A Chinese Medicine Perspective on Menopause, Mobility, and Longevity Transcript

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Opening Story: Bone Health and Chinese Medicine

I remember many years ago, it was probably 20 years, a woman came in, she was in her seventies and she brought in Dexa, showing that she had osteo and I kind of went through my little talk and looked at me and said, young man, I don't think you're listening to me.

It's like, whoa, okay. I want my bones back. So I said, okay, right? And so a classic in Chinese medicine dietary stuff is pork spine, which the bones in the spine are very easy to leach the calcium out of.

And the pork's spine itself is very rich in a lot of other things. Now it's hard to find. here in my city because I had so many patients that were getting it, there isn't any left, right?

But I was having them do pork spine and I having him do an egg shell calcium and then I would recommend that they do Tai Chi, which is the single best form of exercise that I've found for hip mass.

Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's HealthSpan Voices podcast, I'll guide you through the health challenges of the menoppausal years and beyond, guiding the way to thriving in this powerful era of your womanhood.

Hello and welcome to Women's HealthSpan Voices. We have a very special voice with us today. That voice is the voice of Dr. John Needers, who is a Chinese medicine practitioner, a doctor of, I think it's still called Oriental Medicine.

It is still call that, yes. Correct me on that. The newer programs have different name, but that's the one that I had. Okay, excellent. And so Dr.

Introducing Dr. John Needers

Needers has a little bit of a different, certainly a very different experience in training than as a physician that I have and a difference approach to taking care of people, women in particular.

So I'm delighted to have you with us today. Thank you. And Dr. John and I had an interview recently on his podcast, and now let him tell us a little bit more about that, but it was great fun.

So I'm really looking forward to this. Just before we got on recording here, we talked about the Chinese view of menopause, And I'll let you take it from there, Dr John.

That's a great place to start. First, I want to say that since we have published the interview that we did with you, people love it. They just love. So I hope all of your people that you talk to tune in and listen to it because it was really, really awesome.

Thank you. I've taught gynecology in Chinese medical schools for decades, actually. And it's actually my favorite thing. My doctorate is in gynaecological endocrinology.

So I just love that. One of the things that I was struck with very, very early on in my training was when one of my teachers said the second spring and it's like, and there are all these terms that you go, what does that mean?

You know, What does mean, right? And the thing with Chinese writing in general, but particularly the medicine, you were considered, You were not considered a good writer unless.

The phrasing you used had both a very solid meaning and also an esoteric meaning at the same time. So you've got to kind of sort through things at first.

There were many things that I heard in school that they didn't really understand the meaning of for a decade or so afterwards. And one of those was the second spring.

That's the term that in Chinese medicine they use for menopause. In fact, when Mao came into power, Western medicine had pretty much replaced traditional Chinese medicine.

There was a fellow that came to the US, a very famous doctor, and he went back and said, you know, we need to become more modern. And they actually closed down a lot of the acupuncture and herbal medicine schools.

Mao said we have to get them open again for practical reasons. We cannot afford Western medical drugs and pharmacy, right? Neither can we here in the West, it turns out.

And so I have a book called The Barefoot Doctor's Manual and so what they did is they trained a lot of these acupuncturists, but they didn't get a lotta training.

They got basic herbal training, basic pharmacological training how to use antibiotics, et cetera, and then acupuncture and they sent thousands of them out in countryside to help people.

And so it was a very interesting approach, but then they reopened the acupuncture colleges and built a lot of newer ones. And each of the major schools was tasked with the job of writing a textbook in their specialty.

Menopause as the 'Second Spring'

In China, most of hospitals are specialty hospitals, so like in a region, for example. One person that I studied neurological problems and stroke with ran the largest stroke hospital in the entire world.

And they saw, and this is a number I had to hear several times before it would sink in, they sought 10 patients a day. They built a special railroad line to drop people at this new hospital.

