

TRUEHOPE NUTRITIONAL SUPPORT LTD.

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CONFERENCE CALL WITH TRUEHOPE CO-FOUNDERS

TONY STEPHAN AND DAVID HARDY

Mr. Dana Stringam: Welcome to another Truehope Support Conference Call. It is Thursday, May the 10th and I am here once again with Tony Stephan and David Hardy of Truehope. Welcome again gentlemen.

Mr. Tony Stephan: Good to be here Dana. Thank you very much.

Mr. David Hardy: Thanks Dana. It's good to be here again.

Mr. Dana Stringam: For tonight's conference call we are going to discuss the topic of protracted withdrawal. We are going to get to that in just a minute but I want to explain first of all, for those of you who are new on the conference call tonight, how the format is going to go. We are going to take about 30 minutes or so tonight. The conference call is muted for the rest of you out there. You can only listen to us today you won't be able to ask any questions but hopefully tonight with our discussion we will be able to answer many of the questions you may have regarding protracted withdrawal. We would love to hear your feedback with tonight's call so you can send us an email at feedback@truehope.com or

feel free to give us a call at our toll free number at 1-888-TRUEHOPE. We really want to hear what you think about this conference call and any others you might hear. So getting right on with it then, tonight gentlemen, once again our topic is protracted withdrawal, or as some may call it, post withdrawal syndrome. So first of all David, let's talk about what exactly is protracted withdrawal or post withdrawal syndrome or however you call it.

Mr. David Hardy: Well this phenomenon was not first recognized by us it was recognized by people like Heather Ashton from the United Kingdom, who in 1982 started a program to help people off of medications. She describes how for extended periods of time, years and years in some instances, people would go through withdrawal symptoms. So it is more than just initial withdrawal it is the effects to having been on the drug that are seen for years in many cases, after that initial withdrawal. So the first references to it in the literature, I think, were protracted withdrawal, meaning that it extends out like a protractor over a period of time then perhaps more accurately it is referred to more often now in the literature as post withdrawal syndrome and what is seen are target symptoms. Symptoms caused by medications that they are seen and, this is one of the most difficult things for people on our program to accept and put up with, is the fact that they can get substantially well on our program and then perhaps several years down the road they seem to get a reoccurrence of symptoms or a reoccurrence of some of the negative side effects that they had experienced on medications years ago and they think that their primary symptoms are coming

back. They think the supplement is failing them, that it is not working anymore, so they quit the program or go back on medications or whatever. An understanding of this is critical but there needs to be way more research.

Mr. Tony Stephan: It is probably one of the biggest problems that we face in Truehope is assisting people through this process.

Mr. Dana Stringam: Absolutely without troubles.

Mr. Tony Stephan: To have a person, Dana, that comes to us who has never been on medications and is suffering with bipolar issues, we have found a raving success rate. Where they get better in a matter of 2 to 3 to 5 weeks and they are already telling us about how much more stable they are. Their family members are chiming the same issue but unfortunately, as David has brought up here, with these post withdrawal syndromes that are created by the medications, they create a more difficult terrain that you have to kind of work through. It is certainly possible but it does cause some issues that need to be looked at very difficulty.

Mr. David Hardy: We think that the basis of this, of course, is in the fact that drugs indeed do store in the body and the unfortunate thing is that the literature indicates of course that there is drug storage but it doesn't indicate how long drugs can stay in storage. For instance they have found SSRI's in geriatric patients upon autopsy after they have died. So we know that some of these

hydrofluoric carbons store in the body. That is an absolute fact. They store in different areas of the body. It is sent to the liver in some cases. There have been reports in the literature of it causing fatty liver and eventually sclerosis of the liver. So they store in lungs, they store in lean body tissue, they store in the diaphragm. They store in muscle. And of course sometimes they store in fats. So release of these stored products from the body can be stimulated by exercise or loss of weight or whatever and that is what we have seen. People who has seen these post withdrawal symptoms in the past have described it as the long term effects of the medication on the nerves. The nerves have become potentiated and in some way, you know, that is how flashbacks to LSD were explained away when people had flashbacks years after they had ever used the drug. It is the same issue.

