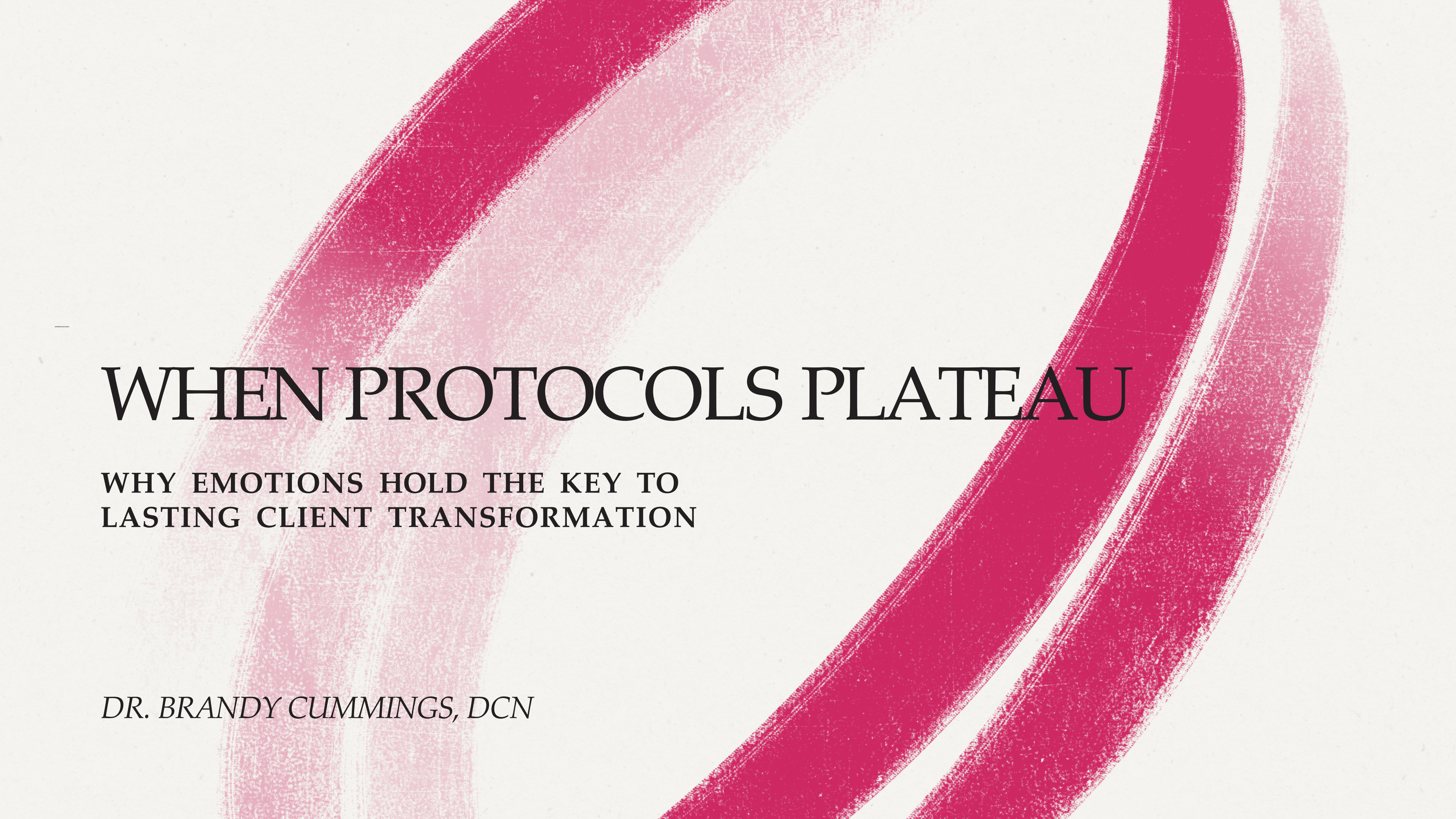




WHEN PROTOCOLS PLATEAU

WHY EMOTIONS HOLD THE KEY TO
LASTING CLIENT TRANSFORMATION

DR. BRANDY CUMMINGS, DCN

**Im a Doctor of Clinical
Nutrition**

And I believe food matters



**Food, Supplements,
Nutrients, Lifestyle**

These matter...