That's because everybody from that region that had a neurological problem, stroke, et cetera, went to that same hospital, some of the value of that is you see 10,000 patients a day in a hospital, you start to see some very distinctive patterns, right?

Yes, and you get quite good at what you're doing, yeah. Absolutely. And that hospital had the highest recovery rate using the general scale, the Edinburgh Scandinavian scale of any hospital in the entire world.

It was just pure dumb luck that I got to study with this guy. He came over to teach in my doctoral program. I really didn't know much about him. Thank God, I would have been probably scared to death, right?

But I had the good fortune to study with him anyway, back to the second spring. And the idea is that menopause is a time of freedom, absolute freedom.

Right? So in China, women tend to have children at a younger age. They, their diet was significantly better. It's not so significantly, better now, but it has been historically.

They didn't use a lot of pesticides, herbicides, they ate real food, or they didn' have a lotta processed food. So women were very healthy. And by the time they got to menopause, because they had children at a younger age, They did not have the burdens of being mothers, right?

They do not the burden of a monthly menstrual cycle. and in China, The retirement ages are much younger than they are here. I'm 75 and I am still working.

That would never happen in China. If you're in a medical profession, and so in Chinese medicine going all the way back, they determined that women were on what they called seven-year cycles of growth.

And men were on eight. And most of us know that women mature much more quickly than young men. So they looked at those cycles and they said, women need to retire at 55 and men need retire as 60. You've got these women, no children at home, they still have loving relationships but they're not taking care of them.

They've lived a good, healthy life. they haven't been exposed to the number of xenoestrogens Women here have been exposed to, you know, artificially kind of raise their estrogen levels and they're, they are retired.

And you go, I would go out when I was studying there the last time and into the parks on the weekends and you'd see groups of 40 or 50 women doing Tai Chi or.

or line dancing. Line dancing was really big when I was there. And so they're getting that physical activity. They've got these large cohorts of women that they can associate with, to keep their brains young, To keep everything really flowing.

Again, they are doing things like Tai Chi and Qi Gong, which are good for their bones, good to their muscles, Good for the ligaments and tendons, and probably above all good For their brain, you know, have that kind of activity and one of the things that you said when I was interviewing you, that I tell all my patients now, and you'd gone through all the things that felt were important for an aging female population.

And then I said, what's the one thing, the most important thing? And you've said frailty. Don't become frail, right? So that really stuck with me. Not that didn't talk to my patient about that, but now it's become even more important to me, You've got to keep your muscles strong, you've gotta keep moving, You gotta to your brain moving etc.

And so over there, it's a second spring. You're out having the time of your life. Whereas here, unfortunately, we don't have that same relationship. No, no.

For many of us, it's a time of greater isolation, loneliness, physical inactivity, loss of roles, our sense of self.

Aging, Blood Stasis, and Chinese Formulas

So many, many things we lose when we loose that work relationship too. Absolutely. Yeah, it scares me when my patients say, I'm going to retire. And I said, oh, what are you going do when you retire?

And they go, What do you mean I am going retire?. I say no, you don't get to retired unless you're going. You know, and I find this is even harder for men.

They don' see, they don''t form as many. close relationships. And if I'm talking to a guy and he doesn't have a plan, like you're going to work at the railroad museum, I don't care what your plan is, but you need to not become isolated, right?

You've got to have some cohort, some group of people that you actually communicate with. Absolutely, yeah. The other thing we talked about a little bit was the Chinese theory of aging, and I know you covered some of that about the seven-year cycles, but maybe you could tell us a bit more.

Well, I will definitely tell you more and we could do a couple of shows just on this topic. So in Western medicine, when you're looking at cardiology, there's new stuff that comes along, but it hasn't changed all that much in the last 20, 30 years, right?

The ideas are kind of the same. And there's a book by Malcolm Kendrick called The Clot Thickens. And I really like the book because it's kind of swinging around more to Chinese medical ideas of aging and blood stasis, right?

