

# Thrive<sup>in</sup> 63

by TRANSFORMATION<sup>TM</sup>



**7 SIGNS OF A SOUND GUT**  
SATURDAY, JUNE 14 • VIRTUAL



*“All disease  
begins in the gut”*

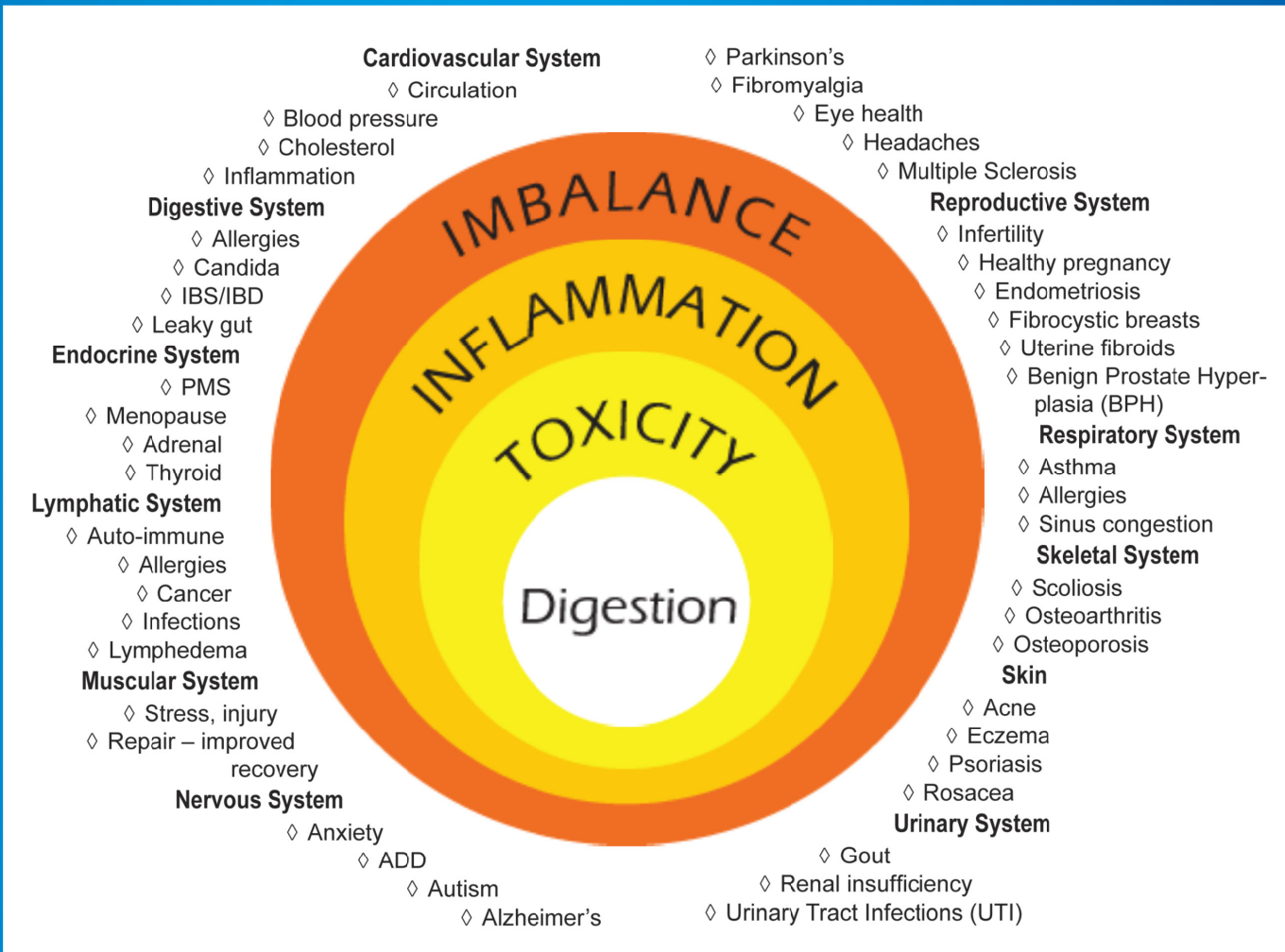
*– Hippocrates*



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# 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.



