

Thriveⁱⁿ 63

by TRANSFORMATIONTM



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



*“All disease
begins in the gut”*

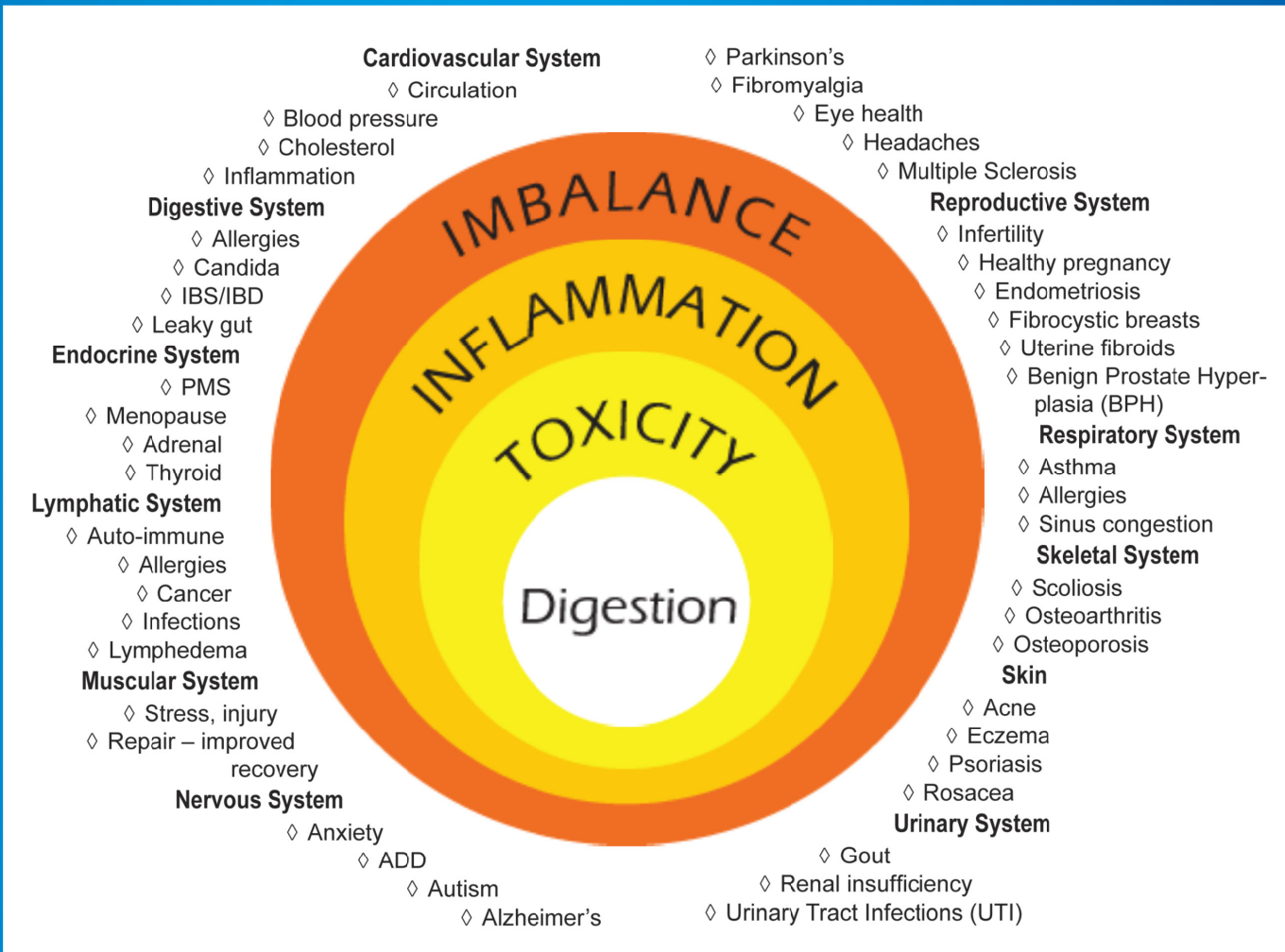
– Hippocrates



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



The Ripple Effect



Tackling Leaky Gut

- Gastrointestinal Dysfunction (aka Leaky Gut Syndrome) is an extremely common problem, but one that is poorly recognized and rarely tested for.
- Leaky Gut Syndrome (LGS) occurs when the permeability of the gut wall is compromised and large spaces develop between the cells of the gut wall, allowing bacteria, toxins, and food particles to enter the blood stream.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Tackling Leaky Gut

- This initiates an immune response to the pathogens as well as food proteins and leads to a chronic overstimulation of the inflammatory process.
- The signs and symptoms of leaky gut are not unique, thus any signs and symptoms that look like a compromised immune system or an autoimmune disorder may be associated with a leaky gut.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



The Leaky Gut Epidemic

- Poor diet, chronic stress, toxic overload, and bacterial imbalance compromise digestion and have caused leaky gut to reach epidemic proportions.
- As a result, we are seeing a continuous rise in chronic diseases and conditions such as Diabetes, Heart Disease, HTN, Hypothyroidism, Arthritis, ADD, Hormone Dysregulation, etc.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Common Methods to Heal Leaky Gut

- Remove inflammatory foods and eliminate toxins that damage the gut
- Reduce stress
- Use of specific supplements like L-Glutamine, Collagen Powder, Anti-Fungals, Licorice, N-acetyl Glucosamine, Quercetin
- Healing foods like bone broth, fermented veggies, and raw cultured dairy



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



The Missing Link

- People are continuously being advised to take various supplements, herbs, and vitamins or to eat a certain diet in order to improve LGS.
- Yet no focus is placed on ensuring that whatever is being taken is also being **digested** and **absorbed**.
- We must ensure that the therapies we are recommending to patients are being utilized by the body effectively and not creating more inflammation due to an inability to digest these healing components.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Benefit of Digestive Enzymes & Probiotics

- **Digestive enzymes** are the catalysts which allow us to break down foods into absorbable nutrients.
- Once nutrients are available through effective digestion, **Systemic enzymes** (proteases) help ensure optimal blood flow and delivery of nutrients to the cells while breaking down inflammatory proteins in the blood reducing inflammation.
- **Probiotics** at bedtime to maintain good microflora within the GI tract and promote healthy elimination.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Thriveⁱⁿ63

by TRANSFORMATIONTM

- *Thrive in 63* is a wellness program that has been shown to help restore gut function in as little as 63 days with enzyme therapy and the right diet.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



The Effects of Nutrition & Enzyme Therapy on Gastrointestinal Dysfunction

*An Evidence-Based Clinical Review
from Transformation Enzyme Corporation*



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



We Searched for 10-20 Participants

- Abdominal pain
- Respiratory congestion
- Skin issues
- Chronic Pain
- Frequent infections



