

**Truehope Nutritional Support Ltd.**

**January 4, 2007 Conference Call**

**Diet & Exercise and the Truehope Program**

**Mr. Dana Stringam:** Good evening, everyone, and welcome to another Truehope conference call. My name is Dana Stringam. I'm here tonight with Anthony Stephan and David Hardy, co-founders of Truehope.

Welcome, gentlemen, to tonight's conference call.

**Mr. Anthony Stephan:** Well, thank you. It's wonderful to be here. And we certainly extend our wishes to everybody, all of our listeners, for a Happy New Year. It's good to be here.

**Mr. Dana Stringam:** Yes, it's a brand new year, Thursday, January the 4<sup>th</sup> and we're excited to be here in 2007. We hope for good things this year for you and for Truehope, as well.

Tonight's conference call topic is going to be "Diet and Exercise." And this is a--it's a huge topic. And one that we think is important to address first, right off the bat in the New Year. Because there are a lot of participants, a lot of people in general, that take it upon themselves as a New Year's resolution to lose some weight or to do some exercising and things like that.

So, we thought it would be a great topic to address that tonight, what kind of impact a diet or exercise program might

have on someone who is a Truehope participant and who is taking EMPOWERplus.

So, before we get into that, I'm just going to welcome those of you who are brand new and listening to our conference call tonight. You'll notice that you're muted and you won't be able to talk to us. So, it's just going to be basically a discussion between myself, David Hardy and Anthony Stephan as we discuss tonight's subject.

The call will last about 30 to 40 minutes. A recording of this call is being made and will be available for download or streaming audio off of our website at [www.mytruehope.net](http://www.mytruehope.net) tomorrow afternoon at the latest. So, you can look for that. If you miss something on tonight's call, you can look for that.

So, let's just get right into the call tonight, gentlemen.

First of all, David, I want to ask you, how do we find out - is there any issue with a diet and exercise program and people taking EMPOWERplus?

**Mr. David Hardy:** Well, let me background that a little bit by a few comments. First of all, let me say that we certainly recognize here at Truehope that diet and exercise is an integral part of everyone's health and wellbeing. Books like The Culprit and the Cure, that were written some time ago, have identified how what we eat and whether or not we exercise can play a significant role in chronic illness, and are probably the cause.

A sedentary lifestyle, a lack of proper diet, is a huge part of the cause of chronic illness. And much of chronic illness can be prevented by proper diet and exercise. So, we certainly recognize that a proper diet and a good exercise program is essential.

But, the interaction between that and psychiatric medications is very interesting. It has an interesting history with us.

As we've started to watch people go on our program and run into problems that were just--they just didn't seem to have a proper explanation, we began to check into what happened or what the cause of this was. Because, it was really curious to us that people would have problems when they've been off of medications for a year or so.

But, one of the things that we noted was that no one who had never--anyone who had never been on medications, whether they've had serious central nervous system disorder difficulties or not and taking the supplement, never experienced any of these strange problems.

And that was the key to understanding, I think, what we currently understand about the interaction between a potential diet and exercise program and, you know, weight loss and that sort of thing. We started looking into this because, as people reported to us these strange side effects--like your wife did.

**Mr. Dana Stringam:** Yes.

**Mr. David Hardy:** Who, years after she was off the medications, had some things that seemed to be medication interactions. And we started to see that repeatedly.

And of course, since that time, many years ago, we've had that confirmed by numerous doctors as well, that they've seen the very same thing. So, it's not anything that is really hitting, it's just that it hasn't been addressed by the literature.

**Mr. Dana Stringam:** Exactly.

**Mr. David Hardy:** So, what we did is we started to look into this and found that, indeed, medications do store in the body for a long period of time. We found studies that show-- that dealt with autopsies on geriatric patients, that showed SSRIs stored in the muscle tissue of these patients and other areas. We found 16 or 18 different studies that show the storage of various psychiatric medications and where in the body they store.

These storage areas appear to be principally in the lung. I guess the body sends these toxins, as it would deem them, because these drugs are not normal to body metabolism, so they're deemed as foreign products and the body would try to get rid of them.

So, they're sent to the lung principally, probably because the lung is high in lysosomal tissue, the little organils [sp] within the cells that deal with toxins.

And they've also, of course, found storage of these medications in various lean body tissue, in the diaphragm, in various body organs besides the lungs; you know, the liver and the kidney and other body organs store these. Certainly muscle, as a lean body tissue, has been found to store a lot of these psychiatric medications.