The thickening of blood, the higher the viscosity levels becoming thicker, which takes more energy, more blood

pressure, et cetera, to move the blood.

pump it. I think it was Tom Cowan, I was reading one of his books called Cosmic Heart, and there's things that you know, but then suddenly you go, oh my God, that's so obvious.

And he said, you ask a hydraulic engineer and ask him if this little tiny pump called a heart can by itself move this semi-viscous liquid through 70,000 miles of blood vessels?

And it's like, well, no, of course not. So you need the arteries doing their job, right? It's a symphony of activity to get that blood moving. And the thicker it is, or the more clotted it in some ways, then the harder it it.

The Chinese have been hot on that for at least 1800 years. About 150 years ago, there was a fellow named Wong Ching Ren who really, really dove into it.

And then more recently, There was Dr. Yan Desheen who wrote a book called Aging and Blood Stasis. He points out that the proximate cause of most death is blood stasis, where the blood isn't getting where it needs to go.

I mean, for example, and he points that with diabetes, People don't die directly of high blood sugars. The high-blood sugars cause the blood to get sticky.

And if you see a visual of blood going through the small vessels of the eye, it's not like a torrent. Those red blood cells are going bloop. Bloop! Well, and the red blood cells have to fold up almost like a pizza pie to get through those tiny vessels.

Well if two of them get stuck together, which is what happens with glycosylated hemoglobin, right? That's why we measure hemaglobin A1C to see how much thick sugar coating is on the blood red cells.

Well, they become like candy apples where they get stuck together and they literally can't fit. And that's why you get so much eye disease and blindness.

Why you'd get kidney disease because those vessels are tiny. While you got peripheral vascular disease. So he really goes into depth about and cardiology, right?

The blood can circulate properly through the vessels of the heart. And that's a form, one form of blood stasis. And so that is what we consider the proximate cause of aging and really of most death.

Now, that's fascinating when I have time to talk to a doctor about this. At first, they're kind of, eh, that is weird. But once they start hearing it, in Chinese medicine, there's this concept of guiding herbs.

For example, this wang qing ren came up with a formula called shui fu jiu yu tong, which means basically removing stasis in the mansion of blood, the heart and somewhat the lungs.

And so that was his basic formula. It's an amazing formula, I have so many patients that have had different types of cardiology problems, not rhythm problems but plaque problems things like that or just weakened heart, a lowered ejection fraction.

valvular disease or congestive heart failure. Yeah. Exactly. And this formula is right at the core of the treatment principles for treating that. Well, then if you change just a couple of herbs, you get a formula called gusha juyusan, which is basically moving the blood below the diaphragm.

So we use that for liver problems a lot, the gallbladder problems. Then you change a couple of other herbs and you get a formula called xiaofu jiuyutong.

And that's to treat problems in what the Chinese call the lower jiao. So that is the uterus, the bladder, things like that. Then, you changed a other couple herbs, and I know this sounds kind of strange, but you got something

called shentong juiyotong, which is Basically, getting rid of pain in the body is what the name really probably most closely translates as.

And we use that for spinal stenosis, for example, but also for some pain syndromes. Then change a couple more herbs and you get something called Tongxiao Boshui Tong, which is call it opening the brain, blood invigorating, and we use those for things like concussion.

And so by just changing a couple of herbs, you change the directionality. Now that's not a concept that is really thought of as Western pharmacology. But I'll tell you, I've been doing this a long time and it really works.

It's just, in fact, they tell students, it's like, okay, you've got all these blood moving formulas. If you just remember this one teacher's blood-moving formulas, You pretty well got it handled.

And yeah, so it is such a different world, different concept. Uh-huh. So that theory of aging is what you bring to the consult room or the treatment space with your older patients.

Even my younger patients, because I don't want them to go get that point, right? You want them to be your older patients in 20 years. Yeah. Well, I just had my 75th birthday a couple of weeks ago and one of my patients said, listen to the Toby Keith song.