But they aren't
the whole story



**Because if they
were, all our
clients would get
excellent results**







> [Health Psychol.](#) 2011 Jul;30(4):424-9; discussion 430-1. doi: 10.1037/a0023467.

Mind over milkshakes: mindsets, not just nutrients, determine ghrelin response

Alia J Crum ¹, William R Corbin, Kelly D Brownell, Peter Salovey

Affiliations + expand

PMID: 21574706 DOI: [10.1037/a0023467](#) 

Abstract

Objective: To test whether physiological satiation as measured by the gut peptide ghrelin may vary depending on the mindset in which one approaches consumption of food.

Methods: On 2 separate occasions, participants (n = 46) consumed a 380-calorie milkshake under the pretense that it was either a 620-calorie "indulgent" shake or a 140-calorie "sensible" shake. Ghrelin was measured via intravenous blood samples at 3 time points: baseline (20 min), anticipatory (60 min), and postconsumption (90 min). During the first interval (between 20 and 60 min) participants were asked to view and rate the (misleading) label of the shake. During the second interval (between 60 and 90 min) participants were asked to drink and rate the milkshake.

Results: The mindset of indulgence produced a dramatically steeper decline in ghrelin after consuming the shake, whereas the mindset of sensibility produced a relatively flat ghrelin response. Participants' satiety was consistent with what they believed they were consuming rather than the actual nutritional value of what they consumed.

Conclusions: The effect of food consumption on ghrelin may be psychologically mediated, and mindset meaningfully affects physiological responses to food.

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Live Longer, Happier,
and Healthier with
the Groundbreaking
Science of Kindness



THE RABBIT EFFECT

Kelli Harding, MD, MPH



Meditation-induced bloodborne factors as an adjuvant treatment to COVID-19 disease

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PMCID: PMC10432704 PMID: [37600600](#)

Abstract

The COVID-19 pandemic has resulted in significant morbidity and mortality worldwide. Management of the pandemic has relied mainly on SARS-CoV-2 vaccines, while alternative approaches such as meditation, shown to improve immunity, have been largely unexplored. Here, we probe the relationship between meditation and COVID-19 disease and directly test the impact of meditation on the induction of a blood environment that modulates viral infection. We found a significant inverse correlation between length of meditation practice and SARS-CoV-2 infection as well as accelerated resolution of symptomology of those infected. A meditation “dosing” effect was also observed. In cultured human lung cells, blood from experienced meditators induced factors that prevented entry of pseudotyped viruses for SARS-CoV-2 spike protein of both the wild-type Wuhan-1 virus and the Delta variant. We identified and validated SERPINA5, a serine protease inhibitor, as one possible protein factor in the blood of meditators that is necessary and sufficient for limiting pseudovirus entry into



Basic emotions reported by individuals with persistent physical symptoms receiving exposure therapy versus healthy lifestyle promotion in primary care

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PMCID: PMC12920773 PMID: [41702998](#)

Abstract

The importance of fear has been emphasized in research and treatment focusing on persistent physical symptoms (PPS). Recognizing a broader range of emotions may inform theory and personalized care. This study aimed to examine what basic emotions individuals with PPS experience related to their physical symptoms, the correlations between such emotions and overall somatic symptom burden and disability, and whether emotions change with treatment. Analyses drew on data from a randomized controlled trial that compared internet-delivered exposure therapy with healthy lifestyle promotion for patients with PPS (n = 159), supplemented by data from age- and gender-matched healthy volunteers (n = 16). Participants self-reported emotions related to their physical symptoms. Mean differences were evaluated within a linear regression modeling framework. Compared with the health