I suspect that that happens with lean body tissue because all of these psychiatric medications, from what Dr. Charles Popper has indicated to us, attached to protein. And so, these are loosely bound to protein.

In fact, in our bloodstream, these drugs attach to the amino acids in the bloodstream as well. And you have to saturate that attachment in the bloodstream in order to get an effective level of drug. So, it has to override the attachment to the protein, or the building blocks of muscle in the blood.

So, as we've started to look into this and have begun to understand that, indeed, these drugs--and/or their metabolites, that is they could begin to be broken down. And some of the metabolites that could store in the body seem to continue to have psychiatric effect, a psychotropic effect, that is, where

they have an effect on mood and behavior and all of that for many years after.

We started picking up books like Joan Gadsby's Addiction by Prescription. And Tony, what was it that she indicated? That it took her--.

**Mr. Anthony Stephan:** --Approximately 13 years before she obtained total cognitive function again. And actually, she's successful in real estate out in Vancouver right now. She's done very, very well. But, there was a number of years that she could not work. But, she had worked through this addition.

**Mr. David Hardy:** And she had reactions for years, you know, three or four years, serious reactions, to having been on--basically, benzodiazepine because she became addicted to it, as she describes in her book. And we've met with this good lady and talked to her about her experience. And we've met with numerous others as well.

So, our biggest concern, one of the very biggest concerns that we have at Truehope are the interactions, the long-term interaction of these medications. People like Heather Ashton in the UK have recognized, too, the long-term effects of these medications.

But, the literature doesn't really deal with the mechanism properly. It's felt that the use of these medications has left

kind of an imprint on the neurons in the brain and other things and perhaps this is what's coming back.

There has to be, I believe, though, a better explanation to why people receive flashbacks to drugs, whether it be prescription drugs or street drugs.

And I remember in the '60s, when LSD was in such common use, it became common knowledge that you could have flashbacks, it was called, to these medications for years--.

**Mr. Dana Stringam:** --Right. That's right--.

**Mr. David Hardy:** --After you've taken them. And I think that part of the reason for that appears to me to be this drug storage. We looked in the Merck manual. And I think that page has been taken out of the Merck manual today.

**Mr. Anthony Stephan:** It has. And if anyone would like a copy, we can fax them a copy.

**Mr. David Hardy:** But yeah, we find that very interesting. But, there was a section of the Merck manual that deal with drug storage reservoirs. It was very clear that these drugs can store for a long time.

And the more alkaline the drug is, the greater the storage. So, a drug like Ritalin, for instance, is very alkaline. It seems to have a very high storage propensity in the body. And other drugs may not have the same.

Of course, fat storage, any drugs that are fat soluble also store in body fat. So, weight gain in the form of fat storage can also be an area where fat is stored.

But, it's interesting that many of the psychiatric drugs probably store as--or if not more extensively, in muscle than they do in fat.

**Mr. Dana Stringam:** That's interesting.

Well, David, I don't want to alarm our Truehope participants here, but--so are you saying that, pretty much, if you've been on any sort of medication to treat your bipolar depression that, more than likely, you've got some of that stored in your body somewhere?

**Mr. David Hardy:** I believe that's true. I think--and we don't know. We just don't know, Dana. There hasn't--the work has not been done to indicate how long these medications can store and, you know, what will drive them back out of storage area into the bloodstream.

The Merck manual describes how, when you get off of these drugs, that the body, you know, then starts removing the medications and putting it back into the bloodstream.

And it's not just psychiatric drugs. It's others, too. One of the common drugs used to put you out, to put you to sleep, you know, was also talked about in that article. It was-

-I think it's thiopental that was discussed and how it can come back to actually numb your system and put you out after you--.

**Mr. Dana Stringam:** --Wow--.

**Mr. David Hardy:** --You've used it enough. So, that's an interesting phenomenon.

**Mr. Dana Stringam:** Yeah.

**Mr. David Hardy:** But, there definitely needs to be a great deal more information. And of course, since we've been recently tinkering with this, we've had one of our participants, you know, got her blood taken who had been on psychiatric medications for many years, but not in the last five years. She's been completely off of them and recently been experiencing some of what we term as a protracted withdrawal and the effects of these stored medications.

She went to the doctor and had a tox screen done on her blood. And it showed a significant return of the medications and the drugs, street drugs, that she had been on in the past.

So, there was some cocaine present. There was some marijuana. The THC levels were high. And the Paxil that she had been on showed up in her blood at what I calculated to be approximately 25% of the therapeutic level of Paxil. Certainly enough to create an effect.