Don't let the old man in. And that was really like, yeah, don't even go there, right? Keep, keep yourself young. Yes, exactly. That's what this whole podcast is all about.

So maybe shifting gears a little bit, you could tell us the story of your mother and kind of how some of these principles of keeping everything going as well as possible down the road might work for an individual.

Well, and I, again, was really struck by your talk when I was interviewing you about frailty. And it really applied to my mom's. Now, she was an inveterate smoker and that, of course, really contributed to her demise.

But when she, we also talked about the fact that a lot of times older patients, particularly female patients aren't necessarily given the attention that they need.

you know, to deal with their particular problems. And that was exactly the case with my mom. My mom had some emotional problems when she was younger and I guess I was about 25.

Frailty, Retirement, and Staying Connected

She moved in with, my brother and my sister to live with me and she, was taken about 40 pills a day and tons of stuff. Within about a year and a half, we were able to get her down to one pill a day, and that one was absolutely critical, but she felt better than she'd probably felt in her entire life.

And she was active. She was cooking. she loved cooking and so she cooked for us and she would walk down the market rather than driving. It was just a really wonderful time.

Well, a few years later, she moved down, to live with my brother in Santa Cruz. And she was seeing, you know, some doctors down there, but not gerontologists, just, GPs.

And within a few months, they had her back up to about 40 pills a day. One of the problems is they were over treating what they thought was high blood pressure.

So she had a series and I find that with older patients, this is not uncommon. You know they've had high pressure and they're put on medication and don't have high-blood pressure anymore.

They have low blood-pressure and will just pass out. That's what happened to my mom. Fall, yeah. Yeah, a fall. And she fell a couple times, but they still didn't change her medication.

I wasn't close enough to kind of be hands-on to monitor it. She fell and fractured her hip. As you know, that's a great percentage of people, women particularly, who break a hip and never leave the hospital again.

So she was put in assisted living. Now, she had a do not resuscitate message because her ribs were so fragile. She'd stopped being active. she'd stop walking and so she passed away in the assisted living facility.

And really, it was really the frailty of which you speak because she kept getting more and more frail and nobody was doing anything to help her with that.

And the many, many medication situation is very, very prevalent in this country and probably throughout the Western world. And often the symptoms that people have and that kind of general lack of energy is a side effect of one or more of the medications that they are on.

I did a whole podcast recently about too many medications and looking at the list and seeing what could be whittled down. And it's tough because half these medicines are prescribed by a certain, you know, specialty practitioner and a couple maybe by your primary care.

Your primary isn't keen to take away the things that the specialist may have have given you, but that could have been six months or a year ago, you know, so it, it compounds itself and pretty soon the average person over 65 in this country is on five or more medications.

So yeah, always side effects and dizziness and lack blood pressure when you rise is, is the side effect of some of them. Yeah, absolutely. I had a couple patients, a-a couple that I was seeing, and they, one of them said, can I bring my dad in to see you?

He's really, you know, he's having a hard time. He gets really dizzy and just a whole list of problems. And I said yeah, sure. So before I even got here, I reading his medical chart and in the chart, But his last visit, his blood pressure was extremely low.

His systolic was like 75 or 80. It was very low and you know, he came in, I felt his pulses. I could barely detect them. And I said to the daughter, who was with him, I think you should go back to his doctor and point out the fact that his blood pressure was so low.

And that's one of the reasons I, think he's having problems. Well, she did. and the doctor actually got mad. It was a nurse actually that was doing it and said, well, how would you know if his, blood was low?

You had an acupuncturist check it. What do they know? And she said, no, here I've circled where you took his blood pressure the last time he was here.

And sure enough, they took them off as those meds. He was a completely different person. I mean, if you don't get oxygen to your brain, it's hard to think.