The dynamic relationship between emotional and physical states: an observational study of personal health records

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PMCID: PMC5308597 PMID: [28223814](#)

Abstract

Objectives

Recently, there has been increasing interest in preventing and managing diseases both inside and outside medical institutions, and these concerns have supported the development of the individual Personal Health Record (PHR). Thus, the current study created a mobile platform called “Mind Mirror” to evaluate psychological and physical conditions and investigated whether PHRs would be a useful tool for assessment of the dynamic relationship between the emotional and physical conditions of an individual.

Methods

Mind Mirror was used to collect 30 days of observational data about emotional valence and the physical states of pain and fatigue from 20 healthy participants, and these data were used to analyze the dynamic relationship between emotional and physical conditions.

Additionally, based on the cross-correlations between these three parameters, a multilevel multivariate regression model (mixed linear model [MLM]) was implemented



	God-view	Life-view	Level	Scale	Emotion	Process	
P O W E R	Self	Is	Enlightenment	700-1000	Ineffable	Pure Consciousness	S T R O N G
	All-Being	Perfect	Peace	600	Bliss	Illumination	
	One	Complete	Joy	540	Serenity	Transfiguration	
	Loving	Benign	Love	500	Reverence	Revelation	
	Wise	Meaningful	Reason	400	Understanding	Abstraction	
	Merciful	Harmonious	Acceptance	350	Forgiveness	Transcendence	
	Inspiring	Hopeful	Willingness	310	Optimism	Intention	
	Enabling	Satisfactory	Neutrality	250	Trust	Release	
F O R C E	Permitting	Feasible	Courage	200	Affirmation	Empowerment	W E A K
	Indifferent	Demanding	Pride	175	Scorn	Inflation	
	Vengeful	Antagonistic	Anger	150	Hate	Aggression	
	Denying	Disappointing	Desire	125	Craving	Enslavement	
	Punitive	Frightening	Fear	100	Anxiety	Withdrawal	
	Disdainful	Tragic	Grief	75	Regret	Despondency	
	Condemning	Hopeless	Apathy	50	Despair	Abdication	
	Vindictive	Evil	Guilt	30	Blame	Destruction	
	Despising	Miserable	Shame	20	Humiliation	Elimination	