So, with all of those drugs back in her system, she was having some serious problems.

**Mr. Dana Stringam:** So, we've seen some proof of actual participants, then--.

**Mr. David Hardy:** --Absolutely. And it's not a question of scaring people, as you'd indicated, Dana. And that's the case.

**Mr. Dana Stringam:** Sure.

**Mr. David Hardy:** We've got to be very careful here. But, it's a question of learning how to manage these things. And you know, the old adage, you are what you eat.

**Mr. Dana Stringam:** Right.

**Mr. David Hardy:** I know it sounds kind of strange, but if we've taken 18 years of mediations, we need to understand that our body has been infiltrated with significant amounts of this. And that's certainly a doable situation. But, it's a situation that must be managed. And you have to work with it.

**Mr. Dana Stringam:** Okay. So, let's get right into that, then. Let's talk a little bit about that right now. This is an excellent lead-in to what we want to talk about today.

So, let's pretend that I'm a Truehope participant and I've been off all my medications for a year and I'm stable. I'm feeling really well. But, I'm a little bit overweight and I want to start some dieting and exercising and things like that. What do I have to be worried about? Let's say I've got 50 pounds to lose.

**Mr. David Hardy:** Certainly not an uncommon situation, and one that many of our participants need help with. And you know, certainly, everyone would like to address the overweight situation, right? Because it can have a negative affect on health as well.

**Mr. Anthony Stephan:** Well, and many of the drug monographs, Dana, themselves, indicate that one of the side effects is weight gain.

**Mr. Dana Stringam:** Absolutely. And I'll bet you there's a huge number of our participants that are nodding their heads right now saying, "Yeah. I got way fatter after I started taking--."

**Mr. Anthony Stephan:** --Sure. And you know, this happens.

**Mr. Dana Stringam:** Sure.

**Mr. Anthony Stephan:** So, it's just a question of working your way through it.

**Mr. Dana Stringam:** So for whatever reason, you know, stimulation of increase of appetite or whatever some of these medications cause, you know, a lot of them do cause weight gain.

**Mr. David Hardy:** Yeah. Well, that is certainly something that has been faced by many of our participants. And as we look at the experience, as we've viewed it in thousands and thousands of people, you know, that's what our comments are based on.

And our comments are that, if you need to lose weight and you have been on medications in the past, the likelihood is that you will experience some negative effects from those stored medications, even years after you've been off of them. And look at your wife, who has seen some of those effects--.

**Mr. Dana Stringam:** --Oh, absolutely--.

**Mr. David Hardy:** --Almost 10 years after she had been on any of those drugs.

And it's unfortunate that we don't have--that there's not out in the literature a better handle on some of these things. It just hasn't been studied. I don't know if people avoid it because they're afraid of the truth, or why it is. But, there are no studies that we can find that indicate how long these drugs store and what effect they can have when they come back. But certainly, doctors that we work with are seeing these effects, too.

**Mr. Dana Stringam:** It's easy to identify, wouldn't you say, for a Truehope participant? Like for example, you mentioned my wife. And I think, you know, when she had experienced these--I guess they're called drug flashbacks. Well, that's really what it was, because it was a--suddenly experienced as though she were medicated heavily on Ativan, for example.

**Mr. David Hardy:** Yeah.

**Mr. Dana Stringam:** That was the feeling she got. It wasn't a feeling of withdrawal or anything else. It was a feeling of, oh, man, I'm medicated all of a sudden.

**Mr. David Hardy:** Yeah.

**Mr. Dana Stringam:** So, is that kind of what--? For example, if you took it too far as a Truehope participant and you started dieting and exercising, would that be what you would experience, is some sort of a flashback then, of being heavily medicated?

**Mr. Anthony Stephan:** Well, understand that if these drugs are stored in fat tissue, and as we begin to lose weight, we're sending these medications into the bloodstream.

**Mr. Dana Stringam:** Right.

**Mr. Anthony Stephan:** The residue. And they're going to have an effect upon us. And so, once again, it's a question of managing that appropriately so that you don't have a big influx.

We do find in a number of cases that people will spontaneously begin to lose weight after they're off the medications. And that should be expected.

In fact, there was a study that was just recently published in the New England Journal of Medicine on the atypical antipsychotics, Zyprexa, Abilify, Seroquel, that the standard newer antidepressants, or antipsychotics that are used and being used.

And it was identified in the study that they do affect the glucose metabolism, creating higher blood sugar levels. And so, you would expect that, because of that, insulin levels would be higher as well, which would cause a greater level of fat storage.