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# 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.



# 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.



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# 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



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# 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.



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# 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.



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# Thrive<sup>in</sup>63

by TRANSFORMATION<sup>TM</sup>

- *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.



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# The Effects of Nutrition & Enzyme Therapy on Gastrointestinal Dysfunction

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



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# 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**



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# 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



# Protocol - *Enzymes*

## Initial Protocol

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

## Advanced Protocol

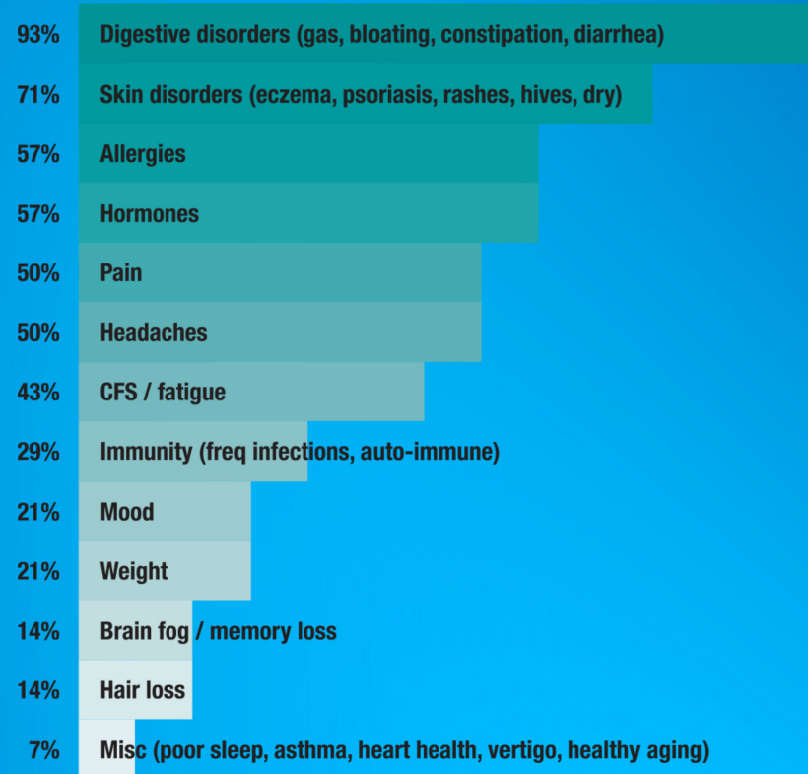
- 1 *TPP Digest* + 1 *TPP Protease* with meals
- 1 *TPP Gastro* following meals
- 2 *TPP Protease* + 1 *TPP Probiotic 42.5* at bedtime





