangent because CP, for such a long time. And I was so excited to hear about this new guy who joined your practice in direct primary care. So I went and made it a consultation. And the other thing he was just completely attached to was that your cholesterol should be equal to or less than 150. And that EGT should be low, like almost as low as possible. Like he had like six tenets, and these were part of them. So

Jennifer Savage, ND 1:57:26

wow, yeah. Oh, Tiana. And he's gonna hurt somebody. What's he gonna do to force the GGT? Down?

Unknown Speaker 1:57:40

Well, you know, he's done some videos if anyone wants to, like, let's look at his video, his name is Dr. Dan, and he has the Dan and Pam show on YouTube. And I listened to it before I went in to see him. But that was like after I'd already made the appointment. So luckily, it was just a consultation, and I wasn't locked into anything. So but I, you know, I think he just he listed like, you know, six things, you know, one was like, we shouldn't be eating. So I mean, all it was so different than what we talked about is keep

the cholesterol low. Keep your GGT low. Don't have salt. You know, all those? Yeah. It's frustrating to watch.

Jennifer Savage, ND 1:58:21

Yeah. I'm sure. Wow. Just well. And now we know.

Unknown Speaker 1:58:29

She mentions in this video, this h pylori video, not to eat salt.

Jennifer Savage, ND 1:58:35

Yeah, saw that. Yeah. So you know how people are going to interpret that. Gail. Right. They're gonna go on and on. No salt diet? Yes. Yeah. Yes. And she's very specific. She says don't eat high amounts of salt. Well, what does that mean? high amounts of salt.

Unknown Speaker 1:58:52

She's a plant eater.

Jennifer Savage, ND 1:58:56

Yeah, yeah. And this is why we have to be specific. We have to be factual. You know, when we talk to people, we have to understand the why. This is why I do get on a soapbox about this. Because the language used here led me to believe some things I shouldn't believe as a client. So Lisa says, I don't think many ever learned talking about doctors. She said that the doctor I work with just didn't know to put it in after HP treatment. Okay, and that's fair. That part is fair. But the question is, does she think that PPIs because they are removing or lowering stomach acid to a non non actionable capacity. Does she see the harm in that and if there is harm in that, then what do we do?

Unknown Speaker 2:00:02

See in my world,

Jennifer Savage, ND 2:00:04

nobody should use a ppi. Now there are I guess there's people who, and I have never had a client where I could say that I know this is true. But there are people that overproduced stomach acid. I don't know where they are. I've never had one. And in that case, a PPI might, you know, be symptomatic relief. But I

don't know. I don't know. I suspect that our little discussion right here is probably more authoritative than 1000 other discussions out there? Yeah, kale says no person in my Facebook group has had any discussion from the providers about what to do after antibiotics. Yeah, and Sophie is asking, is it even in doctors training? Probably not. I mean, nutrients we know or there's not a huge focus. And come on. I'm serious. Now. Listen, in this day and time that we are in Okay, and bear with me here. I'm feeling a little frustration. In this day and time in which we live where we are being gaslighted and told to believe things that are not true, but sit down, shut up and believe it anyway. How can somebody think that nutrients are not responsible for health? How is that even possible? That this is how the doctors have been trained? Okay, it makes me angry. Alright, I'm done. Taking your calming breath

Okay, Elizabeth says Louisiana I've had a few Doc's reference that study it was in the book by we need stomach acid. Okay, cool.

If I miss anybody's question, you just pop right up, but I'm like, 68 new messages behind? Yeah, Gail says if they're prescribing things to drive the stomach acid down, they don't have a connection to nutrition. Yes, exactly. But still, we are told to follow the science. Ah, look at Gale. Heels on it. Yep.

Unknown Speaker 2:02:41

Yes.

Jennifer Savage, ND 2:02:44

And science nowadays is called Fauci. Yeah. Let's all right, Gail, we can jump on our soap boxes. But you understand the reason for my frustration? What about the person? Oh, my gosh, what about the person they're just being completely ignored. They're just a symptom, or they're just a vessel to throw a medication or even a supplement into?

Unknown Speaker 2:03:15

Well, I think when doctors only have like a 15 minute appointment with you, and they have like, 2030 patients to see in a row. You know, I don't think that that sort of spending time with the with the patient comes into picture, it's really about how to get them out of there as quick as possible to get to the next person in it. That's unfortunate. But that's the way I'm, you know, our modern medical system is, you know, it's like, I don't go to them for to get them to ask me, you know, exactly. in depth about, you know, my symptoms. It's like, okay, what do you need? What drug do you need, okay, here, you know, prescribe this and on your way, that's pretty much how it is.