Mr. Tony Stephan: It is well understood as well that the body will do everything that it can do to excrete these chemicals from the system. The drug monographs themselves in many instances show the half life of the product and the reason why there is a half life is because there is an excretion through the kidney system and the urinary tract. But unfortunately in some cases that can be a slow, slow process. This is where David is talking about the protracted withdrawal or the post withdrawal syndrome because those medications are still having an effect prior to their excretion from the system.

Mr. David Hardy: A recent study on Seroquel for instance, the atypical

antipsychotic drug that is on the market indicated that 73% of that drug was excreted through the urine. You can trace that with a reasonable amount of time after taking a single pill, they could find 73% of it or its metabolites. It was heavily metabolized. Another 20% was excreted in feces, 7% was unaccounted for.

Mr. Dana Stringam: That doesn't leave very much. Where are we at?

Mr. David Hardy: So that says that 7% probably remained in the body and potentially goes to storage. The literature also indicated in that same study that 40% in an older person, that 40% less excretion takes place. So that would mean approximately instead of 7% unaccounted for, approximately 11% of the drug unaccounted for in excretion. So it stays in the body and the literature also says of course that the alkaline drugs, like Ritalin for example, which would be a highly alkaline drug, store in the body and concentrations that are thousands of times more concentrated than they are ever in the blood stream. This is talked about in the old Merck Manual where these drug storage reservoirs house these drugs and when they are removed from the blood stream, so when you withdraw initially, what people see is normal wellness and they say, "Wow, this is great. I'm not experiencing anything." Then all of a sudden WHAM the body throws some of these stored products back in the blood stream probably to get rid of them.

Mr. Tony Stephan: Well what happens if you have been on these medications for 10, 15 years, how much have you really stored within your body fabric when

you look at that. What is the effect? Recently in February, 2007, there was a publication that came out in the archives of general psychiatry talking about the atypical antipsychotics, Seroquel, Risperdal and Risperdone, Olanzapine, Zyprexa, these types of medications, and what did they show? Amazingly they showed that between the ages in the age group of 18-49, that strokes were increased were increased by over 239%. This is the effect of having drug storage. You have got a toxic layer of medication or chemical within your body. They have found with coronary artery disease that there was a 288% increase in those individuals who had taken atypical antipsychotics. Unfortunately these products were not effective. Published in the New England Journal of Medicine back in September of 2005 there was a study called "Effectiveness of antipsychotic drugs in patients with chronic Schizophrenia". Here is what the abstract conclusion showed: The majority of the patients in each group discontinued their assigned treatment owing to inefficacy. They weren't working or intolerable side effects. So not only are these medications not working that effectively according to this research, but in addition to that, they are causing post withdrawal syndrome and an increase in heart disease and stroke. So over a period of time we are really toxifying the body. Is there hope for this David? What are we finding in this issue? What is out there that is saying that we can assist people in correcting that?

Mr. Dana Stringam: First of all, I just want to back up for half a second because David, you mentioned before, once somebody takes these, as you say Tony, it

stores in our body. What can suddenly trigger this to come back into the body? Like all of a sudden it seems like some people say, "I didn't do anything and the next thing I know I feel like I am on drugs again."

Mr. David Hardy: And a good question is can that be test for? Well of course as long as the drugs are stored in the lean body tissue, I mean they attach, these things all attach to protein, they loosely bind to protein, every psychiatric drug on the market does. So can these be tested for in the blood stream. Only when the body releases them and the tricky part is that in some certain time periods there is no release of these stored medications so sometimes it takes a trigger like excessive exercise. You are moving the body and somehow the contraction of those muscles is releasing those loosely bonded, either drugs or metabolites of the original drugs. In the case of Seroquel it was showing that what they found being excreted from the body, 99% were actually metabolites. So it is heavily metabolized but the metabolites can still have a psychiatric effect on the system. Whether it is actually the original drug or whether it is something that the body has broken it down to, it still has a psychotropic effect. It doesn't really make any difference.

Mr. Dana Stringam: It is very real. The symptoms are the same.