Transformation's Foundation Protocol

Musculo-Skeletal

Endocrine Reproductive

Respiratory Urinary Skin

Cardiovascular Digestive Immune Nervous

DIGEST PROBIOTIC PROTEASE



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Baseline Data collection

- **Comprehensive Symptom Survey**
- **Bod Pod®** body composition assessment
- **LRA by ELISA/Act®** food sensitivity assay
- **Cyrex™** antigen test
- **Genova Diagnostics (GDX)** stool analysis
- **Intestinal Permeability** lactulose / mannitol urine test
- **Labcorp** complete blood panel



Protocol - *Nutrition*

- Approved Food List
- 9 weeks of Meal Plans with Grocery List
- Daily Anti-inflammatory Menus
- Recipes
- Enzyme Protocols
- Food Journal



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Protocol - *Enzymes*

Initial Protocol

- 3 *DigestZyme* + 1 *PureZyme* with every meal
- 3 *GastroZyme* following every meal
- 3 *PureZyme* + 3 *Plantadophilus* at bedtime

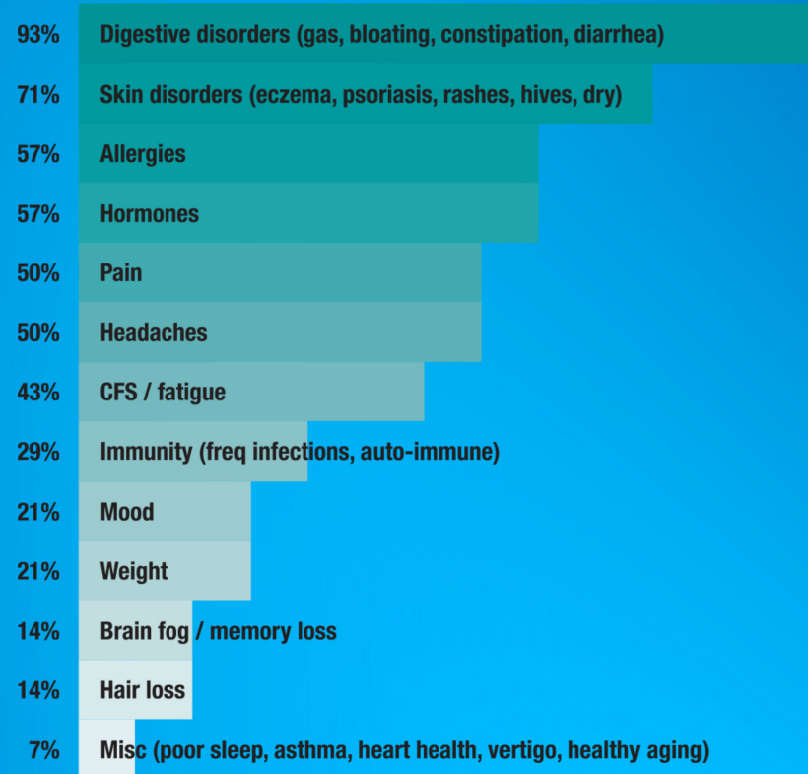
Advanced Protocol

- 1 *TPP Digest* + 1 *TPP Protease* with meals
- 1 *TPP Gastro* following meals
- 2 *TPP Protease* + 1 *TPP Probiotic 42.5* at bedtime



Baseline - Symptom Survey

HEALTH PRIORITIES



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Weekly Follow-Up Survey

Feedback regarding symptoms:

- More constipation reported in the beginning
 - This improved as the study progressed
- Far less bloating and more comfortable at bedtime
- Better sleep
- Improved energy
- Occasional signs and symptoms of detox



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Comprehensive Symptom Survey

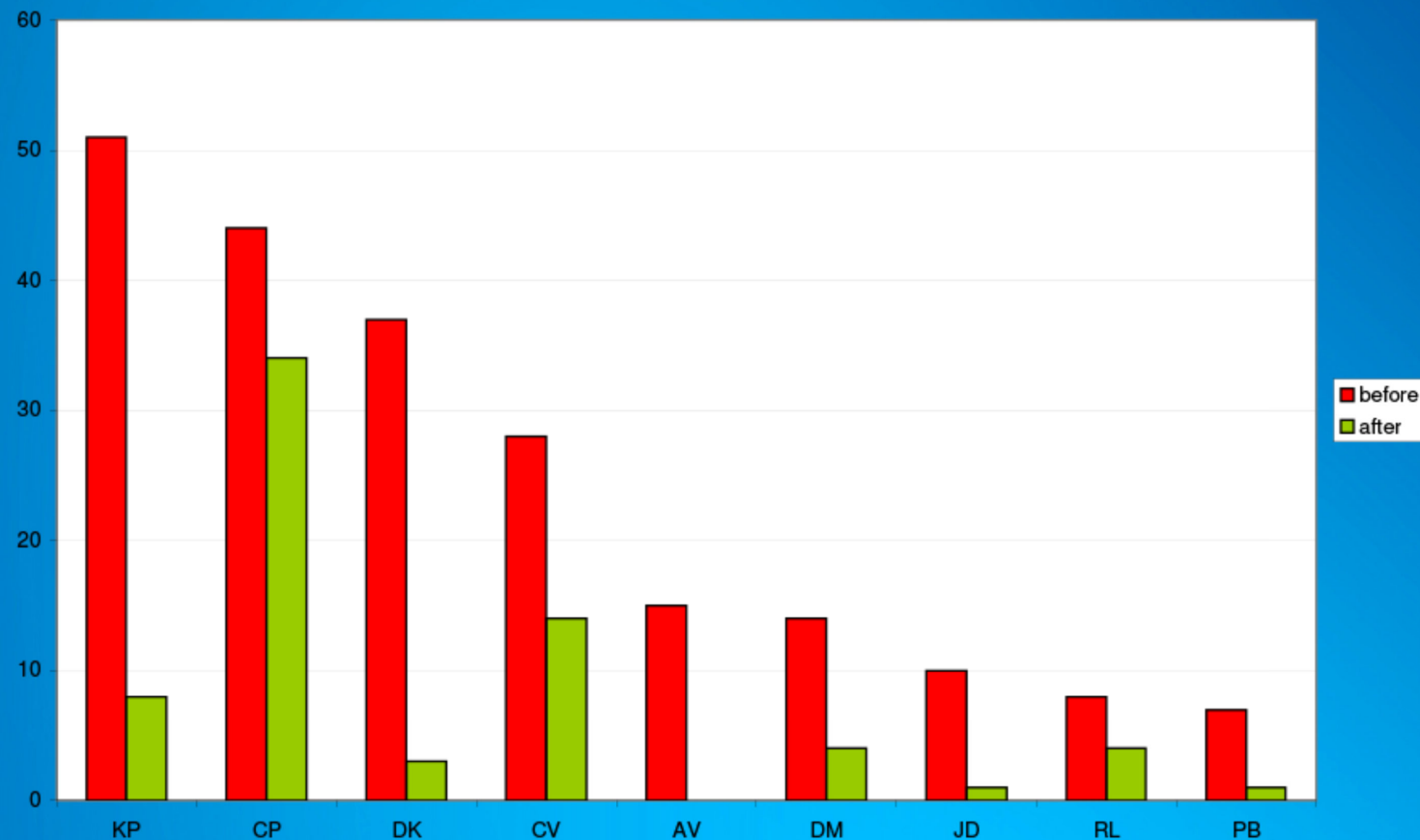
	# symptoms	# improved	% improved
DK	102	96	94%
AV	71	62	87%
KP	107	92	86%
PB	20	17	85%
JD	78	52	67%
CV	101	53	52%
DM	74	38	51%
RL	132	41	31%
CP	73	11	15%