Jennifer Savage, ND 2:03:54

And it has to be that way due to regulations and for them to even actually make some money.

Unknown Speaker 2:04:03

So it is a shame.

Jennifer Savage, ND 2:04:06

It's terrible. And when I was talking just when I was on my soapbox really strong a few seconds ago. I do want to say that the training the structure of the training for doctors and medical school, we all know that came from you know, rough child structure and did you know it was set up for a reason? Okay, so this is what doctors are taught. This is all they think they need to know. They're not sitting here on a call asking reasonable questions will what's the why behind that? Why did they even have to think about it somebody has occurred, give them a ppi and they feel better when they're not looking beyond that, And that fits in that seven minute timeframe that Sobia just said, you know to do it that way. So why would you do anything else? You actually can't do anything else?

Yep PLC says Now I'm getting a message that I'm not muted and no one is hearing my screaming That's funny Oh, I know. I know. Gail says, These poor people in my group is just so sad. And our hearts go out to them because we know the truth. We we've just been sitting here for, oh, two hours in 13 minutes talking about the truth.

Unknown Speaker 2:05:49

The facts

Jennifer Savage, ND 2:05:52

on a little little tiny bacteria that can disrupt somebody's world

Yeah, so he says my Cairo asked me more questions than my doc. Exactly, because they do want to understand more of the picture. Elizabeth says surgeon recommended PPI to support the insane I started twitching. Imagine clients that don't know any better and end up on this or these forever? Because the doc told them and then never untold them. Oh, that's a classic right there. Yeah. Gail says several have been on benzos and now can't tolerate anything. It's just so painful to read through. Yeah, it is. Alright, now, it is 2:15. I'm going to have to end our call in 30 minutes. Because I have a last minute client. But we're going to finish the slides. Okay. The thing is, we're not going to be able to talk about Elizabeth's question and we're not doing an in practice event, which that could go by the wayside anyway. But I did want to talk about Elizabeth's stuff. So we'll just chat back and forth in the in the

maybe group on that and I will consider working on something ahead of time you know for the masterclasses. But Elizabeth, I want you to think about the questions that I asked in there. And I'll put more questions in there for you. And we'll talk about this before before we get off the call today. So let's just finish the H Pylori. talk now. And see where this ends up. And we'll we'll end up about 10 minutes ahead of time. So Tiana says I still think it challenges the clients reaction if this were true, why didn't my doctor tell me and that is huge. That's huge Tiana. And that is what makes what they do so irresponsible. And if a client goes to ask them about stomach acid, what are they telling them? I want to know that too.

All right. Oops. Now, this toxoid form. This was new to me and in all my research I had never seen this mentioned and I'm talking about years of research never saw it mentioned. Although it did strike me that when we had talked before about the yeast vacuoles those pictures that I had were little balls but they it didn't say well, if it said anything about Caucasoid h pylori, I didn't realize it. So i That's why I was up until when I am this morning because I found this so fascinating and it fits in. This makes sense. This explains so much. Okay, so violence factors can still be produced. There is a low urease production. But this is also indicating to me you don't have a whole colony of h pylori that are just changing form. And hibernating. You probably have a pretty strong colony of h pylori and some of them are doing this morphological change and it's just like yeast, you know when used goes into the Hi Fi form and back and I don't know if it changing form has any thing to do with H Pylori changing form. I don't know, there's just things I don't know here. But she says they that this form is driven by antibiotics, botanicals and ppi. So in other words, are we scaring the hell out of it, and it's rolling up in a little ball. And it just stays that way until conditions improve. I mean, there's, there's no way to really, really, really get answers that we can use as factual. So I'm looking at things from a different light and a different approach that makes sense to encompass for most clients. So we know that there have been, well, there's actually a couple members here in the group that have had long term H. Pylori that they could not get rid of. And so my first question is, even though this doesn't show up, they still have H. Pylori, that showing up but is this part of the picture? You know, we can't necessarily test for it. But is this why like, does it keep keep the infection going? Because it's there and it's changing form. And more acid inhibition linolenic acid and NAC I thought those were brilliant. And that I was talking to Jen were gazar last night about this. And a lot of times we're going to use NAC before a stool test anyway. So that would be really good to use, you know, at the same time Linlin ik acid, you could use Borge, Borgia oil,