Yes. Yeah. And again, in a prior discussion, you've described some folks who come in in their sixties barely able to function and others in there is who I think you described one of your female patients as being a PE teacher who could still probably teach PE.

She's 95 and she runs circles around people. And her brain, you know, physically, that's awesome, but she is sharp, boy. I'll tell you, she's like, She'll look at me like are you sure about that?

You know? And she just like whoa. and I've got another patient that is 99 that still doing well. As you mentioned, I have patients in their 30s and 40s that are actually starting into frailty already when they show up here.

and getting them to move is critical. One of my favorite tools now are the vibrating plates, right?

Preventing Frailty with Movement and Protein

And I had read decades ago when the Russian cosmonauts came back from being weightless. So you'd lose bone mass, you lose muscle mass. And they would put them on a very sophisticated, of course, vibrating plate.

They would recover dramatically faster than our astronauts because they were that plate stimulated. You can't move quickly enough to, you know, to keep it from exercising you, I like to say.

So I'll talk people into doing that. We'll do some dietary changes and then get them moving, right? Walking is great. I also want them to do some weightlifting.

What I find that's just so critical for an aging population is keeping particularly your thighs strong so you can bounce up out of the chair. But again, keeping everything strong.

And I'll do herbs or supplements, et cetera, but of all the things that I recommend, I think what gives them the most value is if they will start doing some, a bit of intense training.

And I tell them, it doesn't have to be a lot, you know, 15, 20 minutes a few times a week is the difference between being in assisted living when you're 80 or being out running around having fun with your kid, your grandkids, right?

And protein too, do you find that an issue? Yes. Yeah. The two things that I really would diet. that I harp on a bit are protein, because I find most people, and particularly older people just don't get enough protein.

And we think of protein as building muscle, which that's handy. But also, we've got all these amino acids that are creating your neurotransmitters and your hormones and things.

So getting enough proteins in people. Doctor, I learned years ago that if I suggest something, sometimes people will do it. So behind me, i have a whole shelf of show and tell, right?

Like some people I will want to do baking soda, for their kidneys, or for GERD or something. I have little jar of baking so that other patients I want do some apple cider vinegar.

so I'll pull these things out. So in the other room, we have a vibrating plate so that people can, this is how it is here. Put your feet on it for a minute, sit down and I'll turn it on and you can see what that feels like.

So I found that the show and tell really, really helps. Maybe shifting gears over to talk about osteoporosis per se, which may not be something that people know that they have even, but many, many of us actually do have either osteopenia, low bone density, or very severe loss of bone-density osteoperosis.

Maybe you could tell us a little bit about how you approach that in your senior female population. Yeah. Like I said, I had my 75th birthday recently, and so my view on things changes subtly over time.

Hopefully it expands. You know, hopefully I get a little bit wiser. So my menu for that has gone up a lot. And so I remember many years ago, it was probably 20. years ago, a woman came in, she was in her seventies, and she brought in here Dexa, showing that she had osteo.

And, you know, I kind of went through my little talk, And she looked at me and said, young man, i don't think you're listening to me. It's like, whoa, okay.

I don' want to stabilize this. Okay then. So I said, okay, right? And so a classic in Chinese medicine, dietary stuff is pork spine, which the bones in the spine are very easy to leach the calcium out of.

And the pork's spine itself is very rich in a lot of other things. Now it's hard to find. here in my city because I had so many patients that were getting it.

There isn't any left, right? But I was having them do pork spine and I having him do an egg shell calcium. And then I would recommend that they do Tai Chi, which is the single best form of exercise that I've found for hip mass.

It doesn't do anything for the spine because you're holding your spine erect. But the angle of the pelvis and the legs puts more stress on the hips if you're doing it properly.

And so it really helps build bone mass in the. But again, not so good for the spine or for. So I said, do Tai Chi one day, Do yoga the next day. and then third day do some weight training and just kind of mix it up like that.