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



#3's (Most / Always symptoms)

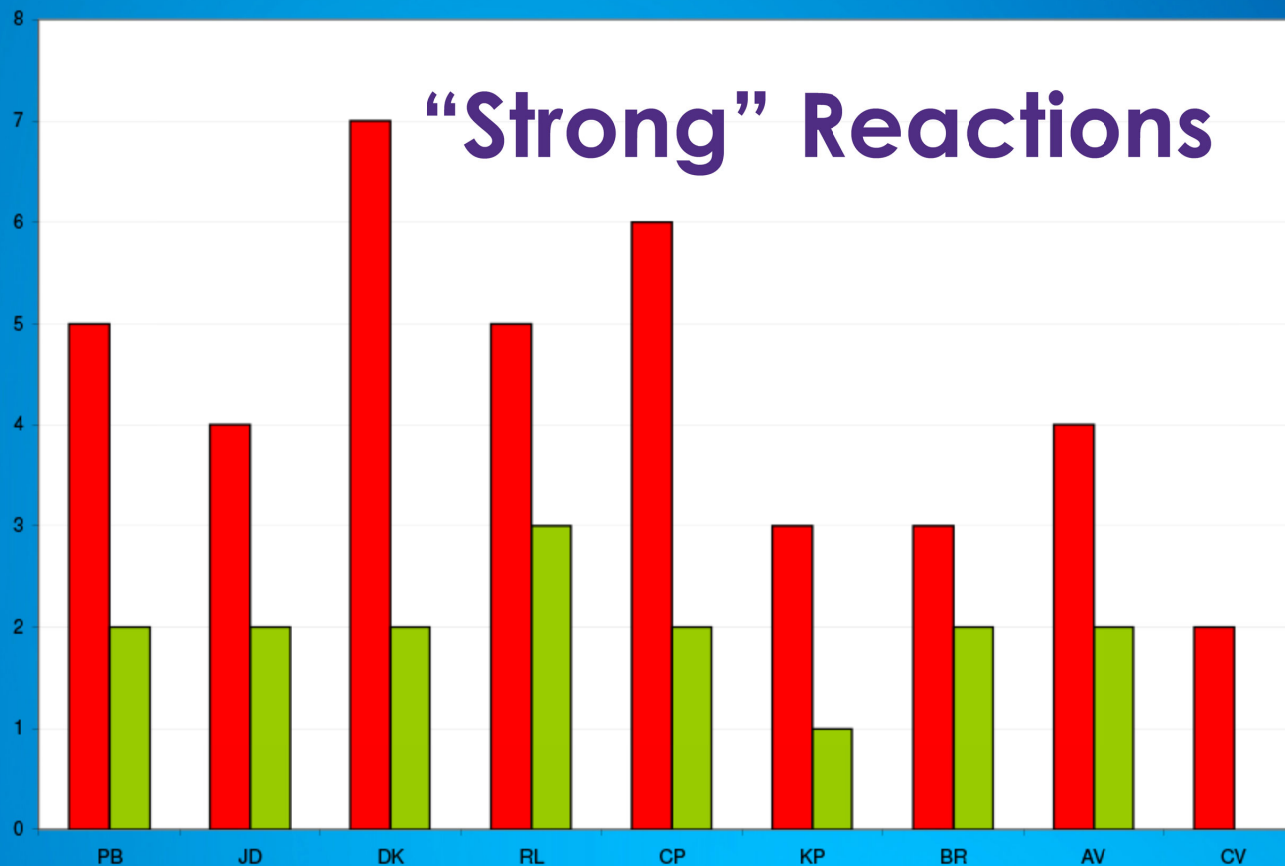


Body Composition Assessment

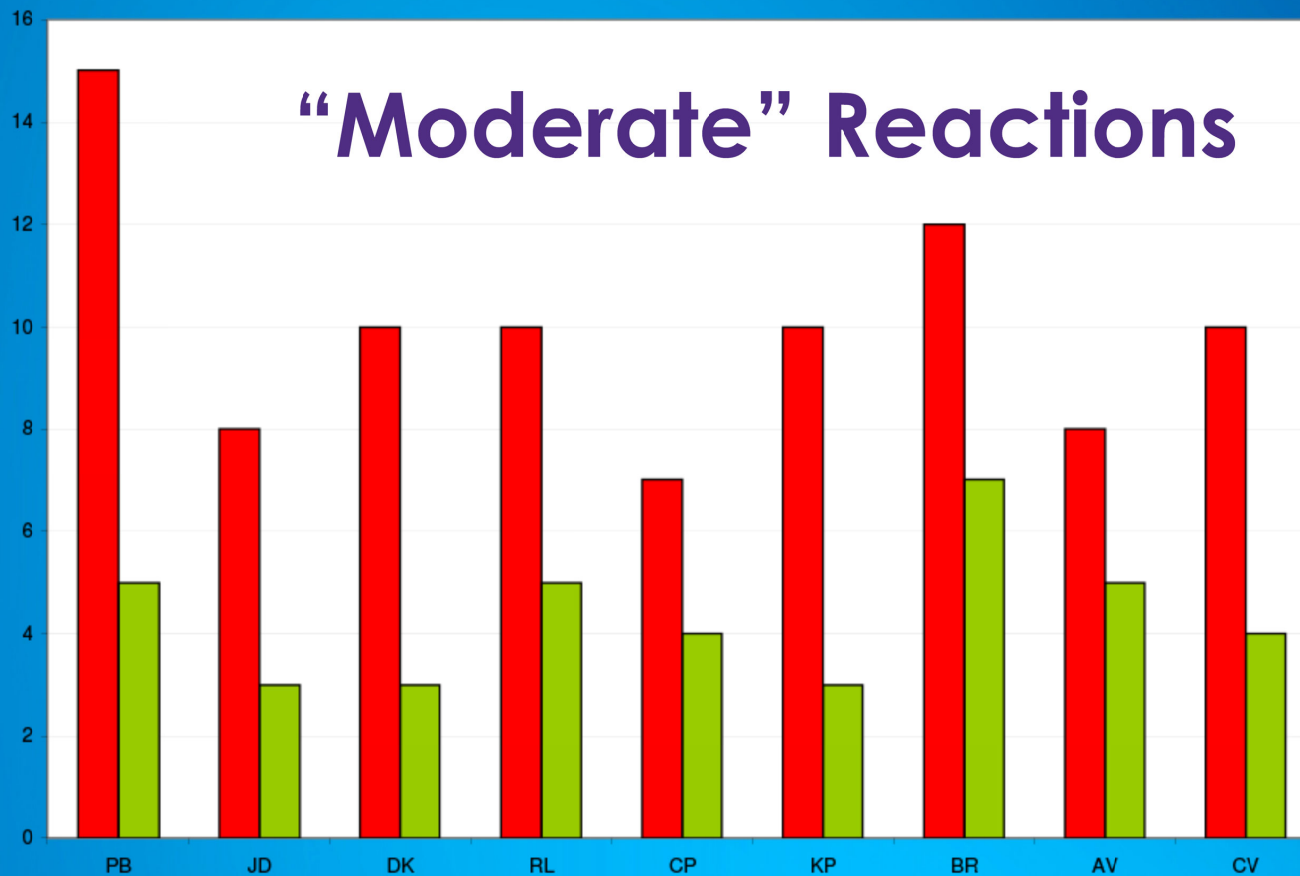
Body Mass (lb)	before	after	difference
CP	205.617	185.336	-20.281
RL	204.000	186.000	-18.000
DK	260.000	252.809	-7.191
KP	124.429	118.431	-5.998
CV	161.546	155.825	-5.721
DM	199.658	195.990	-3.668
AV	171.497	168.370	-3.127
PB	142.851	141.921	-0.930
JD	135.459	136.698	1.239



LRA by Elisa/ACT®



LRA by Elisa/ACT®

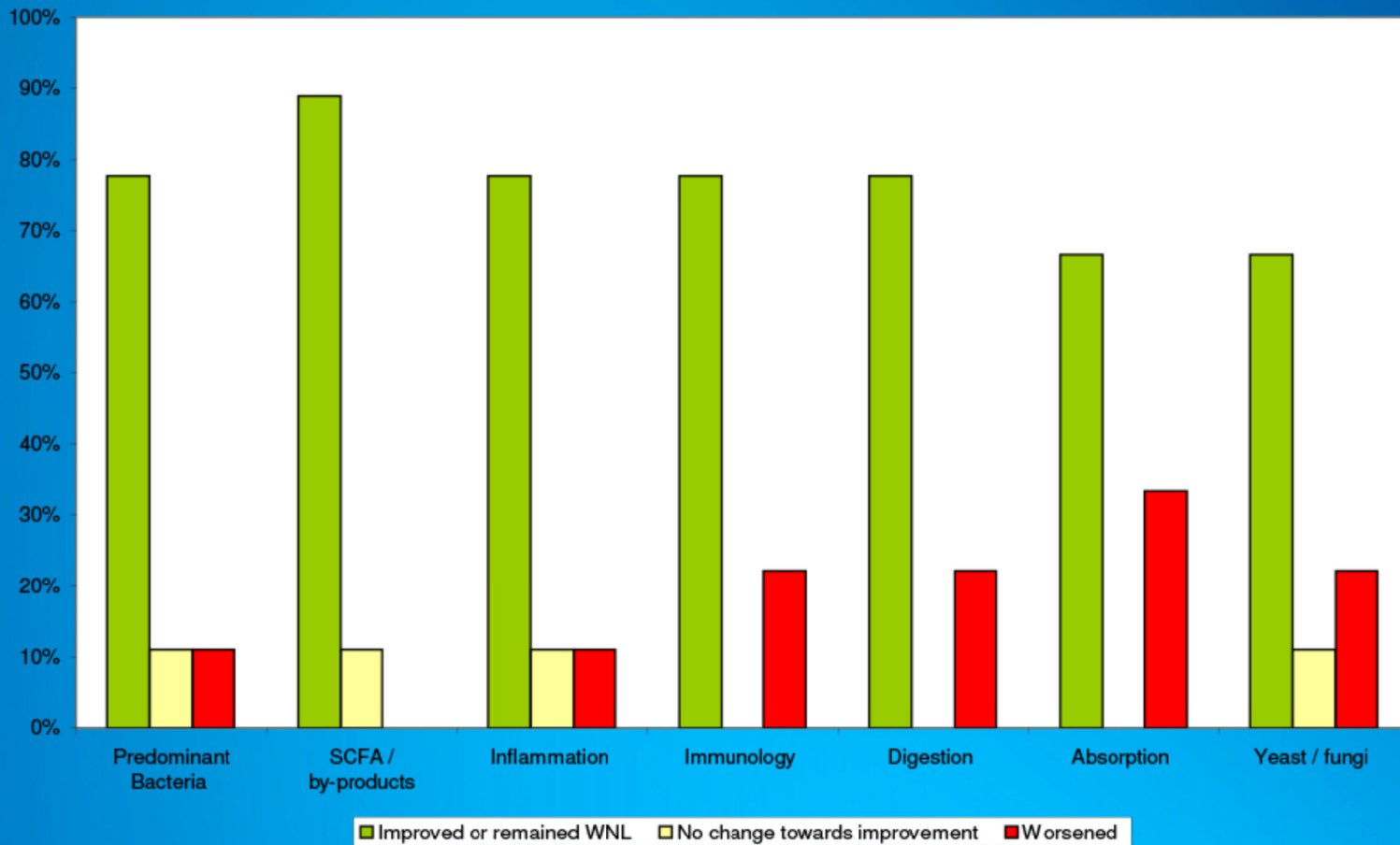


Cyrex® Antigen Test

		CV		JD		AV		CP		PB		DK	
	ref. range	before	after	before	after	before	after	before	after	before	after	before	after
