Personalized Nutrition: Never Look Back!

Susan Allen-Evenson RDN, CCN
Susan Allen, RDN, LDN, CCN

- Recognized Functional Nutrition expert, considered a pioneer, with over 25 years in practice, over 12 years as a mentor/consultant to students, interns & colleagues
- Lectures nation-wide, has numerous media appearances, and is a published author. Recently invited to be a contributing author to the first college textbook exclusive to the Integrative Medical Nutrition Therapy Process. Invited speaker for the upcoming Integrative Healthcare Symposium (IHS) in NYC, Feb 2018
- Has held appointments on many professional boards including 3-year Chair for Dietitians in Integrative and Functional Medicine-DIFM and the Institute for Functional Medicine’s Nutrition Board.
- About 5 years ago, launched Next Level Functional Nutrition, a successful international initiative, providing valuable online training to healthcare professionals (and students of the health sciences), who want a step into the 21st century where the cutting edge of science, nutrition, and medicine meets to answer public demand for a new medical paradigm!
Objectives

• Describe the basics of Integrative & Functional Medical Nutrition Therapy and it’s importance for a Personalized Nutrition approach

• Define the parameters of the Integrative & Functional Nutrition deeper assessment

• Explore individualized intervention using a systems biology approach to care.
The practice of medicine “that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all (multiple) appropriate therapeutic and lifestyle approaches, healthcare professionals, and disciplines to achieve optimal health and healing.”

Functional Medicine

• The unique genetic makeup of each patient is considered, along with both internal (mind, body, and spirit) and external (physical and social environment) factors that affect total functioning. This approach looks at core imbalances that underlie symptoms and are the root of chronic health conditions.

• Functional medicine focuses on prevention and treatment through nutrition and more...
  – Laboratory testing and other diagnostic techniques
  – Combinations of drugs and/or botanical medicines
  – Exercise
  – Supplements
  – Therapeutic diets
  – Detoxification programs
  – Stress-management techniques
  – Genomics
# How is Functional Medicine Different from Conventional?

<table>
<thead>
<tr>
<th>Conventional Medicine</th>
<th>Functional Medicine</th>
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<tbody>
<tr>
<td>- Disease-Oriented</td>
<td>- Health-Oriented</td>
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<tr>
<td>- Doctor-centered</td>
<td>- Patient-centered</td>
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<tr>
<td>- Everyone is treated the same way</td>
<td>- Biochemical Individuality</td>
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<td>- Most effective in dealing with acute illness</td>
<td>- Most effective in dealing with chronic illness</td>
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<tr>
<td>- Specialized</td>
<td>- Holistic</td>
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<tr>
<td>- Very expensive long term</td>
<td>- Cost effective long term</td>
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<tr>
<td>- Diagnosis is based on symptoms</td>
<td>- Seeks root cause of disease</td>
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<tr>
<td>- Early detection of disease</td>
<td>- Primary prevention of disease</td>
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Institute for Functional Medicine
The Functional Medicine tree
It’s Going Mainstream!

To answer the call of public demand:

• Many hospital-based centers now...even Cleveland clinic and Mayo have Integrative and Functional Med centers!

• In 2003, IFM conference has 300 attendees; This year’s conference brought 1800 – had to close registration!
Nutrition is Key!

• The medical world is finally beginning to adapt to a personalized medicine approach

• The specialty of Functional Medicine is particularly known for its hallmark of getting to the root cause of disease.

• It seems only natural to apply this individualized approach to the study of nutrition, especially since nutritional issues are very often part of the root cause of illness.
Drawbacks To The Conventional Nutrition Approach

• Focus on diets that match the diagnosis
  • Can be one size fits all, cookie cutter
• Calories in/out, all foods fit, everything in moderation
• Uses standard labs
• Assessment /diagnosis can fall short, which can impair effectiveness of treatment
• Patient can be dissatisfied with lack of full results
Functional Nutrition & the IFMNT Nutritionist

• Functional Nutrition looks at the foundational way that food affects your body on the cellular level.
• Uses Nutrition to support down to the very DNA core and understands the relation of nutrition to epigenetics
• An IFMNT nutritionist is one who practices Personalized Nutrition within the concepts of the Functional Medicine model
  – Qualified practitioners include Dietitian/Nutritionists, Doctors of various specialties, and other adequately trained healthcare professionals like Pharmacist's, Chiropractors, Acupuncturists, etc