# Baseline - Symptom Survey

## HEALTH PRIORITIES



# 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



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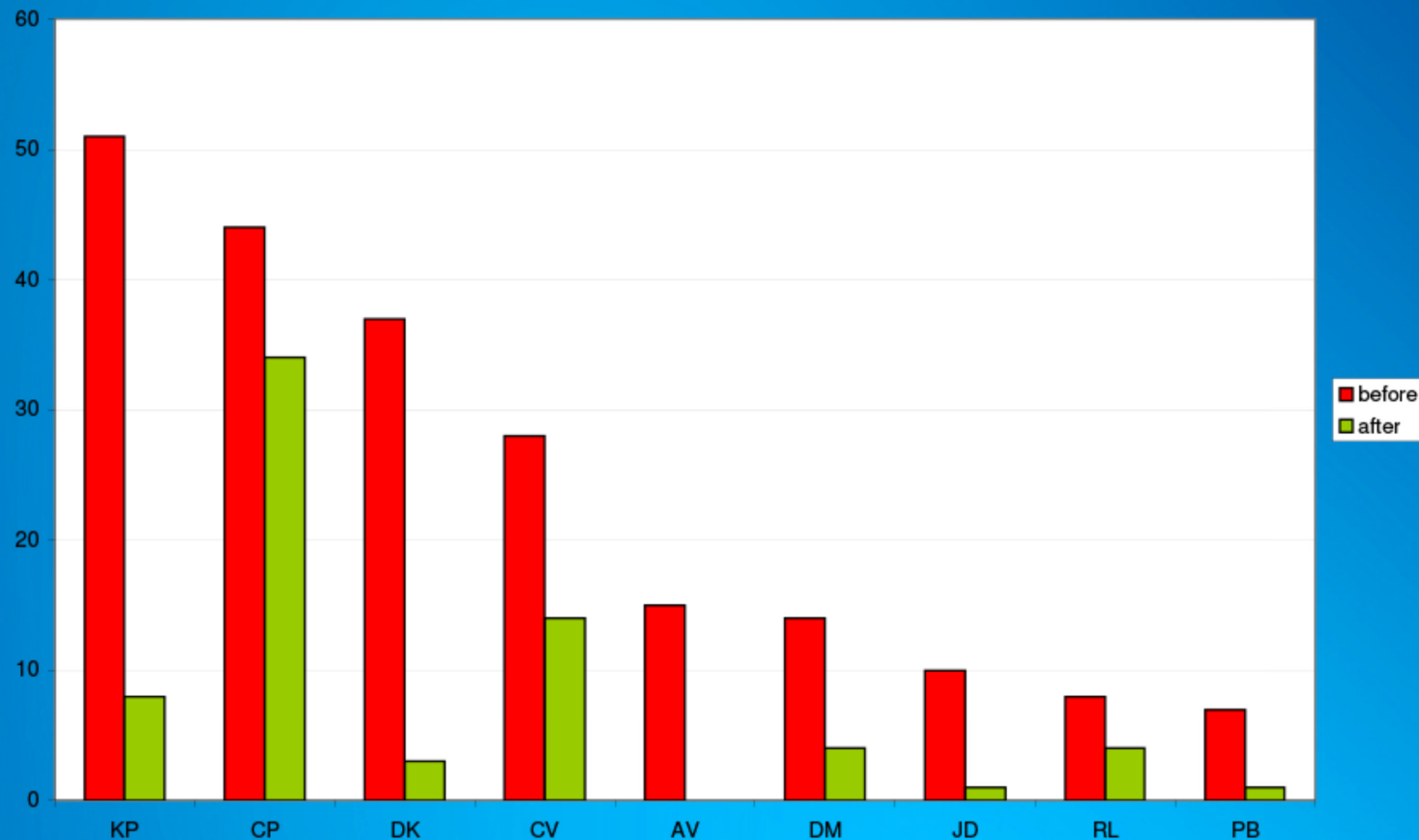