Actomyosin IgA	0.0 - 20	9.52	10.52	4.73	8.28	21.20	17.49	7.23	11.24	11.85	10.85	9.56	14.35
Occludin/Zonulin IgG	0.2 - 1.5	1.52	1.51	1.18	0.47	0.64	0.59	1.04	0.76	0.94	0.91	0.58	0.35
Occludin/Zonulin IgA	0.1 - 1.8	0.82	0.41	1.06	0.60	1.50	0.56	0.98	0.52	2.01	0.74	1.06	0.45
Occludin/Zonulin IgM	0.1 - 2.1	1.09	1.22	1.68	0.92	2.58	2.17	2.68	2.04	2.98	2.57	0.90	0.36
Lipopolysaccharides (LPS) IgG	0.1 - 1.6	1.10	1.41	0.76	0.89	0.90	0.67	0.74	0.70	0.65	1.00	1.97	1.67
Lipopolysaccharides (LPS) IgA	0.1 - 1.8	0.76	1.15	1.33	1.99	0.59	0.81	0.76	0.63	1.03	1.04	1.08	1.13
Lipopolysaccharides (LPS) IgM	0.1 - 2.0	0.89	0.85	0.56	0.78	0.76	0.64	1.45	1.36	2.81	2.70	1.09	0.84