Published SOP for Integrative/Functional Nutritionist
  – Journal of the American Dietetic Association, June 2011 (p902-913e23)
American Dietetic Association: Standards of Practice and Standards of Professional Performance for Registered Dietitians (Competent, Proficient, and Expert) in Integrative and Functional Medicine

Deborah Ford, MS, RD; Sudha Raj, PhD, RD, CDN; Rita Kashi Batheja, MS, RD, CDN; Ruth DeBusk, PhD, RD, LDN; Dave Grotto, RD, LDN; Diana Noland, MPH, RD; Elizabeth Redmond, PhD, MMSc, RD, LD; Kathie Madonna Swift, MS, RD, LDN

Editor’s note: Figures 1, 2 and 3 that accompany this article are available online at https://jada.jamanetwork.com.

The Dietitians in Integrative and Functional Medicine (DIFM) Dietetic Practice Group (DPG) of the American Dietetic Association (ADA), under the guidance of the

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Address correspondence to: ADA Quality Management Committee, American Dietetic Association, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995. E-mail: quality@eatright.org 0022-8223/$36.00 doi:10.1016/j.jada.2011.04.017

ADA Quality Management Committee and its Scope of Dietetics Practice Framework Sub-Committee, has developed Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians (RDs) in Integrative and Functional Medicine (see the Web site exclusive Figures 1, 2, and 3 at https://jada.jamanetwork.com). These documents build on the ADA Revised 2008 SOP for RDs in Nutrition Care and SOPP for RDs (1). ADA’s Code of Ethics (2) and the 2008 SOP in Nutrition Care and SOPP for RDs are decision tools within the Scope of Dietetics Practice Framework (3) that guide the practice and performance of RDs in all settings. The concept of scope of practice is fluid (4), changing in response to the expansion of knowledge, the health care environment, and technology. An RD’s legal scope of practice is defined by state legislation (eg, state licensure law) and differs from state to state. An RD may determine his or her own individual scope of practice using the Scope of Dietetics Practice Framework, which takes into account federal regulations; state laws; institutional policies and procedures; and individual competence, accountability, and responsibility for his or her own actions.

ADA’s Revised 2008 SOP in Nutrition Care and SOPP reflect the minimum competent level of dietetics practice and professional performance for RDs. These standards serve as blueprints for the development of focus areas SOP and SOPP for RDs in competent, proficient, and expert levels of practice. The SOP in Nutrition Care address the four steps of the Nutrition Care Process (NCP) and activities related to person-centered care (5). They are designed to promote the provision of safe, effective, and efficient food and nutrition services, facilitate evidence-based practice, and serve as a professional evaluation resource. The SOPP are authoritative statements that describe a competent level of behavior in the professional role. Categorized behaviors that correlate with professional performance are divided into six separate standards.

These focus area standards are a guide for self-evaluation and expanding practice; that is, a means of identifying areas for professional develop-

2011 Published SOPs For RDNs
Integrative and Functional Nutrition

• Personal uniqueness of each client
  – Biochemistry, physiologic, metabolic
• Whole personal approach
• Relationship centered
• Makes use of all modalities that are appropriate and useful
  – Diet, dietary supplements/herbs
  – Lifestyle
  – Genomic risk/expression of and intervention for
  – Mind-body
One Condition – Many Imbalances

Inflammation | Hormones | Genetics & Epigenetics | Diet & Exercise | Mood Disorders

Obesity

One Imbalance – Many Conditions

Inflammation

Heart Disease | Depression | Arthritis | Cancer | Diabetes

Figure 12:
Core Clinical Imbalances—Multiple Influences

Fig x. 21st Century Medicine. ©2009 The Institute for Functional Medicine
Personalized Nutrition uses Principles of OrthoMolecular Medicine

• Conceptualized by double-Nobel laureate Linus Pauling.

• Aims to restore the optimum environment of the body by correcting imbalances or deficiencies based on individual biochemistry, using substances natural to the body such as vitamins, minerals, amino acids, trace elements, and fatty acids.
OrthoMolecular Medicine’s Rationale for using Supplements

• Dietary deficiencies
• Absorptions defects
• Enzyme defects
• Effects of disease
• Drug-induced deficiencies
• Genomic polymorphisms
Bruce Ames, PhD  NIH June 2010

“The consequences of moderate shortages of even a single micronutrient, though insufficient to cause overt clinical symptoms will impair functions essential for long-term health.”
Stages of Nutrient Depletion

1. Dietary inadequacy
2. Diminished tissue reserves
3. Decreased body fluid levels
4. Decreased functional levels in tissues
5. Decreased activity of nutrient dependent enzymes
6. Functional changes
7. Clinical symptoms
8. Anatomical Signs
9. DISEASE
All supplements are not created equal!