And along with that, the drug is going to be stored. So, when they begin to lose weight, they must be conscious of the fact that these drugs, the residual that's left within the cellular mass, is going to expose itself in the blood levels.

**Mr. Dana Stringam:** Okay. So--.

**Mr. David Hardy:** --As fat is metabolized, any associated drug stored in those fat tissues are going to be released as well, and back into the bloodstream. And unless they've been altered to break them down so that they don't have a psychiatric or psychotropic effect, they will have an effect on the nervous system and will create some havoc.

**Mr. Dana Stringam:** So, let's go back to this, then. Let's say once again I've got 50 pounds to lose. Are you saying that, you know, can't I lose this 50 pounds, or what? Like, how am I going to shed some of this extra weight?

**Mr. David Hardy:** Well, what we've seen is that if you aggressively pursue a weight loss program, that the release of these apparent drug storage reservoirs can be really significant in terms of how you're feeling mentally.

So, you have to be really, really careful. Really, really careful to not release so much of this at a time that it puts you in a state of suicidality and all of that. And we've certainly seen that as people have gone on aggressive exercise programs and release a lot of this.

I guess we've come to realize that you don't really want to wake the sleeping giant up too much or it comes back to bite you, right?

**Mr. Dana Stringam:** Yeah. For sure.

**Mr. David Hardy:** The sleeping lion.

So, we've learned to be very conscious about exercise programs. And certainly, I think it's essential to maintain a certain level of exercise to maintain good health, whether you're dealing with drug storage reservoir issues or not.

But, keep up the exercise level you have, but just don't go overboard in an aggressive exercise program to begin to lose weight rapidly. Because, most participants who have done that have lived to regret it. They go through this initiation of release of medications that puts them in a state that's very difficult to live with.

**Mr. Dana Stringam:** So, would it be safer then for me, initially, like for example, just to try and control my caloric intake, let's say. And I'd lose some weight that way rather than pursue an aggressive weight loss--or aggressive exercise

program? Because you're saying, you know, if I'm working on my muscles, my lungs and stuff, that I'm likely going to have more problems.

**Mr. David Hardy:** Well, it doesn't have anything to do--I mean, the weight loss and the drug storage in the fats, it wouldn't matter how you're losing weight, whether you're starving yourself or whether you're exercising, that's still going to be released from fat.

But, we have found that what apparently seems to be stored in muscle is released by exercise.

**Mr. Dana Stringam:** Right.

**Mr. David Hardy:** In other words, these drugs are loosely attached. They're not bonded in separately from muscle tissue. And so, when you begin to exercise muscles extensively and unusually, it tends to stimulate release of these from the loosely-bonded condition that they're bound to muscle.

**Mr. Anthony Stephan:** Even massage therapy--.

**Mr. David Hardy:** --Massage--.

**Mr. Anthony Stephan:** --Has actually been shown to increase the levels, you see?

**Mr. Dana Stringam:** Okay.

**Mr. David Hardy:** I recently talked to an individual who had been on Paxil. And he had initiated some--what was it?

**Mr. Anthony Stephan:** --Massage--.

**Mr. David Hardy:** --Massage. Okay. Okay.

But, he had a vibrator and he was vibrating his muscles. And wow, the CMS symptoms that he was experiencing just got worse and worse and worse.

And finally, he came to me and he said, "I can't do this." And I said, "Well, what are you doing different?" He says, "Well, I've found that it's really relaxing and it really makes my muscles feel good to take this massager that I bought and-- this vibrator, and vibrate those muscles."

Well, I think that vibration stimulated all of this into the bloodstream. So, I said, "Quit that. Just as a single factor, quit that and see what happens."

Well, every day he got better--.

**Mr. Dana Stringam:** --Is that right--?

**Mr. David Hardy:** --Over a period of about two weeks, until it was all back to normal again.

**Mr. Dana Stringam:** Isn't that interesting.

**Mr. Anthony Stephan:** So, the key is probably to go very slowly, then, David. Is that what you're saying? If you're going to do an exercise program, which we should do--.

**Mr. David Hardy:** --Yeah--.

**Mr. Anthony Stephan:** --We should exercise our bodies. Maybe walking might be the best exercise. Certainly, you

wouldn't want to get into a jogging program, where you're jogging 10 kilometers or 6 miles a day.

**Mr. David Hardy:** Or heavy weight lifting or something like that.

**Mr. Anthony Stephan:** You're asking for problems. And the key is to go slowly over a number of years. And these medications, a lot of them will leave the body through what's called direct filtration. It's a liver process. It's a liver cleansing process. So the body looks after--. Slowly but surely, the levels of medications will come down in the body by itself.