Mr. David Hardy: The symptoms are the same. You can test it when they release. There is one report, and unfortunately we were never able to get the lab

results from it, or we would be publishing this or tooting a lot more highly, but one patient reported that she went to her doctor because she was experiencing some of this protracted withdrawal or this post withdrawal syndrome years, 5 years after she had been off of street medications and psychiatric medications had been prescribed for her. And what the tox screen found was that there were significant amounts of the drugs back in her system. She had abused Cocaine and they had found cocaine back in her system and this was 5 years after she had used it for the last time. They had found marijuana back in her system, they also found Paxil in her system that she hadn't taken for at least 4 1/2 years. They found it at a level according to her report that was about 1/3 of an actual therapeutic dose, so that is pretty significant back in the blood stream and of course once you are well you don't want the interference of those medications that can throw you off and she wasn't doing well. So people who experience these post withdrawal symptoms, it can be very, very severe and very difficult to go through and of course we have been working feverishly to try to find something that would mitigate the effects of the symptoms of these drugs coming back into the system. The answer to "Can we do anything". Yes, you can avoid and we tell people to avoid cleanses because there are herbal cleanses that we have tried and they are effective. They do release these medications but the problem is they don't get rid of them. They come into the blood stream and they cause incredible symptoms and who knows if they are released from the body or not. Sometimes they may be and sometimes they may just recycle and go back into storage. So we suggest that you just kind of let the sleeping giant lie if you

are not having trouble with it, try not to initiate it by extreme exercise for instance or maybe herbal cleanses or other kinds of things that would tend to pull these things from the bloodstream. They release slowly. There is no question that on the EMPowerplus that there is some pull on those medications. There is some pull on the body to cleanse itself and to get rid of these toxins. Probably why the body sends a lot of these to the lung in the first place, is because the lung is loaded with lysosomes. Those are the little organelles in the cells that take care of toxins. So the body sends it there hoping to get rid of it and of course the lung is a mucus membrane so you can get rid of some of these things by coughing it up or getting through the membrane lining of the lung. Some of the things that we have found as well that are very valuable is that because these drugs store, or attach rather, to protein, when you put more protein in your bloodstream it tends to tie up some of these medications and/or medication metabolites are coming back in the bloodstream so that they don't have their effect. The only drugs that have an effect on the brain are what actually are not tied or bonded to the protein in the blood. When you take a medication, whatever ties or bonds to the protein or the amino acids in the blood, is not effective and you have to get beyond that in order for it to get in and to have an effect on the brain and on the nerves in the brain. We have been looking for ways to increase that protein in the bloodstream and at first we tried Protein Isolates which are just pretty much pure protein extracted from various sources from either whey or soy and there was definitely a positive effect for most people using that. We have now found that pure form amino acids, especially coupled with branch chain. There are 3 branch chain

amino acids and those seem to be more effective than anything else that we have tried. Truehope is now putting together our own form of branch chain amino acids because when you buy these in the store they are expensive so it looks like we can put these together and offer them to our participants at a discounted price over what you would be able to buy them in the store and almost double the amount for the same price. About half price is what we are looking at and we have got some that we are actually experiencing with right now to check their effectiveness against brands that are on the market. There are some right now that are used in the United States. Twin Labs puts out a product called Amino Fuel. That appears to be very effective. Again it is a branch chain amino acids combined with some other pure form amino acids that seem to be very effective at helping pick up these medications that are being pushed into the bloodstream and calming the system because they don't have the effect. This is another thing that has been found by some of the doctors working with us is that these medications can create raised levels of Cortisol especially when people are on the supplement, not the supplement itself causes that, but for people who have been on the medications Cortisol levels can be raised and so Phosphatidylserine has been found to be very helpful in reducing the Cortisol levels and that helps calm it too. The two in combination, and we are also putting out our own form of Phosphatidylserine, which is kind of expensive over the shelves, so we are offering that at a....

Mr. Dana Stringam: So what is Cortisol, David. Just let me back up a little bit.

Mr. David Hardy: Cortisol is produced by the body. It is absolutely essential for life. It is produced by the pituitary gland but when you have raised levels of it, it creates kind of agitation and symptoms that are not really good.