Unknown Speaker 2:11:45

and

Jennifer Savage, ND 2:11:48

flaxseed oil I think she said in here. But these are considerations for any client, that doesn't have to be the client that you know, you do a second stool test and they still have H Pylori. And then you would bring in these things. I don't know, I like to just cut to the chase. You know, if I can offer a suggestion,

where whether they have, you know, the Caucasoid form or not, that we're we're making the attempt to get rid of all of it. We'd love to do that.

Common coinfections Oh, one thing I want to talk about here real quick. We had a discussion back in May. And it's in Dinah list. So it's the May 5 discussion. And I noted in there and there is a study in there for you to look at as well, that self urethane will inhibit the extracellular intracellular and antibiotic resistant strains of H. Pylori. So if these are putting up a fight, I suspect that the sulfuric Fein and I want to learn more about this. It could affect the Cox old form. And if it does, then Whoo, we are ahead of the game. Are we not? Okay, common co infections?

Unknown Speaker 2:13:21

I have a question. Yeah. I wonder if you've ever heard of bacteria like resistant? I know we have antibiotic resistant bacteria for specific things. But I wonder if you've ever heard of bacteria being resistant to natural botanicals, herbs, things like that, that are treated? And if not, I wonder why. They haven't developed some resistance to these things. Maybe? I'm thinking, Is it because they're not used as often? Or? Like, I've never heard of that?

Jennifer Savage, ND 2:13:59

Well, that's an excellent question. And we would have to stop and think about the mechanism of the antibiotic, what is it doing? And what is it killing? Right? And then I agree with you, the anti microbials are not going to be as effective. Despite, you know, anything anybody says it doesn't. And I don't want to say that in a in a dark light either, because I think that probably anything that goes in our body should be no more effective than a natural antimicrobial. It's the antibiotic itself that was created to strong and so it is wiping out a lot more. I'm not sure how it makes things resistant. That's the mechanism that we would need to know to be able to answer that question about anti microbials.

Unknown Speaker 2:14:53

That's a good point though, because if something is more aggressive, it's almost like what happens in the body When you throw something aggressive at it, like in terms of antigen and overtime if you're constantly exposing it to this then the body can I mean, you can end up with something like autoimmunity because the body's overreacting. Yeah, so it could be similar to the herbal even something like garlic. Yes, exactly potent. But we know that it actually has less effect on say the protective bacteria than say an antibiotic would but it does the same effect but not in a harming way. So yeah, that's a good point.

Jennifer Savage, ND 2:15:35



We'll have to check that out too. I'm going to have to go back and listen to this. So many so many good theories and questions on here today. So we know that used as a common co infection Ecoli can be a common coinfection as well. Yeah, Gail. Gail says this h pylori masterclass. Yeah, Julie's gonna have fun listening to this one. Hydrogen producing. Now notice that it says hydrogen producing bacteria. It does not say hydrogen sulfide. Alright, so this is where I think maybe she she was getting a little confused. So hydrogen producing bacteria are common coinfection and Blasto. I don't see blastoma nearly as much as I see giardia. So is it a common co infection? Well, maybe it's common just because it's there. Maybe it's common because the H Pylori or reducing stomach acid and everything coming in through the mouth is coming on down the pike and setting up home. Right in the intestines. Okay, so I think anything can be a common coinfection hydrogen producing bacteria. She's bordering on calling that SIBO she's not quite saying where it is, though. Alright, so in the small intestine, we know that. You know, this is very difficult to get rid of, if you don't have stomach acids present. Um, Lisa is asking what's your response to her comments about addressing yeast before H Pylori? I laughed my ass off. Okay, there's my response.