• IFMNT practitioners use professional products
• Independent studies have shown:
  – Several supplement products contained contaminants such as lead at levels unsafe for children and pregnant women
  – Several did not contain the amount of ingredients listed on the label
  – Many do not have proof of efficacy and safety testing on the actual product

http://www.biomedcentral.com/1741-7015/11/222/abstract
Functional Medicine
Specialty Labs
Organic Acid Testing

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## NutrEval Results Overview

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Borderline</th>
<th>High Need</th>
<th>Supplementation for High Need</th>
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<tr>
<td><strong>Antioxidants</strong></td>
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<td>Vitamin A / Carotenoids</td>
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<td>Vitamin C</td>
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<td>Vitamin E / Tocopherols</td>
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<td>CoQ10</td>
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<td>α-Lipoic Acid</td>
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<td><strong>B-Vitamins</strong></td>
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<td>Thiamin - B1</td>
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<td>Riboflavin - B2</td>
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<td>Niacin - B3</td>
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<td>Pyridoxine - B6</td>
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<td>Biotin - B7</td>
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<td>Folic Acid - B9</td>
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<td>Cobalamin - B12</td>
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<td><strong>Minerals</strong></td>
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<td>Manganese</td>
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<td>Molybdenum</td>
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<td>Zinc</td>
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<td>Magnesium</td>
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Folic Acid - B9 - Dose = 1,200 mcg
### Amino Acid Analysis - 20 Plasma

<table>
<thead>
<tr>
<th>Essential Amino Acids</th>
<th>Results (umol/L)</th>
<th>Percentile Ranking by Quintile</th>
<th>95% Reference Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Arginine</td>
<td>73</td>
<td>59</td>
<td>39 - 115</td>
</tr>
<tr>
<td>2 Histidine</td>
<td>56 L</td>
<td>60</td>
<td>42 - 96</td>
</tr>
<tr>
<td>3 Isoleucine</td>
<td>57</td>
<td>42</td>
<td>31 - 88</td>
</tr>
<tr>
<td>4 Leucine</td>
<td>105</td>
<td>80</td>
<td>60 - 152</td>
</tr>
<tr>
<td>5 Lysine</td>
<td>128 L</td>
<td>130</td>
<td>95 - 216</td>
</tr>
<tr>
<td>6 Methionine</td>
<td>25</td>
<td>17</td>
<td>13 - 28</td>
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<tr>
<td>7 Phenylalanine</td>
<td>49</td>
<td>48</td>
<td>39 - 76</td>
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<tr>
<td>8 Threonine</td>
<td>119</td>
<td>83</td>
<td>57 - 165</td>
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<tr>
<td>9 Tryptophan</td>
<td>64 H</td>
<td>38</td>
<td>26 - 61</td>
</tr>
<tr>
<td>10 Valine</td>
<td>189</td>
<td>159</td>
<td>118 - 295</td>
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</tbody>
</table>
# Fatty Acid Profile

![Image of fatty acid profile chart]

## Polyunsaturated Omega-3
1. Alpha Linolenic (ALA) (18:3n3): 0.36%
2. Eicosapentaenoic (EPA) (20:5n3): 0.90%
3. Docosahexaenoic (DHA) (22:6n3): 0.58%

## Polyunsaturated Omega-6
4. Linoleic (LA) (18:2n6): 10.7%
5. Gamma Linolenic (GLA) (18:3n6): 0.05%
6. Dihomogamma Linolenic (DGLA) (20:3n6): 0.68%
7. Arachidonic (AA) (20:4n6): 3.2%

## Trans
8. Total C:18 Trans Fatty Acids: 0.31%

## Ratios
9. LA/GLA (Desaturation efficiency): 198
10. AA/EPA (Eicosanoid Series 2/3): 3.5
11. EPA/DGLA (Eicosanoid Series 3/1): 1.32

Ranges are for ages 13 and over.

Quintile Ranking:
- 1st
- 2nd
- 3rd
- 4th
- 5th

95% Reference Range:
- 0.10-0.54
- 0.08-1.55
- 0.33-2.51
- 10.3-18.6
- 0.03-0.24
- 0.30-1.08
- 2.2-7.5
- <= 0.69

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Additional Testing...