**Mr. Dana Stringam:** So, you realize what you're saying here is going to be hard, though, for a lot of our participants to hear.

**Mr. Anthony Stephan:** Oh, yes. We want to lose weight fast, right? We don't want to have--I don't want to have 50 pounds around forever. I want to be able to shed it in a month kind of thing.

**Mr. David Hardy:** There's no question that one of the biggest challenges of people who go on our program and begin to feel good. And you know, they get their life back and they start to feel wonderful. And then, they start running into this drug storage area. It's far and away the biggest problem that we see.

**Mr. Dana Stringam:** Exactly.

**Mr. David Hardy:** If we could find a way to take these medications out of storage areas--.

And you know, some of the doctors we're working with are beginning to investigate this area. I know that one of them has determined that cortisol levels appear to be raised as some of these medications begin to come back. So--.

**Mr. Dana Stringam:** --And what does cortisol do in the body? What's that?

**Mr. David Hardy:** Well, it's a requirement. You can--but it can have an effect on the system and what's going on, for sure.

She's found and is suggesting that phosphatidylserine, which naturally reduces cortisol levels, will actually assist and make people feel better when they're in this mode.

**Mr. Dana Stringam:** Yeah.

**Mr. David Hardy:** We've found that, of course, taking high levels of amino acids into the bloodstream. So, you eat protein isolates, which is almost pure protein, and it will elevate the level of amino acids in your bloodstream. It ties up more of this, because it attaches to the amino acid in the bloodstream and people get a little bit of relief from that very often.

So, that's something that we've tried with some success. There are other areas, other things that we use, you know, to

eliminate the anxiety that's created by this. Because these medications coming back often create akathisia, one of the worst kinds of, you know, this restless anxiousness that is just so, so difficult to live with.

**Mr. Dana Stringam:** Sure.

**Mr. David Hardy:** But, the reduction of cortisol levels is very interesting. And that may be--it's something that we're currently trying. We haven't really tried it on that many people but, for those that have tried it, it appears to be true. That this phosphatidylserine will reduce cortisol levels as you begin to see some of these medications coming back in the system. And it can probably also help to alleviate the initial withdrawal from medications. That would also raise cortisol levels to some degree.

So, that's being investigated scientifically. And you know, hopefully, we'll find other things as creative thinkers who know more than we do about this--.

**Mr. Dana Stringam:** --Right--.

**Mr. David Hardy:** --Start to investigate this.

**Mr. Anthony Stephan:** There's no question of what we can do. It's a big issue, isn't it, David? I mean it's one of the biggest concerns that we have. And so, it's just a question of managing the thing. It's certainly not a hopeless issue. You want to understand that.

And we have seen many--and we need to stress this. That we've literally seen thousands and thousands of people who were on medications live an absolutely normal life. And they come through it, but it's a question of managing it appropriately.

**Mr. Dana Stringam:** And recognizing it, right?

**Mr. Anthony Stephan:** Yeah.

**Mr. Dana Stringam:** If this happens to me, that it's not that the program is not working. It's that there's other factors at play here.

**Mr. Anthony Stephan:** Yeah.

**Mr. David Hardy:** Some of the factors that are indicative of how much of this you'll experience are the length of time that you've been on the medications, the type of medications you've been on. How significantly they store, because there's no question that some store more significantly than others and have a more significant effect when they come back.

**Mr. Dana Stringam:** Sure. That makes sense.

**Mr. David Hardy:** And part of it is whether you're a slow metabolizer or not. Because it's proven--the literature indicates that, if you're a slow metabolizer, that you will accumulate many of these medications at very high levels in the system.

An SSRI, for instance, can accumulate to a dangerously high level in people who are slow metabolizers, even if they take it

just as the doctor prescribes. Because these medications aren't routinely monitored.

So, an unusual situation could see someone who's slow at metabolizing these medications, and slow at getting rid of them in their body, accumulate them so that they see many, many side effects at very high levels, very quickly after being on the drug.

And even a short period of time on the drug could still result in huge storage areas, because they metabolize these things very slowly, and so the body would obviously store them in an extremely high level.

**Mr. Dana Stringam:** Wow.

**Mr. David Hardy:** These are the women that would see, if they've been on these medications when they have a child, a child that would be addicted to an SSRI, for instance. And the child would show at birth an addiction to this medication, just like it would to something that was severely addictive, like cocaine. And the baby would go through floppy baby syndrome kinds of things, the crying, the screaming, go through withdrawal. From an SSRI. And that's recorded.