Stool Analysis



Lactulose / Mannitol Intestinal Permeability Assessment

- 7 WNL
- 1 had elevated lactulose in the urine indicating intestinal permeability (ip)
- 1 had decreased mannitol (m) in the urine indication mal-absorption



Blood Panel

- The overall results were unique to each individual.
- We did not see any significant trends in the parameters of this study.
- Further research on nutrients that have reached a sub-clinical level may be able to demonstrate how specific supplementation protocols can help bring such levels back to healthy range.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Summary

- Patient Symptoms – IMPROVED
- Body Composition – IMPROVED
- Food Sensitivities – IMPROVED
- Antigen Test – IMPROVED
- Stool Analysis – IMPROVED

Transformation's program proved to make a significant difference in patient outcomes and improvement of symptoms within 63 days.

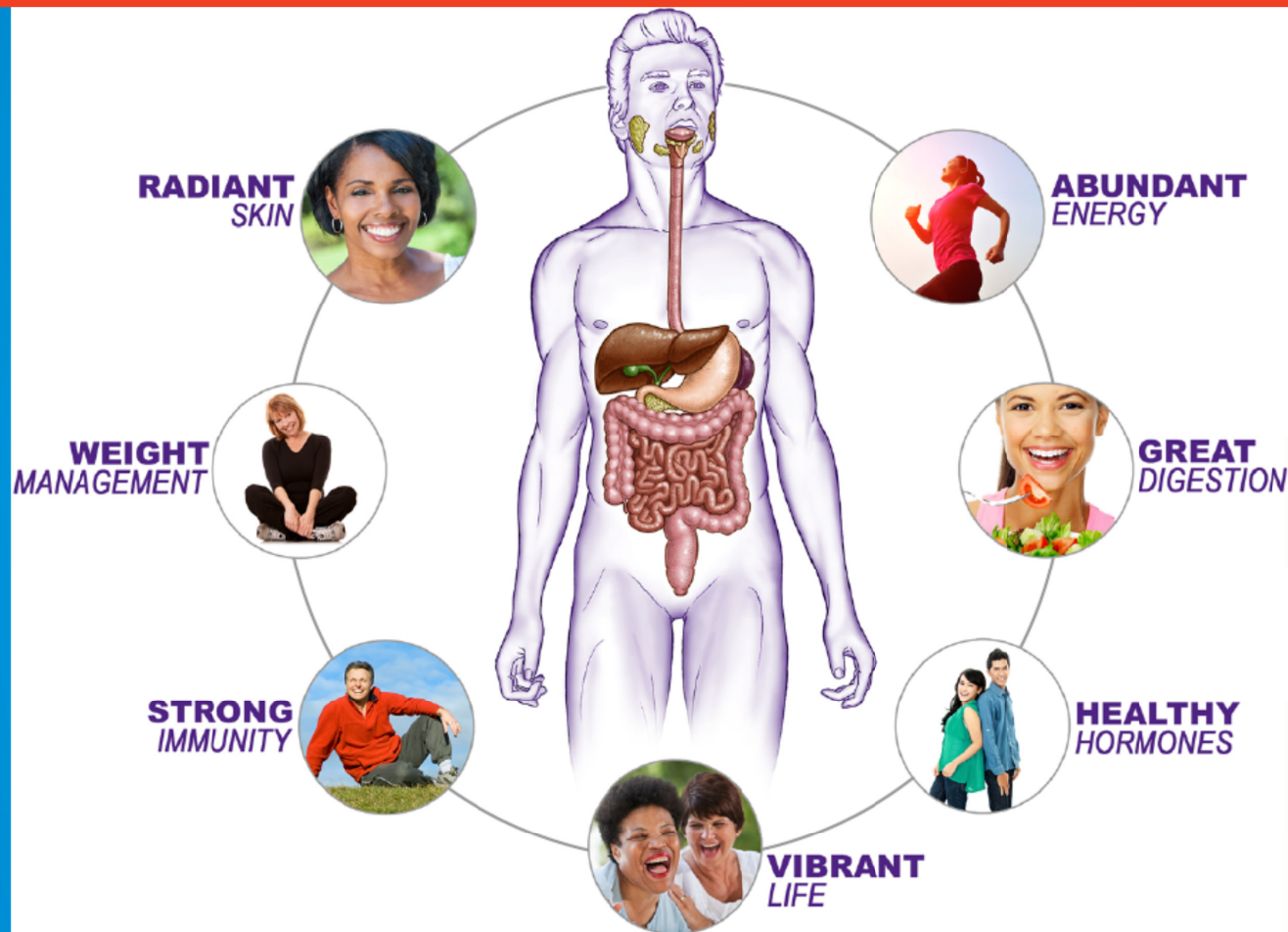


7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX





What You Can Expect



HOW TO IMPLEMENT THE **Thrive in 63** PROGRAM INTO YOUR PRACTICE



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Identifying the Patient

1. Patient Fills out Leaky Gut Quiz card as conversation starter.
2. Results indicate whether they are a good candidate for the program.
3. You can start program that day, or schedule a f/u appointment to go over the program.

Do I Need Enzymes?

Do you have a leaky gut and just don't know it?

Take our challenge and check all that apply:

- ☐ Inability to lose weight
- ☐ Fatigue or low energy
- ☐ Headaches and/or migraines
- ☐ Abdominal pain
- ☐ Gas, bloating, cramps, diarrhea or constipation
- ☐ Unexplained muscle and/or joint pain
- ☐ Hormone imbalances
- ☐ Mood swings
- ☐ Rashes and/or acne
- ☐ Frequent infections
- ☐ Respiratory conditions or allergies



How did you score?