# Comprehensive Symptom Survey

	# 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%



## #3's (Most / Always symptoms)

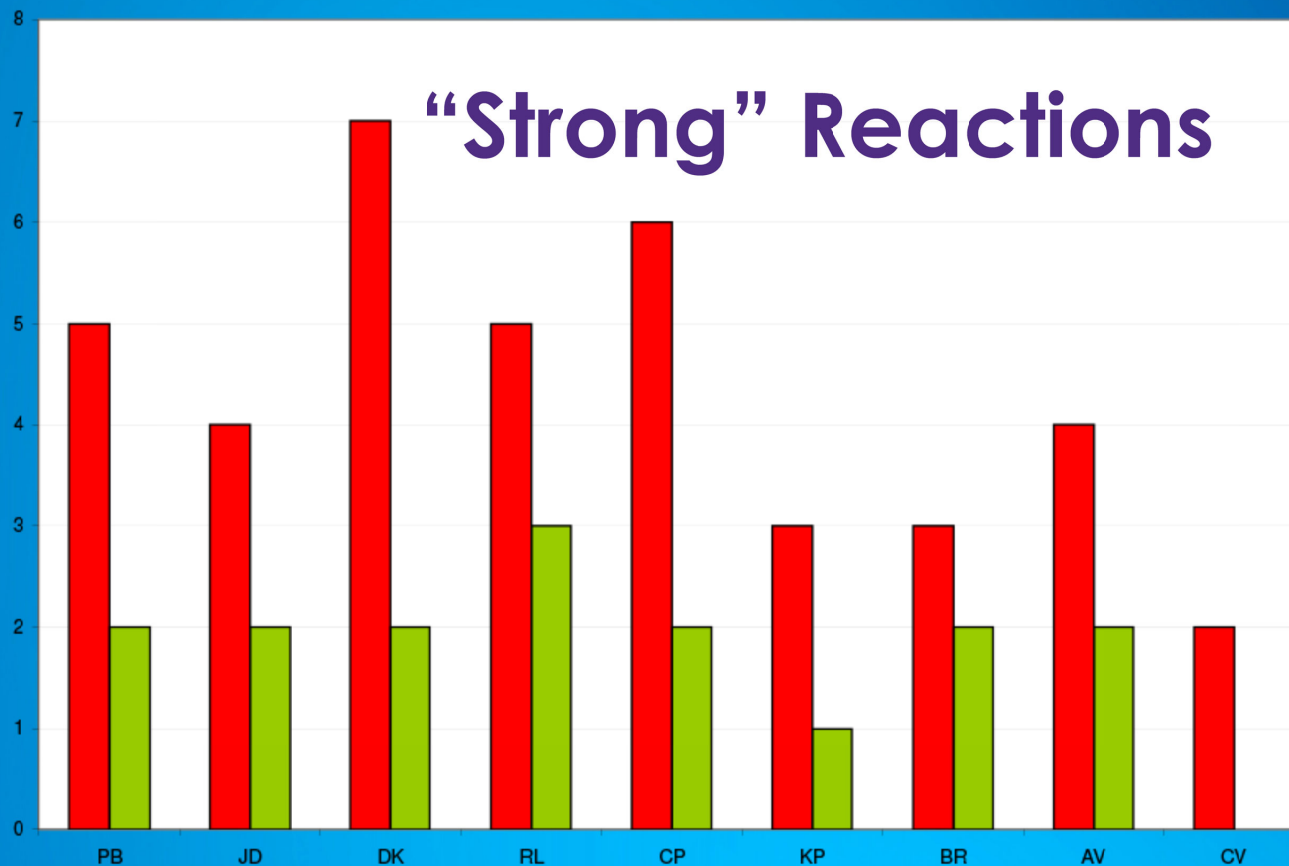


# Body Composition Assessment

<b>Body Mass (lb)</b>	<b>before</b>	<b>after</b>	<b>difference</b>
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