And there's now a warn--Health Canada has warned about these things. And that probably happens, mostly likely, in a woman who would be a slow metabolizer, who would accumulate a

high amount of these drugs in her system, unable to eliminate them.

**Mr. Dana Stringam:** Okay.

Well, let's try and just recap here, David, for our listeners on exactly--okay. So, from what I've heard tonight, it doesn't seem to matter whether I've been on medications or I'm on medications now, or whatever, I need to start slowly and I need to take things easy if I'm going to start a diet or exercise program. Is that sort of where we're at then? I've just got to take it slowly.

**Mr. Anthony Stephan:** If you've been on very few medications for a very short period of time, then this shouldn't affect you.

**Mr. Dana Stringam:** Okay.

**Mr. Anthony Stephan:** It shouldn't affect you. But, for those people who have been on long-term medications, absolutely. You know, manage it very carefully. Exercise slowly. Don't try and get into major, major fad diets, quick weight loss programs because, if you do, then you're going to experience these medications coming back into your bloodstream.

If you happen to experience it, then understand--and this is why we have to talk this way, very openly, because we're here to help people. But, if you start to experience it, then understand that the program hasn't failed or quit working.

These are the side effects of the medications that you're feeling. It's like an adverse drug event.

**Mr. Dana Stringam:** Right.

**Mr. Anthony Stephan:** Within your own body. So, you know, as long as you understand that, it's about becoming more knowledgeable and understanding and gaining, you know, a power over this issue in that sense because of your knowledge that you have.

**Mr. Dana Stringam:** Okay.

**Mr. David Hardy:** A similar issue that obviously needs to be mentioned in relation to this discussion are the cleanses, the body cleanses that can cleanse the liver and other areas of the body, and that can actually release these drugs from stored areas. There are many kinds of cleansers that are effective that way.

But the problem is, that some of these medications inhibit the body's release of them because they mess up--they inhibit the cytochrome P450 enzyme system, which makes these drugs soluble and allows them to be eliminated from the body.

So, you can initiate the same kind of problem by taking various kinds of herbal cleanses that will have the same effect to eliminate too much of these medications all at once. And your wife experienced this.

**Mr. Dana Stringam:** Yes, that's true. Absolutely.

**Mr. David Hardy:** And people want to get rid of the effects of these residues. But there again, you know, until we find a better way, it doesn't seem to be advisable to try and do that all at once, because there's just too much released and it has too great of an effect, of an adverse effect on the system.

So, it's a real challenge. And even though it's self-limiting in that it will get better and you can normally work through this, sometimes it's difficult. Once this release of medications is stimulated in the body, for whatever reason--and there doesn't always have to be a good reason to eliminate it.

**Mr. Dana Stringam:** Yes. Right.

**Mr. David Hardy:** Sometimes there seems to be some kind of a spontaneous elimination of these drugs that isn't really associated with either a diet or exercise. But, the body just begins to cleanse itself. And as a result, you experience some real challenges, having been on medications for some period of time.

And once again, you know, the people who experience this to the highest degree are normally those who have been on the largest numbers of medications for the longest period of time.

**Mr. Dana Stringam:** Okay.

Well, I want to just quickly address one more thing you talked about earlier, that might be a benefit to somebody who has been on some drugs, is looking to lose some weight. You had

mentioned pro--or sorry, protein isolate or something as being a benefit. Now, can you explain that a little bit more as to how that might work for somebody?

**Mr. David Hardy:** Well, all that you're doing when you take a protein isolate is introduce more protein into your diet. And because protein isolate is almost pure protein. That is, amino acids or fragments of protein or amino acid fragments or whatever, protein fragments. That's what you're eating. And when your body breaks that down, it should be broken down into amino acids and it enters the bloodstream.

So, it elevates the protein level in the blood to eat high levels of these proteins. You're eating two or three scoops of this pure protein. It's like eating, you know, many times that amount of meat, which is, you know, 15 or 20 percent protein. This is the pure stuff. And so, it puts a higher level of amino acids in the bloodstream.

Because the drugs attach loosely and bind loosely to protein and amino acids, that binding effect in the bloodstream, according to the literature, ineffectualizes the drug. It's not able to be released to have the psychiatric effect on the brain or on the nervous system.

So, it binds it and probably carries it out of the body bound to that protein in the digestive process, as far as we know. So, that's a slow way of eliminating the drug.