- Comprehensive Digestive Stool Analysis
- Food Sensitivity testing
- Intracellular Micronutrient Testing
- Hormone metabolites
- Toxic burden
- Genomics
Human Genome Project: Genes, SNPs and Impaired Protein Function

• Genes have plasticity
• Gene expression can be up or down regulated
• Cell replication creates many opportunities for gene errors:
  – Gene sequence varies from its usual pattern = **polymorphism**
  – One nucleotide base pair is substituted for another = **single nucleotide polymorphism (SNP)**
  • can alter function of protein encoded by gene

Slide provided by Joe Veltman, PhD, DCCM, FAAIM https://genomainternational.com/
Genomics

• Modification of DNA can influence biochemical and metabolic pathways
  – Increase a person’s risk of chronic dx as they age

• Single Nucleotide Polymorphisms (SNPs) represent this disease risk

• Environment influences (this can include diet)

• SNPs are inherited or developed over time
  – If major event in someone’s environment, DNA responds
Changes in organisms caused by modification of gene expression rather than alteration of the genetic code itself (e.g. environmental, stress, drugs/pharmaceuticals, diet, endotoxins).

Epigenetics

A DNA molecule that is methylated on both strands on the center cytosine. DNA methylation plays an important role for epigenetic gene regulation in development and cancer. [Details: The picture shows the crystal structure of a short DNA helix with sequence “acgcGgcgcc”, which is methylated on both strands at the center cytosine. The structure was taken from the Protein Data Bank (accession number 329D), rendering was performed with VMD and post-processing was done in Photoshop.] Credit: Christoph Bock/CeMM

Nutritional Genomics, or Nutrigenomics

• The study of how foods affect our genes and how individual genetic differences can affect the way we respond to nutrients (and other naturally occurring compounds) in the foods we eat.

• Allows for personalized medicine and health based upon an understanding of our nutritional needs, nutritional and health status, and our genotype

http://nutrigenomics.ucdavis.edu/?page=information
Common SNPs to Test

• NQ01 – Co Q 10 metabolism, DNA protection, ROS neutralization
• MTHFR – Folate metabolism/detox/DNA repair
• VDR – Vit D receptor
• ApoE – Fat malabsorption
• LEP - Associated with lower leptin levels
• So many more!
Personalized Nutrition
Individualized Support

• Looking at each individual for the genetic potential allows for more specific prevention measures with diet and lifestyle modification

• Look for evidence (Labs/symptoms) Identifying SNP expression. Allows for more specific intervention for:
  – Cardio-metabolic issues (including DM and obesity)
  – Hormone balance (both men and women)
  – Depression, anxiety and addiction
  – Optimal Detoxication
  – Healthy aging and Cancer prevention
  – Nutrient utilization
Integrative Nutrition Assessment
Deeper Assessment

Goal: Understand the whole, big picture (physical (including lab bioarkers), mental, emotional, etc.), not just direct nutrition.

Addresses current/ongoing problems

• Takes history into consideration – takes time to hear the patient’s story – identifies connections and timeline
• Asks what has worked (or not) to help relieve symptoms or correct imbalances
• Connects to bigger picture of whole body health
• Symptoms experienced currently and in last 6 months
• Hallmark questions: When is the last time you felt perfectly well)
Personalized Nutrition Care

The IFMNT Assessment

Broader – takes into account:

• Lifestyle
• Core Imbalances
• Metabolic pathways and networks
• Biomarkers of health and nutritional status
• Systems signs and symptoms
Immune Surveillance & Inflammatory Process

How is your immune system working? Do you experience recurring colds, bloating, rashes, fatigue, allergies, neurological, cognitive or arthritic symptoms? Do you have inflammation or dental issues?
Digestion & Absorption

What is your digestive system like? Do you experience upset stomach, gas, irregular or inconsistent stool, undigested food in stool, symptoms of malnourishment or weight changes?
Structural/Boundary/Membranes

How are your *spinal mechanics* (back pain, injury, tendons, muscles, overall structure compromise) functioning?
Detoxification & Biotransformation

How do you think you *detoxify*? Are you sensitive to strong smells, feel sluggish or ill after a small amount of alcohol, react to MSG or have skin issues? Do you have mercury fillings?
Hormone & Neurotransmitter Regulation