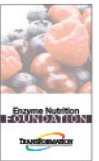
☒ (1 box checked)

Does gas, bloating, cramps, diarrhea &/or constipation happen more than you would like it to? Try our **STEP 2** program! Optimal health begins with optimal digestion and healthy elimination.*



☒ ☒ ☒ (2-3 boxes checked)

You have the signs of poor digestion and that means you are creating toxicity. Fortunately you can bring balance back with better food choices and enzymes! Our Foundation Pack would be a great place to start. Three products to support nutrient acquisition, healthy elimination & detox.*



☒ ☒ ☒ ☒ (4 or more)

It's time to take back your health! What has been created can be recreated. You need our 63-day **Thrive in 63** program to help you:

1. Cleanse & Detox*
2. Repair & Rebuild*
3. Rejuvenate & Thrive*



Ask me how to get started!

Name _____

Phone _____

Email _____

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, heal, cure, or prevent any disease.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Setting the Appointment

- Patient sets up appointment to be started on *Thrive in 63*. When staff schedules the first appointment, they can direct the patient to your website or send their questionnaire via email or have them complete in office.
- Transformation™ will provide electronic pdf-write version of the initial assessment with the purchase of your first kit.
- Patients may need to submit other paperwork along with medical records before their first visit depending on personal office requirements.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Patient Assessment

- The assessment will provide the patient's top 5 health priorities and is approximately 100 questions in an "always / sometimes / never" format to determine what symptoms they are experiencing.

Patient Comprehensive Assessment Questionnaire

Name: _____ Age: _____ Sex: _____ Date: _____

PART I - Health Priorities
Please list your 5 major health concerns in order of importance:

1. _____	Eczema, psoriasis, recurrent rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	Dry or itchy skin and/or hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	Thinning of hair on scalp, face, or genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	Weak nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	Outer third of eyebrow thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II - Symptom Survey
Please mark the appropriate box on all questions below based on your health in the past year.

	Always	Sometimes	Never
Feeling that bowels do not empty completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower abdominal pain or discomfort following meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of fullness during and after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea, urgent, loose, watery stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 bowel movements daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation, dry, hard, infrequent stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stools are foul smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stools are mucous-like, greasy, or poorly formed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undigested foods found in stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass large amount of foul-smelling gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive belching, burping, or bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach pain, burning or aching 1-4 hours after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of antacids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, tenderness, soreness on left side under rib cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greasy or high fat foods cause nausea or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea and/or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certain foods cause sinus congestion, headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offensive breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitter metallic taste in mouth, especially in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds or recurrent infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased thirst and appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained itchy skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had your gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crave sweets during	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating sweets does not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Must have sweets after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If meals are missed feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slow starter in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depend on coffee to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor memory, forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot fall asleep, insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot stay asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wake up tired even after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require excessive amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crave salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness when standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive perspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General fatigue, tired, exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel cold - hands, feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, lack of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart palpitations, increased heart rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervousness or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty gaining weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty losing weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diminished sex drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased sex drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urination difficulty or dribbling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain inside of legs or heels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg numbness at night, restless legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inability to concentrate or stay focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle soreness, stiffness, aching joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in physical stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in fat distribution around abdomen and hips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Women:			
Menstrual disorders or lack of menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing menopause	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Extended menstrual cycle (greater than 32 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Shortened menses (less than every 24 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Pain and cramping during periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scanty blood flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy blood flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast pain and swelling during menses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable and depressed during menses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acne breakouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial hair growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many years have you been post-menopausal?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you ever have uterine bleeding since menopause?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hot flashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painful intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased vaginal pain, dryness, or itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Men:			
Decrease in spontaneous morning erections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in fullness of erections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Please list any conditions or symptoms not listed above:	_____		
_____	_____		
_____	_____		
PART III - Lifestyle			
How many alcoholic beverages do you consume per week?	_____		
How many caffeinated beverages do you consume per day?	_____		
How many times do you eat out per week?	_____		
Do you exercise? _____ If yes, how often and what type(s)?	_____		
_____	_____		
_____	_____		
_____	_____		
List the three worst foods you eat during the average week:	1. _____		
	2. _____		
	3. _____		
List the three healthiest foods you eat during the average week:	1. _____		
	2. _____		
	3. _____		
Rate your stress levels on a scale of 1-10 during the average week (1 as the least stress to 10 as the most stress)	_____		
Please list any medications you currently take and the conditions you take them for:	_____		
_____	_____		
_____	_____		
_____	_____		
How many times a day do you eat?	_____		
What do you usually eat for:	Breakfast? _____		
	Lunch? _____		
	Dinner? _____		
	Snacks? _____		
List the three worst foods you eat during the average week:	1. _____		
	2. _____		
	3. _____		
List the three healthiest foods you eat during the average week:	1. _____		
	2. _____		
	3. _____		

Transformation Enzyme Corporation • 2600 Wilcrest Dr., Suite 220, Houston, TX 77042 •



Clinical Application: Patient Assessment

- The questionnaire will be completed again at the end of the 63 day program.

– *Note: This does not replace your office's usual patient intake form.*

Patient Comprehensive Assessment Questionnaire

Name: _____ Age: _____ Sex: _____ Date: _____

PART I - Health Priorities
Please list your 5 major health concerns in order of importance:

1. _____	Eczema, psoriasis, recurrent rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	Dry or itchy skin and/or hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	Thinning of hair on scalp, face, or genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	Weak nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	Outer third of eyebrow thin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II - Symptom Survey
Please mark the appropriate box on all questions below based on your health in the past year.

Feeling that bowels do not empty completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower abdominal pain or discomfort following meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of fullness during and after meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea, urgent, loose, watery stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 3 bowel movements daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation, dry, hard, infrequent stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stools are foul smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stools are mucous like, greasy, or poorly formed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undigested foods found in stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass large amount of foul-smelling gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive belching, burping, or bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach pain, burning or aching 1-4 hours after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of antacids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain, tenderness, soreness on left side under rib cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greasy or high fat foods cause nausea or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea and/or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certain foods cause sinus congestion, headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offensive breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitter metallic taste in mouth, especially in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds or recurrent infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased thirst and appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained itchy skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transformation Enzyme Corporation • 2600 Wilcrest Dr., Suite 220, Houston, TX 77042 • 7

