Opening on Treating the Patient, Not the Numbers

If you are treating a patient just based on what those lab data are saying and you're just not even listening to the patient at that point because they're telling you that they can't sleep, they can't focus, they have low libido, they have no joint pain, they have chronic pain, they're telling you what's wrong and you're again close up to this is just it.

I think a lot of it is trying to get them to understand that we are treating the patient. The patient's numbers, and I think it goes back to customization too, because the number is not going to be the same happy number as Mr.

or my best friend. Everyone's going to be different on the way they metabolize and hormone metabolism and nutrient metabolism. All of that is such a big piece of the puzzle.

And so until we understand that you're treating the patient and how they're feeling, and we have a lot of different tools for that, we do really something super simple, symptom checklist.

So we have to fill out a symptom checklist. It goes into all deficiencies, nutritional, thyroid, hormone, everything. That gives us a good baseline of what they're dealing with before they start treatment.

We start them on treatment and then we have them complete another symptom checklist so that we can compare and contrast and see, okay, what are those things that are still outliers where we may need to add in some heavy metal testing or maybe we need to get a bigger, deeper dive into some of those things as to why the symptoms didn't resolve.

But little things like that, I feel, play a big role in understanding that just because we're in these normal, normal levels, your patient is still feeling bad.

So obviously that's not working. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. All right, welcome to the Lifestyle Medicine Podcast.

I'm Dr. Ivan Rosilko, and we are brought to you by Access Medical Labs. If your doctor is not testing labs, he's not a doctor. And today we have the person who helps your doctor become the true awesome doctor that they are.

We have Jordan Rodriguez. She is the district sales leader for Avexious Health Solutions, phenomenal company. They take traditional doctors and transform them into precision-based wellness practitioners, which is what I love.

Introducing the Guest and the Precision Medicine Mission

I think we need more of her. If I could duplicate her in a second, I would. So no, it's great. It's an absolute honor to have her with us. We're gonna hear about everything, the pitfalls, the hardships, and all the kinds of exciting things that come in the actual future of basically precision-based medicine.

So it's an honor to have you here, darling. It's very, very cool. So let's just get into it. How's that sound? I'm so excited. Thank you so much for having me.

I appreciate it. Oh, cool. Cool. It's, it's an honor to have you here because again, I think you have one of the hardest jobs. Uh, you're, you're, you're traditionally allopass, MDs, uh, osteopaths.

I mean, you name it, uh, into this new industry, which everybody has considered steak oil or, you know, non-sex, you know what I mean? So I'm curious, just off the gate, because my brother, he's a urologic reconstructive surgeon.

Probably one of the smartest traditional doctors you'll ever meet. And he's just now starting to kind of turn that corner, being like, well, maybe this isn't nonsense.

So what do you find is probably one of the hardest pitfalls when it comes to helping, you know, Allopass, MDs, or I'm sorry, osteopaths, or any type of health care practitioner transition from a traditional based form of thinking into this new wellness, precision, lifestyle, regenerative form of medicine?

Oh, that's a loaded question. feel that there's a couple of different, couple of different baskets it falls into. So I think a lot of it is the lack of education.

I mean, that's probably the most glaring part of things is lack of education, which then really kind of bleeds into lack of confidence. So even, you know, obviously, you're a DO, you know, you went through medical school, you're taught all these different things, maybe 30 minutes on nutrition, maybe 30 minutes on- If that.

Maybe we talked about labs and like PCOS, whatever it is, but they just simply weren't taught. And I mean, we talked to, I have the honor and privilege of educating our community.

So going into these different provider offices and educating patients and they're like, well, my gynecologist just didn't tell me that. And I'm like, you can't be mad at the provider because it's lack of education.

They just weren't taught this. even if they were to draw the appropriate diagnostic labs, even if they were to get an idea of what the picture is saying with your labs, they don't know what to do after that.

It's scary, right? Yeah. I mean, they're looking at these numbers. They're looking at a total testosterone of two. Well, they don't know how to do how to actually manage that patient based on those numbers because they were never taught that.

Why Traditional Doctors Struggle to Transition

So we walk into medical practices and we're like, hey, hormone optimization, let's get some peptides in here and nutraceuticals. And they look at me like I'm crazy.

They're like, what are you talking about? Yeah, I'm not putting that hormones cause cancer. So I think it's a lack of education. It's a lot of misinformation.

There we go marketplace. That's a big, big, big piece is there's just so much information out there. I mean, a lot of that stuff, especially obviously, when we specialize and focus just on hormone optimization as a whole, the women's health initiative, I mean, That in itself was a rippling, completely just 180 in hormones.

And we had a good understanding or a decent understanding of hormones. People were on hormones. They were feeling great. We were able to prevent chronic disease.

And then the Women's Health Initiative hit in the early 2000s. And that was… That was the turning point. Everyone got off their hormones and now we have all of this misinformation that we're still kind of digging out of the mud to this day.

Obviously the FDA and their hearing that they had a couple weeks ago, that's a big, big, big thing in this space to say, no, you know what, maybe that information was a little outdated or that not a little, it was outdated.

A little, wait a minute. Um, there, it just, it was not accurate data. So now we're finally having that conversation around saying, you know, hormone optimization is safe, is efficacious.

There's over 15,000 studies and probably more than that, that point to the safety and the efficacy of, you know, integrative hormone optimization and being really, it should be standard of care, but that's You couldn't be more right.