And it will give you some minor relief, because the levels in the bloodstream have to be above what attaches to the protein in order to have an effect, according to the literature. You know, the drugs companies even indicate that the level of the drug has to raise in the bloodstream high enough to overcome that effect.

So, you're just artificially--not artificially.

**Mr. Dana Stringam:** Right

**Mr. David Hardy:** But you're raising the level of amino acid in the blood. The drugs are attaching to those amino acids. And it gives you some relief from the psychiatric effect of that drug being present again in the bloodstream. That's at least a probably oversimplified explanation of what is happening. But, we have found that that is helpful in many cases.

And this--taking phosphatidylserine might very well be effective as well. It might have as much of a relieving effect as anything. Sometime--we found that oxygen levels, taking aerobic oxygen or something in the form of drops that elevate that can sometimes be helpful. But, we haven't found anything that can eliminate that effect altogether.

**Mr. Dana Stringam:** Okay.

So, the main thing that I guess is sort of an overstatement here is to be wise, to be prudent when you are starting a diet

or exercise program. There are a couple things that could help manage it, like the protein isolate. But that really, the key is to just take it slowly.

And I know that's hard for a lot of people to hear, because we want things to happen now kind of thing. But, that's really the key, isn't it?

**Mr. Anthony Stephan:** Keep up whatever exercise level that you're at. If your body is used to it, you're not likely to stimulate. So for sure, keep up the level of exercise that you have, and increase that very, very slowly.

**Mr. Dana Stringam:** And the same thing goes for the weight loss. You know, the one to two pounds a week kind of thing, where maybe it would be maximum if you're looking at, you know, if you're stepping on the scale kind of a thing then. Probably, right? Something like that?

**Mr. Anthony Stephan:** Yeah.

**Mr. Dana Stringam:** If you're trying to gauge, you know, what's appropriate and how fast, wouldn't that be a good answer?

**Mr. David Hardy:** Yeah. I don't think you want to precipitate, you know, half a pound a day of weight loss--.

**Mr. Dana Stringam:** --Yeah. Exactly--.

**Mr. David Hardy:** --Or a pound a day weight loss. You're just asking to raise that sleeping giant that's present.

And once again, if you've never been on psychiatric medications, I mean, the ideal in this program would be to get people who experience these issues even slightly on the supplement before they ever, ever experience medication.

**Mr. Dana Stringam:** Right.

**Mr. David Hardy:** And it's never an issue. We haven't seen any of this.

So, you know, initially we were concerned that there was something about this combination of cofactors that was causing this all by itself. And that's absolutely not the case, because in not a single case of people who have been free of medications has any of this ever been seen. Not even an indication of it.

So, the nutritional cofactors that are--that make up the basis of every enzyme in the body, and that we've shown can maximize and optimize nerves in your brain, help offset some of the nerve cell death that's associated with all of these issues, all of that that the supplement can do has never shown any negative affects in that way.

But once again, it's the interaction of the medications coming back. And people have described these things who have never even been on our program, who have been on medications.

**Mr. Dana Stringam:** Sure.

**Mr. David Hardy:** That, when they try to go off of them, and even when they're successful at eliminating them, they experience some of these same things as well.

**Mr. Dana Stringam:** That's true.

**Mr. David Hardy:** So, it doesn't have to be initiated by the supplement. But, I think that the supplement does create a big of a slight cleanse of these medications from the system as well.

And so, that being initiated, in many cases, that's enough of a cleansing program to be [unintelligible]. But, it's relatively slow and usually not too significant, if you don't couple it with extensive exercise and things like we've talked about.

**Mr. Dana Stringam:** Okay.

**Mr. Anthony Stephan:** If people are patient and they persevere, and they do this program with wisdom and prudence, they'll find that it works extremely well. And eventually, you'll gain your health back.

We've had a lot of people who were very concerned that came to us years ago and said, "My life is ruined. My life is absolutely ruined. I've got 15 years worth of medications in my system. I'm ill every day. I don't know how to work my way through this."

And you see them two, three, four years later and they're in wonderful condition. They look better. They look healthier. They have a normal life. They're able to do everything that they want to do. But, you just have to patient with it and work through it.

**Mr. David Hardy:** One last thing that probably we should mention is that a common experience of many of our participants is that they will, after they start the program and after they go through the initial withdrawal of their drugs, many of them can feel wonderful.

**Mr. Dana Stringam:** Right.

**Mr. David Hardy:** Without any seeming interference of these drug stores at all.

**Mr. Dana Stringam:** That's true.

**Mr. David Hardy:** And I believe that that is because the body hasn't really initiated the cleansing, you know, the pushing out of the storage areas these toxins, which it naturally does to purge itself and to cleanse itself, right? So, that's why you can feel so wonderful, and then all of a sudden you start to feel the--.