PART III - Lifestyle

How many alcoholic beverages do you consume per week? _____

How many caffeinated beverages do you consume per day? _____

How many times do you eat out per week? _____

Do you exercise? _____ If yes, how often and what type(s)? _____

Other:
Please list any conditions or symptoms not listed above: _____

For Women:
Menstrual disorders or lack of menstruation ☐ Yes ☐ No
Are you experiencing menopause? ☐ Yes ☐ No
Extended menstrual cycle (greater than 32 days) ☐ Yes ☐ No
Shortened menses (less than every 24 days) ☐ Yes ☐ No
Pain and cramping during periods ☐ Yes ☐ No
Scanty blood flow ☐ Yes ☐ No
Heavy blood flow ☐ Yes ☐ No
Breast pain and swelling during menses ☐ Yes ☐ No
Irritable and depressed during menses ☐ Yes ☐ No
Acne breakouts ☐ Yes ☐ No
Facial hair growth ☐ Yes ☐ No
How many years have you been post-menopausal? ☐ Yes ☐ No
Do you ever have uterine bleeding since menopause? ☐ Yes ☐ No
Hot flashes ☐ Yes ☐ No
Mood swings ☐ Yes ☐ No
Painful intercourse ☐ Yes ☐ No
Increased vaginal pain, dryness, or itching ☐ Yes ☐ No
For Men:
Decrease in spontaneous morning erections ☐ Yes ☐ No
Decrease in fullness of erections ☐ Yes ☐ No

List the three worst foods you eat during the average week:
1. _____
2. _____
3. _____

List the three healthiest foods you eat during the average week:
1. _____
2. _____
3. _____

Rate your stress levels on a scale of 1-10 during the average week (1 as the least stress to 10 as the most stress):
Please list any medications you currently take and the conditions you take them for: _____

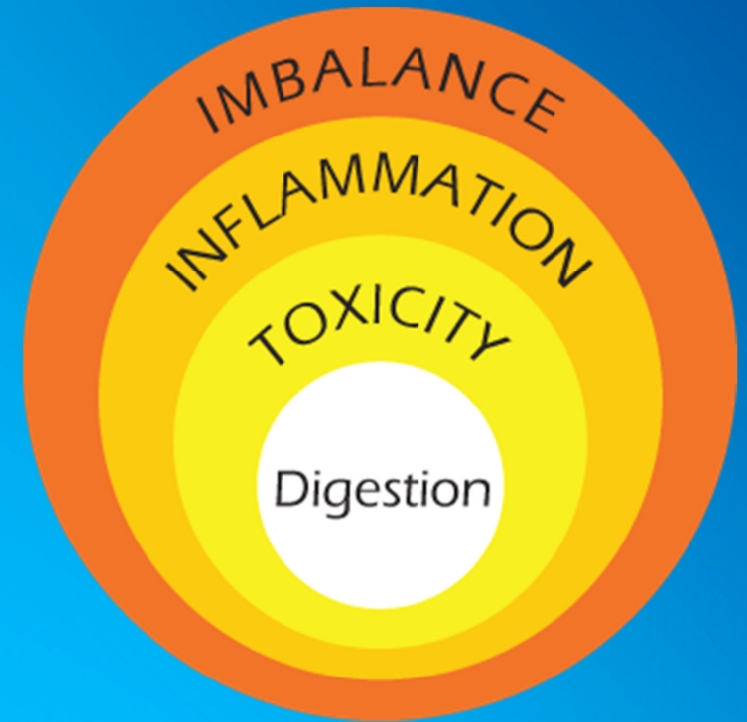
Please list any natural supplements you currently take and the conditions you take them for: _____

How many times a day do you eat? _____
What do you usually eat for:
Breakfast? _____
Lunch? _____
Dinner? _____
Snacks? _____



Clinical Application: Initial Appointment

- Initial visit is approx. 1 hour.
- Highlight areas of concern and explain ripple effect illustration.
 - Script is provided in training manual provided with purchase of first kit.



Clinical Application: Patient Workbook(s)

- The program is divided into 3 phases/booklets:
 - Phase I HEALING
 - Phase 2 REPAIR
 - Phase 3 REJUVENATION



Clinical Application: Patient Workbook(s)

- Each booklet provides 3 weeks of:
 - meal plans
 - recipes
 - shopping lists
 - food journals
 - supplement protocol

Week 1 Grocery List

Fruit

- 1 bag frozen raspberries
- 2 bananas
- 2 small green apples (for snack)
- 1 pkg dried cranberries
- 4 avocados
- 1 pkg berries of choice
- 2 lemons
- 1 lime

Vegetables

- 1 bag frozen spinach

Protein

- 2 pork chops
- 1 carton eggs
- ½ lb turkey sausage (it's okay if you have extra)
- 24 oz. fish (cod, flounder, salmon, tilapia)
- 3 chicken breasts

Healthy Fats

- Coconut oil
- Avocado oil
- Grass-fed butter (Kerrygold®)

SNACKS

Guacamole

Prep time: 10 min
Cook time: n/a
Serves: 1-2

- 1 ripe avocado
- ¼ cup diced tomato
- ¼ cup diced onion
- ¼ cup chopped cilantro
- ½ fresh lime (juice)
- Salt, pepper, garlic

Mash the avocado and combine with all ingredients, mix well.

Kale Chips

Prep time: 5 min
Cook time: 15 min
Serves: 2-3

- 1 bunch of kale, washed and dried
- 2 tbsp organic olive oil

Romesco Dip

Prep time: 15 min
Cook time: 15 min
Serves: 10

- 1 cup blanched, toasted almonds
- 2 cloves garlic
- ¼ tsp smoked paprika
- ¼ tsp cayenne pepper (optional)
- 1 cup roasted red bell peppers, patted dry
- ¼ cup green pitted olives, drained
- 2 tbsp fresh lemon juice
- 2 tsp red wine vinegar
- 5 tbsp olive oil
- Salt and pepper to taste

In a food processor, combine almonds, garlic, paprika and cayenne; pulse until coarsely chopped, about 15-20 times.

Add roasted bell peppers, olives, lemon juice and vinegar.

Food Journal (Day 1)

□ 3 DigestZyme + 1 PureZyme (1 = not hungry, 5 = very hungry)

Breakfast _____ Hunger Scale: 1 2 3 4 5

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

□ 3 DigestZyme + 1 PureZyme

Lunch _____ Hunger Scale: 1 2 3 4 5

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

Snack _____ Hunger Scale: 1 2 3 4 5

□ 2 DigestZyme _____ How do you feel? 🟢 🟡 🟠 🟤

□ 3 DigestZyme + 1 PureZyme

Dinner _____ Hunger Scale: 1 2 3

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

Bedtime _____

□ 3 Plantadophilus + 3 PureZyme

Notes/Comments: _____

Food Journal (Day 2)

□ 3 DigestZyme + 1 PureZyme (1 = not hungry, 5 = very hungry)