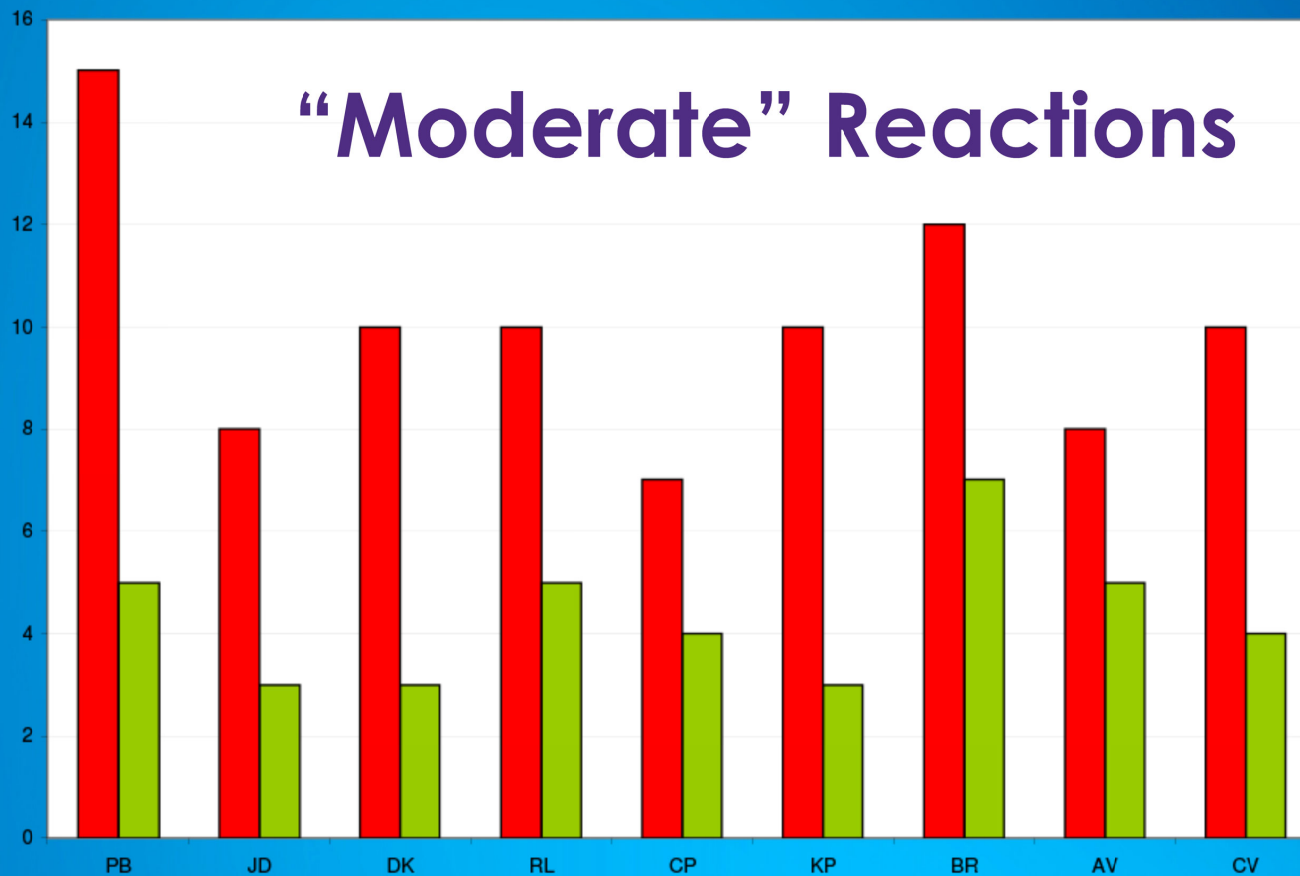


# LRA by Elisa/ACT®





# LRA by Elisa/ACT®

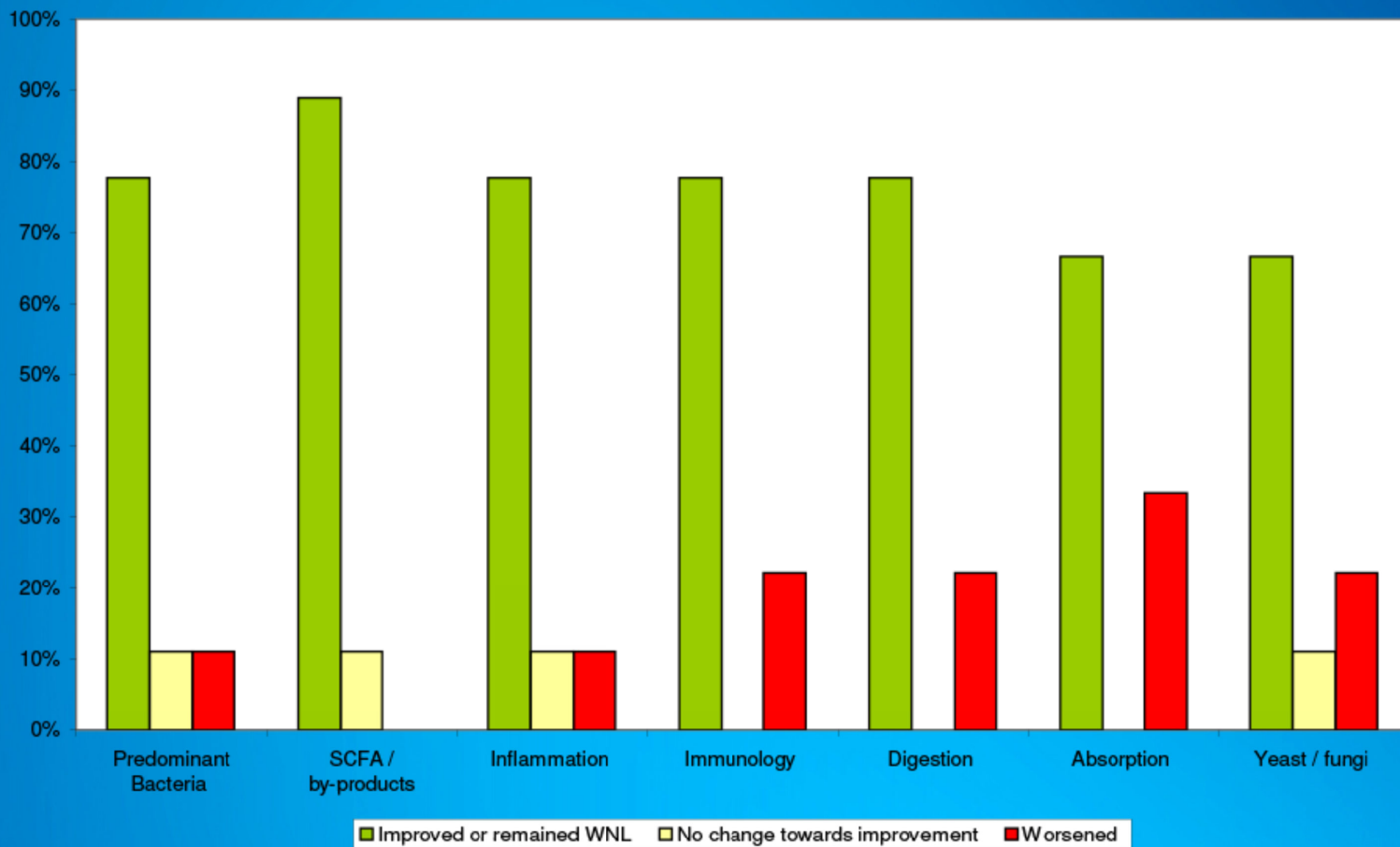


# Cyrex® Antigen Test

		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.



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# 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.*