David Hawkins - Map of Consciousness



**What emotional state are your
clients in?**

Our Mind



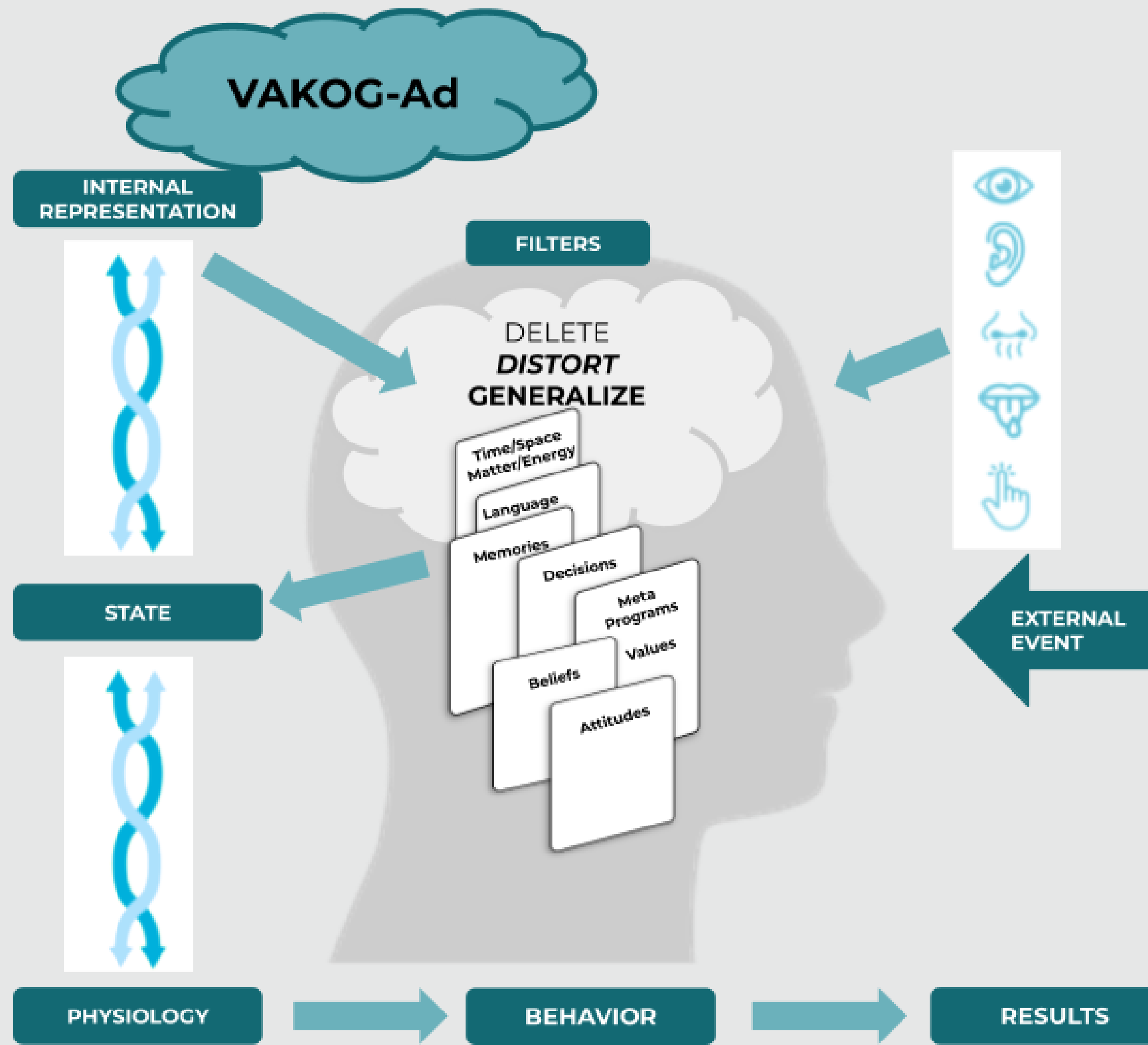
• LOGIC • REASONING • CREATIVITY

Conscious Mind - 5%

ANALYTICAL WEDGE

Unconscious Mind - 95%

- SKILLS
- HABITS
- EMOTIONAL REACTIONS
- BEHAVIORS (Buying Strategies)
- ATTITUDES
- ROUTINE THOUGHTS & FEELINGS
- BELIEFS & VALUES



Your client's biology can't out perform
their identity.

Thoughts create emotions.

Emotions shape hormones,
metabolism, sensitivity, digestion,
neurotransmitters.



Meet Jane.

EoE, “inflammation spirals” that landed her in the ER countless times, sensitive to most foods, chronic pain in her shoulders.



Stagnation breeds disease

In the body, we see stagnation in:

- Digestion
- Bile Flow
- Lymph
- Electron Transport Chain
- Blood
- Fascia
- Energy



C > E

Cause and Effect

**Taking radical self-responsibility for the results in
our life**



What can we do?