I gave her some herbs and supplements and she came back two years later with her DEXA and She was no longer osteoporotic, right? But she did everything exactly that I suggested that she, I think she was the first person that actually followed my suggestions all the way down the line.

And she doing bone broth, which she would put in ice cubes, trays and freeze them. Then she'd just pull them out like they were bouillon. Well, now I do, for me, the thing that makes the biggest difference, all of those I still recommend, including the vibrating plate.

But the big difference is I'm using a lot more vitamin K. And as you know, vitamin k2 activates matrix GLA protein to pull the calcium out of your soft tissues where you don't want it, like your heart, and it activates osteocalcin to put it in the bones and the teeth where do you want.

And I find that that has been astonishing. So I use vitamin D, I'll give them food for calcium like the bone, spine bone and then vitamin K2. And I was doing it mostly for bone health.

But what I found is I would have patients that had a calcium, coronary calcium score done, and then they would follow this for a year and their coronal calcium scores would go down.

Right? Into a much more, it's like the best of all worlds, right? Yep. Yeah. Taking the bone where you don't want it and moving it to where do you want.

Yes. Exactly.

Treating Osteoporosis with Diet and Supplements

I read a book called, actually, let me, I don' remember the name of it. It's called Vitamin K2 and the Calcium Paradox. And so I tend to mark, you know, pages.

So I put lots of little tabs in there. I thought I knew something about vitamin K2. She totally disabused me of that notion. I probably got 50 markers in here of things I didn't know before I read this book.

And I'll tell you that really turned things around. It was already getting pretty good success, but that made a world, a word of difference. So. Well, that's good to know.

Thank you for that. You're so welcome. And that's one of the reasons I love, I feel so blessed to be living at this moment. I mean, for lots of reasons, but that I get to practice the principles of functional medicine and do some very cool lab tests.

You see things there that are like, oh my God, of course. And then to do Chinese medicine because we see things that Western medicine doesn't see because they're not looking for it.

Right. It's like I did a podcast on bedside diagnosis and the 10 or so things I look at on people's fingers and hands looking at problems with cardiovascular risk.

And so the biggies in Chinese medicine are pulse diagnosis, where we are feeling the radial artery at several different positions, right? Several positions on each arm, and there are 28 pulses, qualities that you can feel.

And you're feeling it superficial, intermediate, at a deeper level. So the matrix is huge of terms of the things that feel in those pulses. For example, I mean really obvious ones.

If a patient doesn't tell me anything and I sit down to take their pulse, i'll know if they have POTS immediately. Pots pulses are so easy to feel. And there are a variety of other things that you can feel, but also tongue diagnosis.

And that was something, I have a textbook, Western Medicine from the 80s, and they were doing a lot of tongue diagnosis, right? The labs that we have now, they didn't have the machines, so they had not become so reliant on technology and were really more dependent on their bedside diagnostics.

And it talks, in there, about a tongue diagnoses, looking at the shape, at color, the coating on the tongue. But the most important piece of that for me are the sublingual veins, the two veins that run up along the underside of the tongue.

And that, you know, my mom used to say, The eyes are windows to the soul, Johnny. To me, those veins are those windows into the cardiovascular system.

You can tell. how sticky people's blood is by looking at those veins. So ideally you don't even want to be able to see them. And sometimes you'll see people, it looks like two big purple earthworms under there.

Those people are at a lot of danger for stroke or heart attack in a very short period of time because their blood isn't moving properly. Back to the stasis diagnosis, the blood stases diagnosis.

Yeah. Absolutely. I've heard eye doctors say similar things about, but they have sophisticated equipment at this point. They're seeing the vascular system at a level that's novel in human medicine.

Yeah, I had a patient a couple days ago talking about her discussion with her eye doctor. where he went into great detail about that and actually gave her some very good ideas about what to do about it in terms of making her blood less sticky.