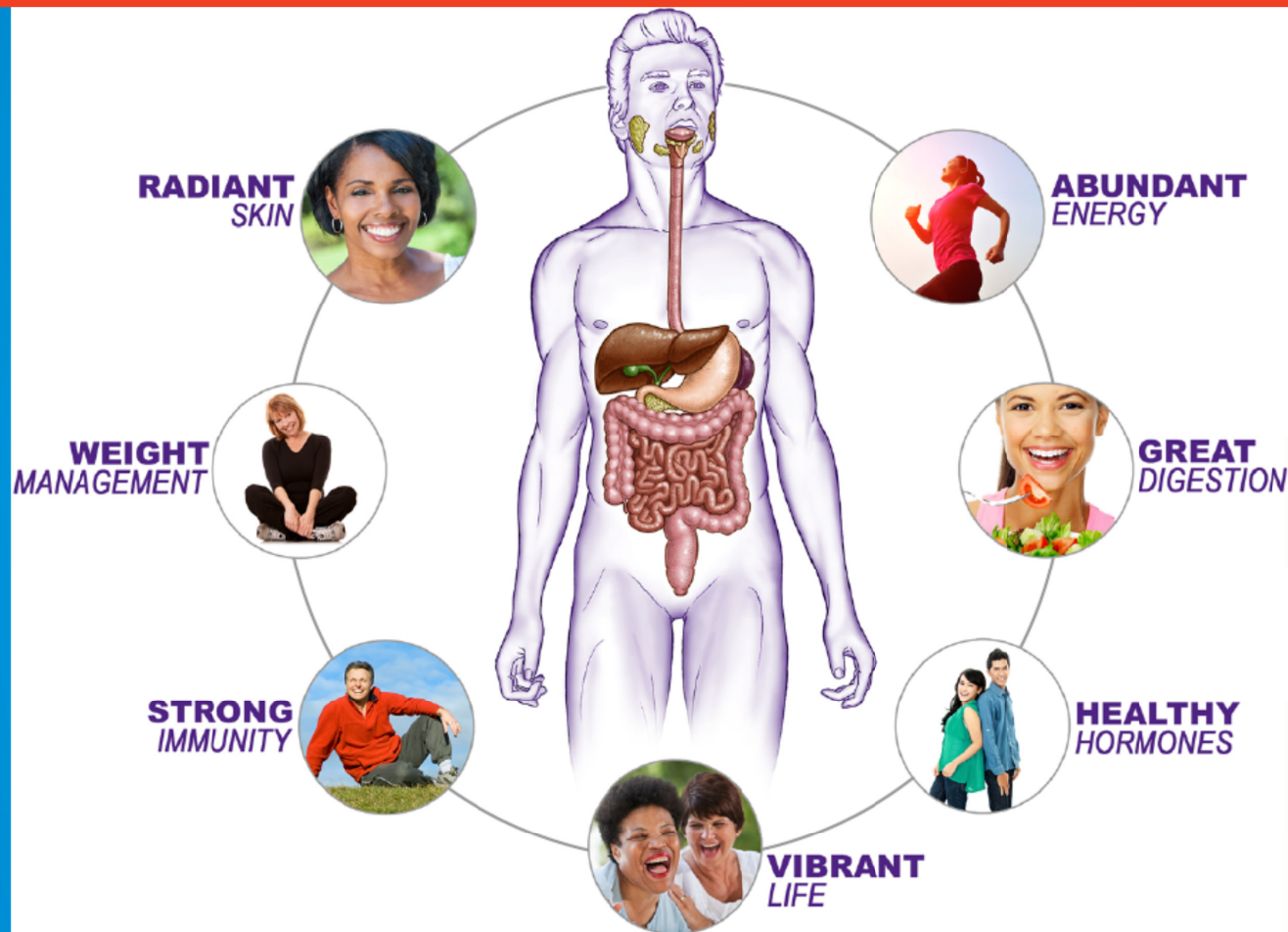
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# What You Can Expect



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



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# 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?

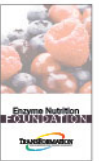
☒ (1 box checked)

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.



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# 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.



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# 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  
Crave sweets during  
Eating sweets does not  
Must have sweets after  
If meals are missed feel  
Slow starter in the mo  
Depend on coffee to k  
Poor memory, forgetfu  
Cannot fall asleep, ins  
Cannot stay asleep  
Wake up tired even af  
Require excessive am  
Crave salt  
Dizziness when stand  
Headaches  
Migraines  
Excessive perspiration  
General fatigue, tired,  
Fatigue after meals  
Afternoon fatigue  
Feel cold - hands, feet  
Depression, lack of m  
Heart palpitations, incr  
Nervousness or anxi  
Night sweats  
Difficulty gaining weig  
Difficulty losing weight  
Diminished sex drive  
Increased sex drive

Urination difficulty or dribbling  
Pain inside of legs or heels  
Leg nervousness at night, restless leg  
Inability to concentrate or stay focused  
Muscle soreness, stiffness, achy joints  
Decrease in physical stamina  
Increase in fat distribution around abdomen and hips

**For Women:**  
Menstrual disorders or lack of menstruation  
Are you experiencing menopause  
Extended menstrual cycle (greater than 32 days)  
Shortened menses (less than every 24 days)  
Pain and cramping during periods  
Scanty blood flow  
Heavy blood flow  
Breast pain and swelling during menses  
Irritable and depressed during menses  
Acne breakouts  
Facial hair growth  
How many years have you been post-menopausal?  
Do you ever have uterine bleeding since menopause?