Yeah, so yeah, yeast is an issue, or it can be overgrown. But then we have to question why is yeast overgrown? What's going on in the body that would allow that to happen? Because not everybody has yeast overgrowth. So something definite is happening there. And we come right back to that foundational work. If we get h pylori under control, we get stomach acid in place and bile and pancreatic enzymes are then working. Where does that leave us? You know, does that reduce the yeast? Is it enough to do that? Is it enough to maybe we add in some megaspore? Or, oh, I don't know, even s boulardii to control it. Because I'm not trying to control the yeast. I just want to know what making these other changes will do to that yeast population. And then, you know, there is the ultimate question and and we've all been told that when we have heavy metals, it's likely to also have a yeast infection. To this day, and and I have spent hours and hours throughout my practice life looking to find the truth behind is the yeast there to protect us from the heavy metal. And I found one article that claims this, but there were no references. Okay, one article. So I don't even know the truth about that. But if it is true, if it is true, that yeast protects us from heavy metals that might be in the body, then we certainly don't want to get rid of the yeast anyway. But if we have good stomach acid, good bile and everything and detox is working well. And the client is pooping like a champ. Why could the body not remove the metals than on its own?

So you know, there's a lot of questions there.

Okay, Lisa says, lol, I was trying to be diplomatic and you were so very diplomatic ma'am. And no, Silvia. I don't remember that she gave a reason. But that's the problem that I had with the entire webinar is that there were no reasons given for anything. No, why's no questions answered really? Lisbeth says, Can the wrong antibiotic therapy make yeast worse? Possibly. Yeah. I mean, it might kill some things off and allow it to grow even faster. You know, after that I don't have or mold. Lisa says my client with mold toxicity had very high yeast. Yes, yes. Let's not leave out that. That mycotoxin. Elizabeth says I've heard that about parasites being protective.

Unknown Speaker 2:20:57

And the Blasto

Jennifer Savage, ND 2:21:00

gosh, I just can't remember you know, when my head gets full of stuff like this, and I just cannot recall exactly what the other pathogen was but blaster was one of the to the Dr. hawrelak talked about. I do believe it's actually in the platform. Under Dinah list, under health conditions and health information under that, that bullet. Doctor, Dr. Horlicks talk that I listened to showed Blasto pretty sure it was blast, Joe could go really high in an effort to protect us from this other bacteria. And then when the other bacteria was reduced, the Blasto itself was reduced. So it wasn't increasing as a pathogen. I just you know, you got to love, honor and respect the body. Alright, Lisa says, we work on HP first. Excellent. As I would expect it's necessary to do. I

Unknown Speaker 2:22:11

didn't mean, accentuate the we was like trying to be better.

Jennifer Savage, ND 2:22:21

You guys are so funny. Yeah, we knew that we knew. Yeah, Gal, she was talking really fast. And she even mentioned that I talk really fast. You can slow it down when you get it on YouTube. Seems like a lot will get Candida after antibiotics. Yeah. Because there's nothing there to prevent it from growing. So our checks and balances system is completely out of whack. Elizabeth says I'm stuck on the quadruple antibiotics therapy. When HP is gram negative. Why is there so many broad spectrum antibiotics being used? I don't know. That's a good question. Yeah, Gail says because that's the model. And I noticed that she Yeah, it's a broken model. Yeah, she was not promoting promoting the floxie. But you know, good for her. But she's, you know, super able and willing to promote the other antibiotics. Yeah, she That's all she really talked about was a lot about the antibiotics. Okay, so we'll just finish up here. So two slides. They were they were one right after the other. H Pylori is a pathogen and h pylori is beneficial and commensal. So it's a pathogen, because it invades tissues. It causes ulcers, group one Carson, carcinogen, gastric carcinoma, but it's also beneficial because it protects against allergies, it can be protective against IBD may be protective against celiac disease. How do we how do we look at this? You know what separates this is a pathogen from being commensal. What's the one thing that separates the two? Yeah, that's basically opportunistic. That's not going to change. It is opportunistic. So what prevents the opportunity of overgrowth?

Yep, kale, stomach acid. So it's not a pathogen if there's stomach acid present. But see, that's, that's not what she says. And this just looks like two conflicting statements. And the only thing that can make

them right and fit together is stomach acid. All right. Let's see Elizabeth says I literally just received a text. Flu a diagnosis two days ago given Tamiflu and a Z Pak 16 year old healthy boy who received flu shot last week. No diarrhea and stomach pains. Virus or zithromax. I mean, who knows, but the flu is a virus. What am I missing? I don't know. I don't understand your question. I'm sorry.