Breakfast _____ Hunger Scale: 1 2 3 4 5

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

□ 3 DigestZyme + 1 PureZyme

Lunch _____ Hunger Scale: 1 2 3 4 5

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

Snack _____ Hunger Scale: 1 2 3 4 5

□ 2 DigestZyme _____ How do you feel? 🟢 🟡 🟠 🟤

□ 3 DigestZyme + 1 PureZyme

Dinner _____ Hunger Scale: 1 2 3

□ 3 GastroZyme _____ How do you feel? 🟢 🟡 🟠 🟤

Bedtime _____

□ 3 Plantadophilus + 3 PureZyme

Notes/Comments: _____

Supplements

3 DigestZyme + 1 PureZyme before meal

3 GastroZyme following meal

3 DigestZyme + 1 PureZyme before meal

3 GastroZyme following meal

2 DigestZyme with snack

3 DigestZyme + 1 PureZyme before meal

3 GastroZyme following meal

3 Plantadophilus + 3 PureZyme at bedtime

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast Raspberry Mint Smoothie	Breakfast 2-4 Egg Muffins 2 tsp Avocado ½ cup Mixed Berries	Breakfast Kale Shake with Coconut Milk	Breakfast 2-4 Egg Muffins 2 tsp Avocado ½ cup Mixed Berries	Breakfast Raspberry Mint Smoothie	Breakfast Kale Shake with Coconut Milk	Breakfast Your Choice (must meet THRIVE guidelines)
Snack Herbal Tea	Snack Herbal Tea	Snack Herbal Tea	Snack Herbal Tea	Snack Herbal Tea	Snack Herbal Tea	Snack Herbal Tea
Lunch 3-6 oz. Pork Chops ½ cup Mashed Yams with Walnuts 1-2 cups Sautéed Spinach	Lunch 3-6 oz. Pistachio Crusted Fish 5-8 pieces Oven Roasted Asparagus ½ cup Sautéed Spinach	Lunch Nuttly Mixed Up Salad with Chicken	Lunch 1½ cups Mexican Chicken Soup Guacamole 15-20 Zucchini Slices	Lunch 3-6 oz. Pork Chops ½ cup Mashed Yams with Walnuts 1-2 cups Sautéed Spinach	Lunch 3-6 oz. Pistachio Crusted Fish 5-8 pieces Oven Roasted Asparagus ½ cup Sautéed Spinach	Lunch Your Choice (must meet THRIVE guidelines)
Snack Small Packet of Mixed Nuts	Snack KIND® Bar	Snack Small Packet of Mixed Nuts	Snack Apple with 2 tsp Almond Butter	Snack Carrot Sticks with Guacamole	Snack Thunderbird® Real Food Bar	Snack Your Choice (must meet THRIVE guidelines)
Dinner Nuttly Mixed Up Salad with Chicken	Dinner 1½ cups Mexican Chicken Soup Guacamole 15-20 Zucchini Slices	Dinner 3-6 oz. Pork Chops ½ cup Mashed Yams with Walnuts 1-2 cups Sautéed Spinach	Dinner 3-6 oz. Pistachio Crusted Fish 5-8 pieces Oven Roasted Asparagus ½ cup Sautéed Spinach	Dinner Nuttly Mixed Up Salad with Chicken	Dinner 1½ cups Mexican Chicken Soup Guacamole 15-20 Zucchini Slices	Dinner Your Choice (must meet THRIVE guidelines)

Thrive in 63: Phase I Workbook 44 Copyright © Transformation™

Thrive in 63: Week One



Clinical Application: Add'l Assessments

- No additional assessments are necessary at this time to proceed with this program.
- If you currently conduct other forms of assessment based on your modality, those may be done at the same time as the initial assessment.
 - Height, weight, blood pressure, physical exam, etc.
- Recommended to track these things weekly to help with patient compliance.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Weekly Follow-Ups

- Our study showed when patients were followed up on weekly, their compliance was better.
- Training a member of your staff to call and conduct a weekly questionnaire is an efficient way to keep track of patient progress.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Weekly Follow-Ups

- The follow-up questionnaire is seven questions and included with purchase

Patient Follow-up Questionnaire

Name: _____ Date: _____

What day in your journal are you on? Day _____

How does your gut feel throughout the day and at bedtime? Are you more or less comfortable than usual? Any burping/belching, nausea, cramping, or gas?

Have there been any changes in your bowel movements? Are they occurring more frequently, less frequently, or staying the same? Are they more firm or loose?

Have your sleep patterns changed? Are you sleeping more or less than usual? Trouble falling asleep or staying asleep?

How is your energy level during the day? Are you feeling more energized, or are you experiencing fatigue? What times are you experiencing it, any afternoon slumps?

Are you having any difficulty with the diet? Are there any specific challenges you're facing with it? Are you more or less hungry throughout the day?

Are you struggling with the protocol? If so, what difficulties have you encountered?

Overall, what changes in your health have you noticed? Please describe any improvements or challenges.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Clinical Application: Required Follow-Ups

- Recommended that, at minimum, patients are scheduled to follow up in-office after each 21-day period.
- Each 21-day period should conclude with a review of journal, menu, and protocol.
- If patients are doing well, then advance to the secondary protocol.
 - Some patients may require another 21 days on the sensitive protocol, but most will be ready to advance.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Layout of Weekly Follow Ups

- Week 1 / Day 7 Follow-up Call
- Week 2 / Day 14 Follow-up Call
- Week 3 / Day 21 In-office Consult
- Week 4 / Day 28 Follow-up Call
- Week 5 / Day 35 Follow-up Call
- Week 6 / Day 42 In-office Consult
- And so on....



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Completion of 63 Day Program

- Have patient fill out comprehensive assessment questionnaire again.
- Review current health priorities and improvements.
- Improper digestion is what got them sick in the first place, therefore it is important that the maintenance dose of a digestive, proteolytic, and probiotic be maintained along with proper diet to help prevent problems in the future.



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Maintenance Protocol

- **Digestive enzymes** with every meal or snack
 - Digest, DigestZyme, or Carbo-G
- **Proteolytic enzymes** between meals
 - Protease, Protease 375K, or PureZyme
- **Probiotics** at bedtime
 - Probiotic 42.5, Probiotic, or Plantadophilus



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



Want to learn more?

- TECSeminars.com Continuing Education Opportunities
 - CLINICIAN WEBINARS
 - Free monthly series featuring guest speakers
 - TRANSFORMATION ANNUAL SEMINAR RECORDINGS
 - Watch our past presentations at your convenience
 - BIOCHEMICAL INDIVIDUALISM
 - Online training that helps you individualize your patient's nutrition and enzyme needs to their biochemical body type!
 - ENZYME 101
 - Advanced Enzyme Certification Course



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX



QUESTIONS?

Thriveⁱⁿ 63
by TRANSFORMATIONTM



7 SIGNS OF A SOUND GUT
Saturday, April 12 • Austin, TX