**For Men:**  
Painful intercourse  
Increased vaginal pain, dryness, or itching  
Decrease in spontaneous morning erections  
Decrease in fullness of erections

**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: \_\_\_\_\_

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: 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: \_\_\_\_\_

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3. _____	Thinning of hair on scalp, face, or genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

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**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)? \_\_\_\_\_

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:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

List the three healthiest foods you eat during the average week:

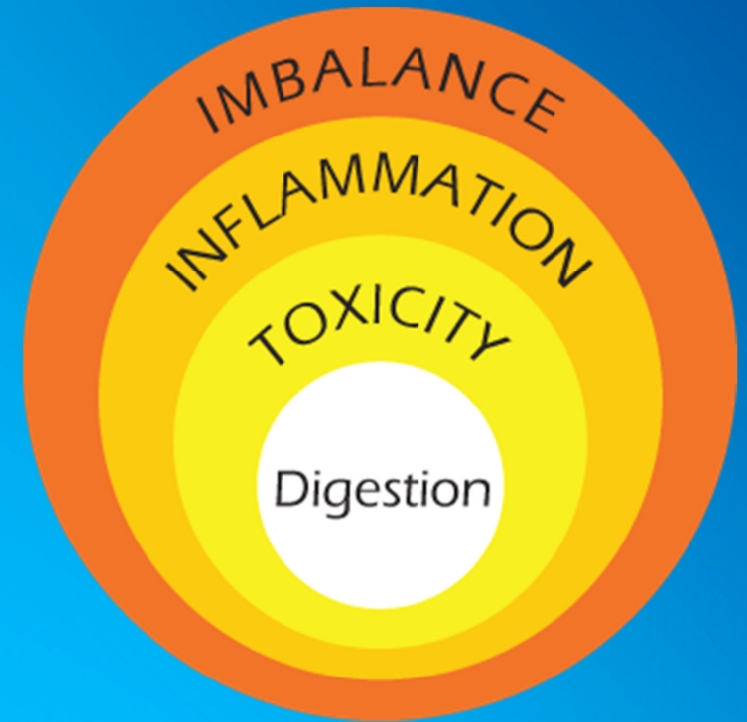
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_





# 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)

(1 = not hungry, 5 = very hungry)

**Breakfast** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 3 DigestZyme + 1 PureZyme  
☐ 3 GastroZyme  
 How do you feel? 😊😊😊😊😊

**Lunch** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 3 DigestZyme + 1 PureZyme  
☐ 3 GastroZyme  
 How do you feel? 😊😊😊😊😊

**Snack** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 2 DigestZyme  
 How do you feel? 😊😊😊😊😊

**Dinner** \_\_\_\_\_ Hunger Scale: 1 2 3  
☐ 3 DigestZyme + 1 PureZyme  
☐ 3 GastroZyme  
 How do you feel? 😊😊😊😊😊

**Bedtime** \_\_\_\_\_  
☐ 3 Plantadophilus + 3 PureZyme

Notes/Comments: \_\_\_\_\_

### Food Journal (Day 2)

(1 = not hungry, 5 = very hungry)

**Breakfast** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 3 DigestZyme + 1 PureZyme  
☐ 3 GastroZyme  
 How do you feel? 😊😊😊😊😊

**Lunch** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 3 DigestZyme + 1 PureZyme  
☐ 3 GastroZyme  
 How do you feel? 😊😊😊😊😊

**Snack** \_\_\_\_\_ Hunger Scale: 1 2 3 4 5  
☐ 2 DigestZyme  
 How do you feel? 😊😊😊😊😊

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

## 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.



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# 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.



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# 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?  
\_\_\_\_\_  
\_\_\_\_\_

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

**Have your sleep patterns changed?**  
Are you sleeping more or less than usual?  
\_\_\_\_\_  
\_\_\_\_\_

**How is your energy level during the day?**  
Are you feeling more energized, or are you experiencing fatigue?  
\_\_\_\_\_  
\_\_\_\_\_

**Are you having any difficulty with the diet?**  
Are there any specific challenges you're facing with it?  
\_\_\_\_\_  
\_\_\_\_\_

**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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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# 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.





# 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....



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# 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.



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# 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



# Want to learn more?

- [TECSeminars.com](http://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



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# QUESTIONS?

Thrive<sup>in</sup> 63  
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