**Mr. Dana Stringam:** --Yeah--.

**Mr. David Hardy:** --These drug interferences again. And you say, "Oh, gee. You know, the supplement's not working for me anymore. I've got these symptoms now."

**Mr. Dana Stringam:** It could be very discouraging.

**Mr. David Hardy:** It is. It is. It is discouraging to many, many people who try it.

So, when you feel that wonderful feeling of being whole again and without the effects of these medications, remember that. And remember that the cleanse, the cleansing process is self-limiting. So, it gets better and better with time. And as the body gradually eliminates these medications, it usually will get better. It doesn't mean that you can't have pockets of nastiness.

**Mr. Dana Stringam:** Sure. Yes.

**Mr. David Hardy:** Like your wife's experience when she went in and started heavily exercising in a gymnasium and she was back on Halidol.

**Mr. Dana Stringam:** Yes. Absolutely.

**Mr. David Hardy:** Years--.

**Mr. Dana Stringam:** --Back to it.

**Mr. David Hardy:** Seven and a half or eight years after she'd ever been on the drug.

**Mr. Dana Stringam:** It was pretty alarming, actually.

**Mr. David Hardy:** It was very alarming. And so, you want-- you know, we've learned to be careful, right?

**Mr. Dana Stringam:** Absolutely. And again, that's a hard thing, I know, for most of us to accept, that sometimes we have

to take things a little bit slower. But certainly in this case, that would be the wise and prudent thing to do, is just to take it easy and to manage things appropriately.

**Mr. David Hardy:** It's our intention to initiate all the research into this area that we can, because it's something that needs to be brought forward and talked about. People need to know, before they ever go on a medication, that the potential for them to experience problems, even years after they're off of it, is present because of the storage issue.

**Mr. Dana Stringam:** Yes.

**Mr. David Hardy:** And the literature is certainly there that these drugs store. It's just not there as to what happens when it comes out of storage.

We're seeing that. We're monitoring it, we're measuring it. We've been involved with it perhaps more than anyone because, for the most part, people don't come off a psychiatric medication once they start.

**Mr. Dana Stringam:** No, that's right. You're on it for life.

**Mr. David Hardy:** They continue on the medications. And you know, we've heard doctors describe that they think that there's even drug storages coming back of past medications that they've been on, even when you switch from that medication to a new one. You can still get the effects of some of the past

medications coming back as, you know, storage is released into the bloodstream.

So, it's something that happens regardless of the program. But, it's particularly noticeable when you're trying to get yourself well without the effects of the drugs in your system.

**Mr. Dana Stringam:** Right.

Well, we've talked about some wonderful things here today and we've covered a lot of material. And I want to thank you both again for being here tonight. You know, I know you're both busy men, and I always appreciate being able to sit down for a few minutes and discuss some of these things. It's great. And so, I want to thank you for that.

And I want to remind all of our participants that this call has been recorded and will be made available for download or streaming audio off of our website. And you can get that at [mytruehope.net](http://mytruehope.net). Log in with your user name and password and access the conference calls.

So, again, thank you for being here.

**Mr. Anthony Stephan:** Thank you. It's wonderful to be here.

**Mr. Dana Stringam:** I really appreciate your comments.

**Mr. Anthony Stephan:** If anybody has any concerns or questions, they're welcome to call to our center, or pull down a copy of the Nutrient Protocol of EMPowerplus, which is available

in PDF format on the website. Lots of information on the things that we've talked about here today.

**Mr. Dana Stringam:** Right. Okay.

**Mr. Anthony Stephan:** Thank you.

**Mr. Dana Stringam:** And send us an email, feedback@truehope.com. Our next conference call is Thursday, February the 1st. And you can RSVP online as well at mytruehope.net.

And we encourage you to do that. This is a wonderful opportunity to hear, both from Tony and David, the co-founders of the Truehope program.

So, it's been wonderful to have you again here tonight. Thank you.

**Mr. Anthony Stephan:** Thank you.

**Mr. David Hardy:** Thanks again, Dana. And once again, a great New Year to all of our participants out there and everyone.

**Mr. Dana Stringam:** Absolutely. Take care, everyone.

Transcription Services Provided By:

eTranscription Solutions, LLC  
www.etranscriptionsolutions.org  
(740) 385-5994  
FC-TrueHope010507Stringam