Mr. Tony Stephan: Would these be the symptoms that are displayed in a withdrawal state? Agitation, restlessness, can't sleep.

Mr. David Hardy: To some degree. But there is obviously more than the Cortisol creating that. It is just that reduced Cortisol levels do seem to kind of calm the agitation that people feel in this state. It seems like the post withdrawal symptom, in some way, induces this raised level of Cortisol and if you can reduce the level of Cortisol, the body is not as anxious about it. It probably is like a form of trauma in some respects and the body is acting like it is traumatic and so you get this anxiety that probably in a state of real trauma would assist you. You would be able to move quickly, it's almost like an adrenaline rush. Those two things that we have found, the Phosphatidylserine and the branch chain amino acids are a lot more effective than anything else that we have tried. So for people going through these symptoms we do have some answers that are better than what we have had in the past. It is still not the total answer for everyone but it helps in almost all cases and in some cases it is very, very dramatic to reduce these symptoms. Some who have been through this in the past unsuccessfully and have gone back on medications, it is almost to the point where they can try again because

these are definitely more effective and we are still looking for other effective means of reducing and quieting those horrible symptoms that come back. Of course post withdrawal symptoms only occur in people who have been on medications and the supplement. There is not a single observation of anyone taking the minerals and vitamins that experience any kind of this post withdrawal symptoms or anything like it. There is nothing that simulates that at all. It is clearly a result of the medications. I think that the work needs to be done to prove that indeed these stored medications do come out of storage and come back to bite people as much as 10 or 15 years after they have been on them. We don't even know if certain people who have been on medications and have had these drugs stored for 10 or 15 years, we don't know if they can ever cleanse their body adequately from all of these drugs that are in there. But what we do know is that as people experience these symptoms, as long as they don't panic and leave off with the supplement and leave the program, if they work their way through these, which are normally quite temporary and that is an important thing to understand. They can extend up to months in some cases but with these new products that we are using, usually it is very easy to deal with and who knows what makes the body push these things back into the bloodstream. The innate intelligence of the body of course is to get rid of toxins in the body and so I think that the body in some cases just spontaneously starts to move them. Some people have experienced this only 4 or 5 years after they have been off of the drugs and they see these things coming back and they say, "Oh, the supplement isn't working anymore." That is not the case at all.

Mr. Tony Stephan: We have as well, hundreds and hundreds of individuals who have been through this process you are describing and have been very, very successful. Who live healthy normal lives now. You are right, it does take a period of time for people to come through this but it is certainly better than what they had before by far.

Mr. Dana Stringam: So there is hope.

Mr. David Hardy: For the most part the body slowly gets rid of this and it gets better and better year by year. But there is the odd case, like I say, where you can induce the significant post withdrawal symptom 4 or 5 years and you haven't experienced that in the intervening years. For whatever reason, either exercise often induces it or sometimes there really isn't a good explanation, but most of the time there is. Most of time it is something different that people are doing that somehow triggers the body to release these.

Mr. Tony Stephan: Your observations are absolutely correct. We have a lady in a country outside of US/Canada who has somewhat struggled, she is better, her depression is better but she has these withdrawal symptoms and went to a doctor recently, had a tox scan and they found that her Cortisol levels were through the roof. The doctor was quite shocked, "Why is that?" Of course he didn't understand that it is created because of the medications. So now she is

doing the Amino Fuel and some of the other things and she is actually starting to find more and more relief on a daily basis.

Mr. Dana Stringam: That is encouraging. I guess the big thing here is it is important for our participants to understand that if they have been on medications, basically what sounds like to me, is any psychotropic medication, that they need to be aware of this issue.