Are your *hormones balanced*? Do you experience mood swings, uneven menstrual cycles or cramping/tenderness, low libido, or skin and hair changes?
Psychological, Spiritual, & Social Issues

• How do you manage stressors (psychological and spiritual equilibrium or short fuse, irritability, trouble sleeping, fatalistic attitude) in your life?
• Do you have a religious/spiritual connection?
• Do you have any social issues that factor in: living alone, estranged from family, outside supporters, etc.?
Medications and Supplements

• Investigate drug nutrient/herb interactions
• Dive deep into supplement detail
  – Ask patient to bring supplements to office (or at least provide detail for virtual visits)
    • Brand
    • Dose details (when, how much)
    • Quality assessment (expiration, odor)
    • Why taking?
Combine all Factors

• For big picture assessment
  – What are factors that lead up to the reason why the patient presents to you?

• To determine the next steps for:
  – Further discovery
  – Meantime intervention
  – Possible referrals
The Functional Nutrition Assessment takes into consideration *predisposing factors, triggers* to symptoms/conditions and *factors which allow perpetuation* of issues. All of these factors make each patient’s case unique.
Functional Nutrition Assessment

Predisposing Factors:

- Congenital factors
- Developmental factors
- Precipitating events before development of chronic illness
  - Ex: childhood infections/antibiotics
Functional Nutrition Assessment

Triggers (provoke illness/symptoms):

• Physical/psychic trauma
• Microbes/infections
• Drugs
• Allergens
• Toxic exposure

(Often discovered on a timeline)
Functional Nutrition Assessment

Perpetuation Factors (produce symptoms or allow symptoms to persist)

- Biochemical (prostanoids and cytokines)
- Core imbalances
- Metabolic pathway insufficiency
- Social (reinforcement for staying ill)
- Psychological (fear)
- Cultural (beliefs about the nature of illness)
- Nutritional deficiency or imbalance
The Patient's Story Retold

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Physiology and Function: Organizing the Patient's Clinical Imbalances</th>
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<tbody>
<tr>
<td>Predisposing Factors - Genetic/Environmental</td>
<td>Assimilation - e.g., Digestion, Absorption, Microbiota/GI, Respiration</td>
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<tr>
<td>Triggering Events - Activators</td>
<td>Defense &amp; Repair - e.g., Immune, Inflammation, Infection/Microbiota</td>
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<tr>
<td>Mediators/Perpetuators - Contributors</td>
<td>Structural Integrity - e.g., from Subcellular Membranes to Musculoskeletal Structure</td>
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<td>Communication - e.g., Endocrine, Neurotransmitters, Immune messengers</td>
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Fundamental Lifestyle Factors

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<tr>
<th>Sleep &amp; Relaxation</th>
<th>Exercise &amp; Movement</th>
<th>Nutrition &amp; Hydration</th>
<th>Stress &amp; Resilience</th>
<th>Relationships &amp; Networks</th>
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</thead>
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Name: ______________________ Date: ________ CC: ______________________
Laboratory Results
Add to Assessment
Functional Medicine Looks at *Optimal Levels vs. Standard Ranges* to Determine Patient Needs

Blood Chemistries allow us to look deeper into solutions to imbalances and the individuality of each patient. Without a chemistry there is no way of truly knowing what challenges our patients face.
This is Why Your Lab Tests are Normal But You Still Feel Sick

In these areas, you will find lab results that doctors call “normal”, but they are still significant! This is where the “functionally ill” fall.
Know Micronutrient Status

• Micronutrient status can affect metabolic function because the body prioritizes available micronutrients for the most important functions.

• Although the effects of this prioritization may be insignificant in the time frame of days or months, over time, may contribute to chronic conditions, antioxidant stress, and premature aging throughout the life cycle.

• Clinicians involved in IFMNT must become well versed in nutritional biochemistry to fully understand these long latency effects.
Integrative Nutrition Overall Goals: Maintain Biochemical Balance, Achieve Optimal Health & Prevent Chronic Disease

Foundations of Optimal Health from a Functional Nutrition Perspective
Foundations of Optimal Health

• Take Control of Your Nutrition by Growing Your Own Food
• Eat High-Quality Protein
• Get Plenty of Healthy Fats in Your Diet
• Move Your Body as Much as Possible Throughout Each Day
• Prioritize Your Emotional Health
Foundations of Optimal Health

• Fine-Tune Your Wake/Sleep Cycle
• Optimize Your Vitamin D Levels (and other nutrients of course)
• Tend to Your Gut
• Drink Pure Water
• Reduce/Eliminate Toxins
What It All Comes Down To....