And he was using. The idea of proteolytic enzymes like natokinase, which you could write a 500-page book on it, but basically the way I look at it it's almost like putting a Teflon coating on your red blood cells so they don't stick together.

And he told her, in her case, to also start using seropeptase. which is just kind of a magical proteolytic enzyme that will break down dead protein like fibrin deposits, but it will not damage living protein.

It's the most amazing substance. it's what silkworms use to burn themselves out of their cocoons. And, you know, we know that silk is much stronger by weight than steel even.

So if the enzyme worked on living tissue, it would kill the caterpillar. living and working on dead tissue, it lets them burn themselves out of the cocoon.

Now, I don't know who in the world thought of applying that to human beings, but it's pretty astonishing. And so the doctor was right on, just absolutely.

Yep. Anything else that you would wish to tell our older female audience? We've talked about activity and a little bit about diet. We talked a bit certainly about protein and anything else you recommend in general that have noticed?

Going back to the diet, protein I think is so critical and most Americans, particularly older Americans don't get enough protein for their weight. but also fiber.

We are a very fiber deficient country. I remember years ago, I don't know if these numbers are still adequate, but at that time, the Chinese population was averaging about 35 grams of fiber a day.

And the average American, now we got to take into account that the great Midwest, they don' t get much fiber, But the averag intake was 10 or 11 grams a da.

That's what I've been seeing as well, even currently. Yeah, okay, good, or bad, sorry. And so, you know, in China, they're having typically three bowel movements a day, two or three, and here I'll have patients come in and I say, do you have a bowel movement every day?

And they go, every, my God, no, once a week. I said, oh my god. Of course, colorectal cancer here is about 10 times higher than it is in Right. And so even in very young people nowadays in their thirties.

Yeah. It's an epidemic now.

Bedside Diagnostics and Blood Flow Markers

Yes. Young people. In fact, I had four young, 40 year old, approximately women come in for treatment. So we get a lot of referrals from major hospitals around here for their patients that are going through chemotherapy.

Because if you do acupuncture while you're getting chemotherapy, It'll almost 100% of the time prevent you from getting neuropathy. And so the hospitals here, like UCSF, major teaching hospitals, have realized that.

So they'll refer patients over here. I got four colorectal female patients around 40 years old in one month. That's just scary and unheard of. Yep. So fiber and protein are the two biggies.

And so I think if you're getting those, the rest of it kind of will, you know, come around. I mean, obviously avoid the worst stuff, cut down on your sugar.

But I find if people get enough protein and fiber, they're not drawn to junk food as much. Right. Now tell people, eat defensively. You like eggs? Take a hard boiled egg with you kind thing.

They've now got keifers that have, I get one that has 30 grams of protein in it, right? And it's quite tasty and it is not that expensive. So yeah, those are really huge.

You know, one thing I just want to say about Chinese medicine in general. So we hear these terms yin and yang, right? And I think they're very much misunderstood.

And, I always use the example of Einstein when he said E equals MC squared, so energy equals mass times the speed of light squared. That's really how we look at it in Chinese Medicine.

There's no absolute yang and there's not absolute yin. It's an interplay between them, right? And so you want the balance there. And the ying is the more substantial, your bones, blood, muscles, and the yang is more energetic piece of it.

But they're always in play with each other, you know, the functional and physiological. And looking at that balance, I think, is a really, really important thing, particularly as we age, because people tend to become more yin deficient, their tissues start to break down, they lose bone mass, but they also become often more yang deficiant, and they just don't want to move.

You know, it's like my older male patients, when their testosterone starts, you know plummeting, It's like when you're 30 and you have a great idea, you go, oh yeah, that's a good idea.

Let's go do it. And when your 60 you'll go. Oh, That's great. I'm too tired. Right. I wonder if anyone else has done this already. Right. Exactly. So, right?

So to us, it's all about balance. And when I hear you speak, that's what I here also, is it is really about balanced. You know, you don't want to over exercise, but you need to move.