Elizabeth 2:25:27

Oh, we were just talking about Z Pak. And I literally just got that text message. And it should read lots of diarrhea and stomach pains. And I'm just thinking why someone getting it's like, oh, overuse of antibiotics, the flu virus. I'm not sure why people, you know, it's another. Let's give antibiotics for the flu. Yeah. Yeah, we end up with diarrhea and stomach pains. And I don't know, maybe that is part of the virus. But it's hard to tell when you've got zithromax on board.

Jennifer Savage, ND 2:25:59

Yeah. And I would think it's not actually part of the virus. You know, even before COVID We had the flu, we had a viral sickness. We have it every year, people get it every year. And the thing that, you know, works that we've seen now worked before, which is an anti viral. Not an antibiotic.

Yeah, he says Elizabeth breakout to mastic. Yeah. Yeah. How do they not make that connection between diarrhea and antibiotics? Yeah. Oh, the person just suddenly wanted to poop their brains out. Come on. Yes. And flu is non existent this year, interestingly, but that's okay. Because here in the States, Silvia, you know, we're now separating out the the COVID testing, to include separate flu testing. So we'll see how that goes.

Elizabeth 2:27:06

Then I know this is off on a tangent, I'm sorry, we can go back to H. Pylori. But this same flu a confirmation this young guy got he's this second or third person that I know in two weeks, who have now gotten flu a diagnoses. And I'm just wondering if it's because they've started implementing the new testing, since it's almost the beginning of the year, and they only had so. So anyways, I just find that really interesting.

Jennifer Savage, ND 2:27:40

No, I would agree. I would agree. But what's the truth here? Was there really not ever any COVID? Was it always the flu? Was it just a flu? You know, and I don't know, I don't know the answer to that. And I'm not. Not going to speculate. But I am going to throw the questions out.

Elizabeth 2:28:02

Yeah, this entire football team tested positive for the flu and the coach came in and he was negative for the flu, but he tested positive for COVID.

Jennifer Savage, ND 2:28:14

All right, this is all craziness.

Elizabeth 2:28:16

So it just is like those are. That's like a firsthand story that I know of. So it's just yeah, but anyways, back to back to H. Pylori. Yeah.

Jennifer Savage, ND 2:28:28

Yeah. And was that testing COVID at noon, but not at 9pm that night. Now? I'm sorry, I'm being sarcastic. Yeah, we'll know the truth soon enough. We certainly will. Okay, now, she does go into a lot of different wise and how she treats and doesn't treat and blah, blah, blah. If it's there, and we can see it. It is overgrown. And it needs to be addressed. Plain and simple. We don't need all these choices. It is a test. It can fail to recognize H. Pylori, as I have seen it do many times. Why is that? I don't know. You know, these tests are just tests. They're just tests and humans are involved, things can go wrong. I go by my client. And I go by the desire to make sure that if I'm working with a client, that that client has every opportunity to have good stomach acid and good digestive capacity. In order to do that. I must work on h pylori. Whether it's there or not, and I say h pylori, and stomach lining. Integrity. Okay, so we're working on both of those things. And then I can and feel at peace with moving forward with that client because if we don't, if we do a test and they have H Pylori but it doesn't show up on the test, then every single thing I do from there on out will fail. Right? It will feel alright. And I just wanted to bring this one up because she does talk a lot about different natural things to use mastic gum was one of them. But I wanted you to note here are in vitro, is the petri dish in vivo. Or if I'm sorry, if feito is the person in vivo is not. So it can decrease. H. Pylori colonization mitigates mucosal inflammation. That's the part I wanted you to see right there. And the reason being is because there's like I said earlier, there's a lot of studies where Sophia Fein can help regenerate that mucin layer. That's part of how it, it handles this inflammation. That's why I use it. You know, I'm not using these two products just because, oh, I don't know, I heard about them and decided that's what I was going to stick with. There's a reason behind each one. And this is one of the reasons of the self urethane, not to mention the fact that if we're talking about h pylori, and then chaining on down to histamine reactions, so if you're a fan is a nerf to activator, that should help overcome any histamine reaction. So we we'll leave it at that. All right. Now. I know I know, Sylvia, somebody says broccoli should get a Nobel Prize. Seriously, it should. It should. So like I said, I'm going to read listen to this. Again, it's been very interesting. And and I want to capture some of the questions that we talked about on here and explore some of this a little bit further. This is my fun research. But hopefully, it will turn into completing the slide deck a little bit more. And what I'm hoping

to do is, and I guess we can just make this a goal is that we can talk about this when we have our class again on the fifth set, feel okay to everybody to talk about that. Okay, excellent. Excellent. And I,