Mr. David Hardy: Absolutely. There is no question and everyone that comes onto our program needs to know right up front that this is something that they could experience for some time. The factors that contribute to it, Dana, I believe are, if you are a slow metabolizer, you store a lot more of the drugs and you are going to see a lot more of the side effects than people who are not slow metabolizers. The literature indicates that that is about 15% of the population, but there is no way of knowing whether you are one of those or not. Unless you have a lot of negative side effects to medications, and unless you have seen them, for instance SSRI's can store in the body to an absolute toxic level in people who are slow metabolizers and unfortunately we don't test for that. Just taking the drug as prescribed you can get to a toxic level that can even be lethal. But that normally doesn't happen. But it can happen. Another thing that can contribute besides the fact that you are a slow metabolizer is the amount of time that you have been on the drugs. Normally people who have been on the drugs for longer and more drugs, of course have more potential to have this severe post withdrawal

syndrome. So people who have been on drugs for 30 years can have the worse problem with withdrawal. Some of the ones, some of the drugs that store at a very high level, we are confident for instance, that Ritalin is a very high storer. Partly because it is an alkaline drug and alkaline drugs are known to store in very high levels in the body. I think that Ritalin stores very readily so people who have been on Ritalin don't get the full effect of our supplement for 2 or 3 years after they have been off of it because of this. So it takes time and the longer they are off of it the better response they will have to the supplement. All of those are factors. What can you do to prevent post withdrawal syndrome? Never take a drug.

Mr. Dana Stringam: That's what it really boils down to, isn't it? But I guess if you get nothing else out of this call tonight for are participants, is that there is hope if you are going through this. We do have some things that can assist but if you push through it and in most cases, many, many cases, people are able to function much better and have a normal, healthy life.

Mr. Tony Stephan: Absolutely,

Mr. David Hardy: Without a doubt. Everyone should be encouraged by this but the biggest thing that we want to try to avoid is people becoming discouraged after they have had a very positive response to the supplement by the fact that they go through this. They don't understand what it is. They think it is symptoms

coming back. Their doctor says, "See I told you this wouldn't work."

Mr. Tony Stephan: And yet many of have not had anxiety before and now they have it. Which is part of the withdrawal state. You have to look at it very carefully.

Mr. Dana Stringam: The more you understand, the better you are able to push through it and work through the problem.

Mr. David Hardy: And we are trying to stimulate interest in many of the research doctors that we work with to address this very issue and to have it investigated because it needs to be investigated. It has been something that has just been kind of swept under the carpet and left alone and like I say, there isn't a doctor out there. If you go to your doctor and you say, "Doc, tell me if these drugs store." And he will say, "Well I understand how they metabolize so no they don't store. Withdrawal is only for a certain short period." Well that is not what is being seen.

Mr. Dana Stringam: More and more that is not what is being seen.

Mr. David Hardy: It is not what is being reported at all. This post withdrawal syndrome is very real and the other thing that he can't tell you is what happens to the drugs that store in the body, nobody knows. The work has not been done so we need to prove that indeed that this can be measured back in the bloodstream

as we have seen in a few cases. We need to prove that there is a problem there and as there is more people who address it, perhaps they will find better answers than we have been able to find in the short term that we have been frantically looking.

Mr. Tony Stephan: It is well understood in science that these are non water soluble agents. They don't break down. In fact they've actually found ocean waters with testing sample of SSRI within the water. Because it doesn't break down. If you were to take a benzodiazepine and put it into a little pot and crush it up and boil it. You can boil that thing for a long, long, long time and you will still see the agent there. It doesn't dissolve.

Mr. Dana Stringam: Very powerful substances, there is no question about that. Well, I want to thank both of you for being here tonight. We have had a wonderful discussion. Once again I have learned a whole lot of stuff and I am sure that our participants have as well. This issue is so important. It is the second time we have discussed it on the conference call and I think that it will be worth it again to discuss it again in the future because it is such a powerful issue for many participants.

Mr. David Hardy: We are excited to night to announce that we are making available to people who are on our program, the Phosphatidylserine and the branch chain amino acids that are the most effective agents that we have seen.

So we have worked very quickly to try and make those available and we don't have them yet available but very, very shortly. Both of those products will be sold by us at a price better than you can get at other places.

Mr. Dana Stringam: That is really good news and I'm sure many of our participants listening tonight are excited to hear that. Once again I want to thank you both of you for being here. I look forward to our next conference call which is by the way, Thursday, June 7, once again at 7pm Mountain Time. Again I encourage you if you have questions or any comments about tonight's conference call that you send us an email to feedback@truehope.com or give us a call at 1-888-TRUEHOPE.