It's, all an interplay. Yes, or go crazy with counting grams of protein every, yeah, I was so happy. I found a research article just a couple weeks ago where they compared Mediterranean diet with a FODMAPS diet.

Now, as you know, FODMAPs, nobody can keep that up for very long. You're eliminating pretty much everything that tastes good. And they said that the Mediterranean diet outperformed FodMaps for irritable bowel disease.

I was so happy to see that. Yes, we should just all go on a Mediterranean diet and a little bit more plant protein if you're a vegetarian, a bit less.

Yeah, absolutely. I was doing a program where I watching a couple of neurologists whose specialty is dementia and they said they feel the best food to prevent dementia, and frailty actually, are sardines.

Right? With the bones in and the skin on. And I was so excited. Then I remember my wife will throw me out of the house if I open her can of sardines. Well, you'll have to eat that at the office.

Yeah. I eat it when she's not around and then I carefully bag it up and carry it out to the garbage.

Diet, Fiber, and Getting the Right Support

Another thing I'm hearing that, you know, bears a little bit of attention is that if a woman or a person is not happy with the answers that they're getting from their doc who's so busy oftentimes, that might get a second opinion from a functional medicine practitioner or an acupuncturist such as yourself with a different viewpoint.

If they've hit a brick wall and they can't make it around, Or as a primary practitioner, for that matter. And because of that, that need, in my opinion, I do several 15 minute discovery calls during the week where people don't know where to go.

It's like, do I go to a medical doctor? Do I, you know, Do i go the PT? do i goto an acupuncturist? So I just listened to them for about 15 minutes and give them recommendations.

And it's really been great since I've been doing that, how appreciative people are, and it kind of gets them over that inertia. It's like, no, you don't need to go see an eye doctor, right?

That's not something I can help you with really. Yes, yes. And as you said, we're so lucky to live in the current era where there's so many resource, sometimes too many resources as, you mentioned, what are we really doing here?

But this is a good problem to have. Yeah. One of the things that I remind my patients, because they will get frustrated sometimes with their medical doctors, and I'll say, You know, this one doctor I know in town, he's a really, really good doctor.

I love his recommendations. And he told one of my patients that he has a caseload of 1,500 patients. He pointed out that in Cuba, they have a case load of about 100 patients, so we so overwork our doctors here.

They have limitations. There are people. So if you can avail yourself to other sources, that's awesome. Yes, and there's pretty good data about some, like diabetes being the one that comes immediately to mind, that the more often the person sees their practitioner, the better they do, they fewer complications they have.

But that can be difficult with our insurance system and just the time that it takes and the practitioners may not have that time available for you. I love when patients will, you know, if they had the means to do so, can hire a health coach.

I used to do a lot of more health coaching, but now I just don't have the time, energy to to that as much. And so if they hire, I find that my patients that will work with a health coach, their health is dramatically better.

Cause you know, we all do better if we have someone else to hold us accountable. Yep. Or for some people, their smartphone or their watch, you know, whether it's their glucose or activity or heart rate, so we have a lot of tools out there now.

So thank you. This has been really fun. I've really, really enjoyed it. Thank you so much. And as always, our goal here is to have of everyone who's listening to this, but certainly our senior women population explore ways to have the longest, healthiest lifespan that you can.

And thank you, Dr. John, for your contribution to us learning more about that today. So thank everybody. Thank you so much for having me on. I just really enjoy speaking with you.

Oh, one more thing. What is the name of your podcast? So people can… The best one is probably thebalancingpoint.net, the balancingpoint.net. And we're on all the, you know, Spotify, I mean, all those other sites.

The usual suspects. Yeah. Exactly. Right. Thank you so much. Take good care. Okay. Thanks for listening to the Women's Health Span Voices podcast. If today's episode spoke to you, follow the show and share it with a friend ready to take charge of her health and please leave a review.

It helps more women find us.