- “Clean” (unprocessed) and balanced, varied diet
- Nutrient sufficiency (supplements may be necessary)
- Genomic awareness
- Avoidance of toxic burden and detoxification ability
- Gut function and microbiome diversity/heartiness
- Balance within the core centers of health
  - Mitochondrial health, pH balance, anti-inflammatory, etc
- Lifestyle, balance, relationships and stress management
- Emotional stability, inner peace...mind-body (what you think about, you bring about, etc)
Incorporating Functional Nutrition into Mainstream Medicine
Using IFMNT in Practice

- Relationship with MD/ND/Nurse Practitioner is important
  - More comprehensive and responsible pt care ( & shared liability)
  - Lab request fulfillment
  - May not always be the pt’s primary, may need to refer
- Incorporate slowly and allow growth at it’s own pace
  - The more you grow your business, the more your employer may be open to your straying from the conventional norm
- Billing – same codes as always (nothing different for IFMNT)
- Supplements
  - Can you carry in house? Obtain commission (direct or through your employer)?
- Restructure visits (or visit content)
Resources for Business and/or practice

- For RDNs - DIFM, NE, and other AND DPGs for practice specialty networking and educational opportunities
  - Nutrition Entrepreneurs practice group for business tool kit
    - Making Nutrition Your Business Private Practice and Beyond by Faye Berger Mitchell and Ann Silver
  - RDIFM yahoo group for RDs not in AND
  - Other FB/Yahoo groups of interest: Functional Nutrition Labs for Registered Dietitians, Integrative Functional Dietitian Nutritionists, LEAP RDs, Westin A Price (WAPF), IFM member forum, our NLFN member forum (coming soon)
- Nutritional Medicine: Dr Alan GABY book (or e-book)
- Drug interaction websites, supplement research databases
  - Natural Medicine Comprehensive database
- Conferences, seminars, webinars
- Organizations
  - IFM, IAACN, NANP, etc
Cross-Referral Possibilities:

• Primary care docs  
• Massage therapists  
• Mind-body practitioners  
• Mental health practitioners  
• Biological dentists  
• Fitness instructors  
• Other Functional Medicine practitioners  
• Physical Therapists  
And more!
Consider Non-traditional Opportunities

- Hospital based Integrative Medicine centers
- Supplement companies or FM Labs
  - Account rep (sales)
  - Technical assistance or writing
- Grocery or health food store counselor
- On-line counseling (or telehealth)
- Journalism
Do You Want to Practice Using Personalized Nutrition?
IFMNT Specialists Enjoy...

• Having a large % of clients who exceed their health goals
• Helping clients reverse chronic illness after ‘trying everything and seeing everyone else’
• Having clients become raving fans & telling their friends/family about their successes
• Referrals from other practitioners who’ve heard/experienced their success stories
• Increased professional respect and amazing practice and/or career growth! (Comes with increased earning potential)
I Hear All The Time....

• Wow – how come no one else ever told me this?
• You know so much.
• You look so deep. No one ever asked me these kinds of questions before. No one ever connected it like that before.
• I feel so much better than I have in years! I never thought about this way.
• No one ever spent so much time with me.
• You have given me hope!
You Can Have This Too!

• More training needed – Curricula are changing but most of us didn’t learn this in school
• Up to you to get up to speed
• The more comprehensive your training, the more you’ll be able to practice effectively, responsibly and with the utmost confidence!
Why I developed My IFMNT Training Program

• To fill a void
• To share my expertise, success and joy for what I do
• To uplift my profession and spur the paradigm shift this country and the world is now experiencing – the shift to better health, better self-care, and preventative medicine through more natural and comprehensive means
My mission and passion is to see nutrition considered the very cornerstone of health and to have my colleagues experience no less than the level of respect and success they so deserve, yet often struggle to have.

I truly believe IFMNT is the key!

I am proud to be considered one of the pioneers in our global healthcare transformation. Join me on this amazing journey and see for yourself how much more you can grow and make a difference yourself!
Now go shout it to the rooftops...

• *What you do is special (and effective)!*
• *You are awesome – don’t be shy, be sure all know it!*
• *Personalized Nutrition using IFMNT is where it’s at!*

*Let’s get everyone in on this!*
Thank You
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