I can't even thank you all enough for all of your insights that you shared and all of the resources and books and the links. I cannot wait to look at that one about and zebras and ulcers. Looking forward to that one. says great collaboration. I love this group. He says only 17 hours a year. Yes. Yes. And we'll probably have like when we do our final pod on h pylori, you know, the thing is going to be 60 hours long. Just like, Oh, can we cut to the chase. But why? Why is it we talk so frequently about h pylori because we're all discovering new things. Like even some basic questions on here today. You know, to hear something in a different way, or spoken by a different person is really important to get clear and get on that lunch understanding of it. So it'll never be final Gail. No. It's a never ending topic. As Sylvia says, yes. So we'll keep learning new things about H. Pylori, the most important thing, I don't care who you are, the most important thing is to understand its place in physiology If you understand truly, what it can prevent your company or your client from accomplishing health wise, then you know more than most people, if you take it seriously that a human being must have stomach acid available. And if that's the only thing that you knew and truly believed in and truly strived for with your clients, that would be enough. Hey, let's get rid of some of the H. Pylori. Let's reduce it, make sure you got stomach acid, you're good to go.

Tiana says sounds like there should be an H. Pylori. So because this is not sexy enough? Yeah, I don't know why no one has thought of that. Um, so there we have it. And if we do take the time to understand some more about the particulars, you know, that surround h pylori, like we did today, and like other people, like, like this woman is trying to do on this webinar, then we'll have a better understanding not only of how to do reduce it, but why it might be more prevalent, or not go away as quickly in certain people. Or we might learn something new about reducing it with different supplements, you know, that could work as well. So great, well, then we are going to wrap it up, if I didn't have this other appointment, and I really have to have this appointment. Then I would stay on and talk about this other question with Elizabeth. Elizabeth, because I really, really, really wanted to talk about it.

Unknown Speaker 2:37:20

Regarding

Jennifer Savage, ND 2:37:23

runway regarding her program, so Elizabeth, are you going to work on this program? Over the next couple of weeks? I'm assuming?

Elizabeth 2:37:34

Yeah, I think so. Okay.

Jennifer Savage, ND 2:37:37

All right. Well, I just want you to, to be supported in that. Okay. So use the group, you know, to put anything in that you would like to have us look over? Um, Lisa has, you know, some good stuff here. and Soviet has to there's all kinds of good stuff in here.

Elizabeth 2:38:03

Yeah, I think the both of both Sylvia and Lisa and Tiana. And I've actually had a phone conversation last week or so brainstorming some of that too. And I was just trying to get a better feel for what people are doing. I know, we've talked about this before, but I'm just I just still kind of keep wanting to go

Jennifer Savage, ND 2:38:23

there. Well, it's

Elizabeth 2:38:30

not keep wanting to go there and with, like getting more discussion, although I really appreciate it. But I just feel like I need to kind of try it and see.

Jennifer Savage, ND 2:38:44

Yeah, you do. Again, let's come right back to feeling like a scientist. Right? This is an experiment, if you knew how it's going to turn out, you wouldn't need to do the experiment which. But you might do this and find out that it was very, very good for your clients and good for you. So, alright, that is good that you're working on this. And, again, if you need some support, just reach out here as well. And I would ask people, I'd ask real people, the people who are coming to you with this, what do they want? Okay, that's really critical. Because they're, if they tell you what they want, then you'll have a better understanding of what to give. Right. Problem and Solution, problem and solution. Okay, all right. Well, listen. I am going to be around you know that and I have a lot of fun stuff coming up and working on and I will keep you updated through me. We If anybody needs anything, pop it in here to me we if you desperately have an issue that you want to talk about, just hit me up. Okay, I'm, I'm having fun. I'm working on projects. I'm relaxing. And this is a lot different than last year. At this time, and yes. Merry Christmas, everybody. Have a great time off calm time with your families. Yep. And a better New Year. Uh huh. And we will chit chat for a formal class again on I believe it's January 5, and I think it's a late class that day. But you'll have to check your calendar and even though I'm going to note this in me, we keep in mind that I'm going to change the links for the call. They're all going to be the same link now.

You won't need to you know, go back and forth. So yeah, Tiana says Mary everything safe travels for those traveling. Yeah. Alright everyone, take care. And we'll talk soon.