#1

Bring awareness to our
language



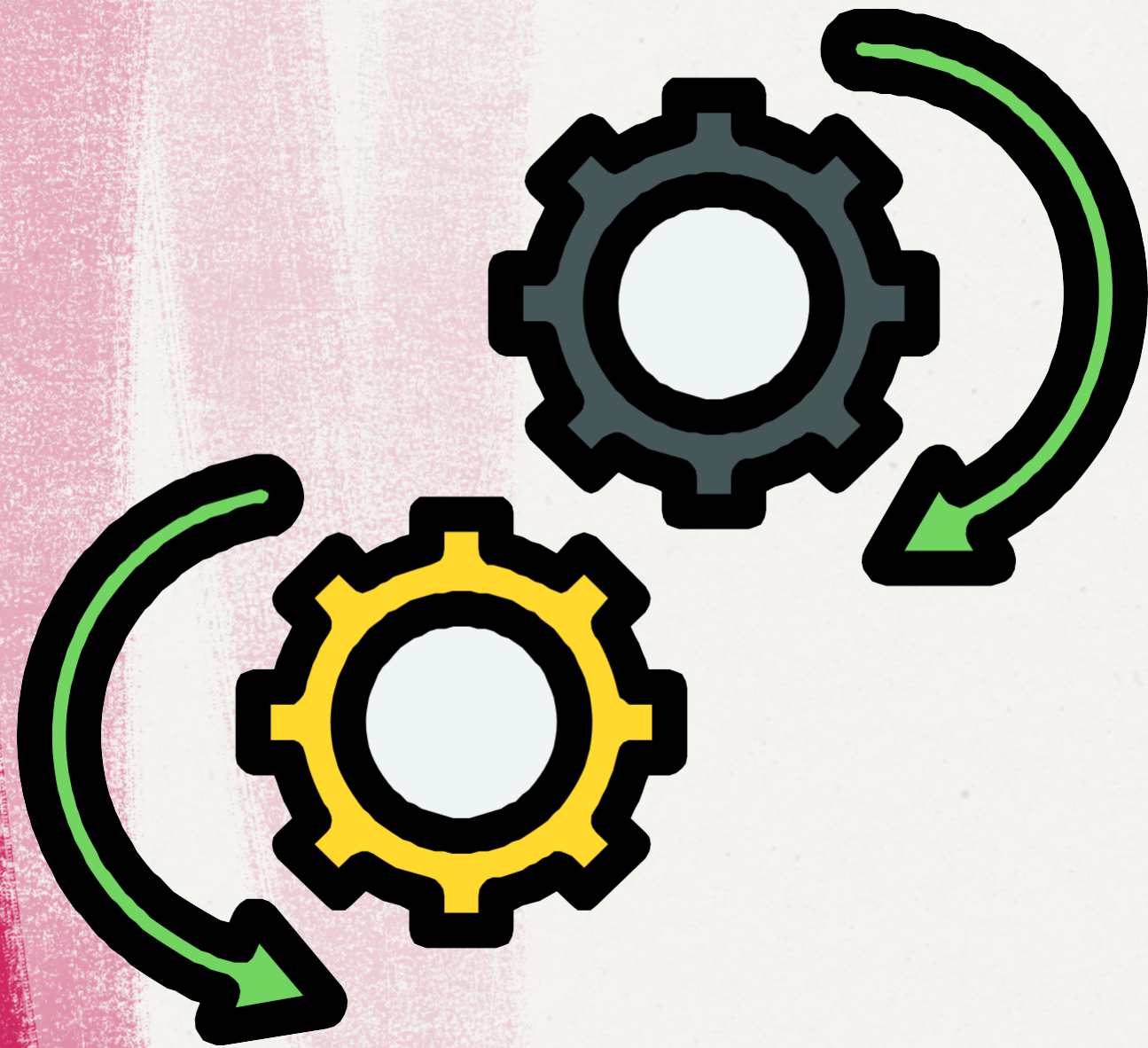
#2 Shift the emotions around food



#3

Step into the reality of
limitless possibilities

What limiting beliefs do you
and your clients have
around capacity to heal?



#4
Where are you and your
clients in effect?



#5
Step into your own
subconscious healing work

Perception is Projection



Don't underestimate how much things can change for the better in just 3-6 months

Stay Connected



@brandycummingsdcn

Practitioner Coherence Session



Discount: NANP26
Expires May 10th