I mean, like, if you take a car analogy, I mean, your oil eventually burns out and you have to actually replace it. I mean, like, it's the same thing in your system.

If you drive your car faster, your lifestyle, obviously, you're gonna sit there and you're gonna burn through more of it, whether it's stress, whether it's drugs, whether it's bad sleep, whatever it could be.

So basically, just sitting there and optimizing what you might have lost through a stressful lifestyle, becoming whoever you are. It's common sense medicine.

And I think common sense is the least common thing in medicine anymore when it comes to the actual traditional aspects of it. So when it comes to, especially with what you do when you walk in, how do you pitch?

I think pitch is the right word. How do you pitch wellness medicine to traditional doctors? What's your go-to to sit there and say, listen, I know this sounds a little weird, but just hear me out?

Yeah, I think it's more so going in there and saying, hey, do you have patients that are dealing with can't sleep, can't focus, insomnia, joint pain, low libido, I hate my husband, have anxiety and depression and they're like, That's me.

Yeah, that's me. The front desk is the person that's dealing with the hormone deficiency. So I don't want to say I'm salesy. I try to really connect with them on a personal level because I was also dealing with that.

So I really like to find my advocate in that office and say, are you dealing with these things? Our goal is to help you subsidize not only what red tape and what you're losing from the insurance company from a business perspective, But are you actually helping your patients?

Because your patients are coming in every single week with their Ambien and Gabapentin and Oxodone, right? Pharmacopia. Pharmacopia, exactly, because that's what you were trained to do.

But are your patients getting better? Are your patients happy when they sit in your office? Are your patients feeling good? Are they sleeping good at night?

Or are they on a fricking manic episode because they haven't slept in four days? So I really like to approach it from a, how are your patients feeling?

Because that's why you're running this practice in the first place. And how's your doctor doing, right? I mean, obviously when you're in a fully insurance-based traditional medicine practice, you are dictated by the government and the insurance companies and charting and paperwork and all these things.

So another kind of piece with the first question is time. People feel like they don't have time to integrate these different therapies. But in reality, if you just kind of shift your perspective and the way you start treating your patients, you have more than enough time.

You know, once you start kind of transitioning out of that insurance-based mindset and getting more into that precision medicine, you have more time. Cash-based therapies, things like that.

So I like to approach it more so, hey, are your patients dealing with these? Because we all know everyone in the US is dealing with it. I mean, it's not, it's especially, I think the saddest, the most sad part about it is it's getting younger and younger and younger and younger.

Scary.

Pitching Wellness Medicine to Conventional Practices

Very scary. Yeah, 19 year olds have the same testosterone level, we were talking about this, as a seven year old.

Back in the 70s. Back in the good old days, right?

Right. When I'm doing my speaking arrangements with our practices, people laugh at me because they're like, girl, you don't know what a hot flash is. I'm like, okay, I may not know what a hot flash is, but I know what low libido is, I know what You can't think, can't focus, why I came into this room, anxiety, all of the things.

So I may not be symptomatic with hot flashes and night sweats, but I still have a deficiency in some of these other areas. the toxins, the, you know, the heavy metals, you're talking about that too.

I mean, we just have so many hormone disruptors in our environment that drives into just everyone who walks the earth. So actually playing right into that.

When you go in and see these, these new physicians, how many of them actually do diagnostic testing in the office versus outside of the office? And how many actually do the correct panels?

Cause I know CDCs and basic stuff. Okay. Everybody does that. But I mean, those are very, very important. Don't get me wrong, but. If you want to get to the point of low libido and, you know, dementia or all these different things, cancer, you have to look beyond the basics.

So how many physicians that you go into are traditional based are actually doing these already, or is this just like the Wild West to them? It is. It is so just traditional medicine.

I mean, that's the easiest thing to say. And that's a big part of kind of the service that we offer is training medical providers on, okay, what panel are you drawing and what are you missing out on?

So we are really, really big and getting that bigger picture of saying, okay, you have your CBC, CMP, you have your TSH, your free T4. Okay, great. Your lipid panel, things like that.

But where are your sex hormones? Where are like an iron? Where is… some of those different things that give us a big picture as to what's actually going on in one's health.

Even if we say, you know, like you said, an iron panel, or if we just added a total testosterone level, you know, like that could give us a big, big picture going on a massive picture, especially a men, females, right?

I mean, the number one killer in females is heart disease. And we've barely can even get a picture of what's really going on until it's too late, right?

Exactly, it's reactive medicine, it's not proactive. Exactly, and I think that's a big thing as we're on a mission to radically transform healthcare and get into this preventative medicine model instead of this reactive sick care model.

So, I mean, we walk into every single urologist, gynecologist, family practice, internal medicine, primary care, every core specialty that you can think of when we actually partner with them and we get our program starting to rock and roll in there, I'm like, hey, what do you typically draw on your patients?

And a lot of those people are running it through insurance too. So then you have to come back and I got to worry about coding. Now you got to worry about a $2,000 bill because insurance doesn't cover a vitamin D panel and they want to charge you $300 for a vitamin D panel.

$15 panel, exactly. So I think it's just one of those things where this again, it goes back to lack of education. This is what they were taught. They're so in this one.

mindset. Yeah, I was always tend to joke especially with my brother who I love to harass. He's actually the smart one of us. So I think like it's even more enjoyable is that I was going to say the more specialized a physician tends to get, the more the more they lose common sense, because they get so close, you know, I mean, like, oh,

prostate, I look at just this, right, you take a 30,000, you know, foot view from it, you see the whole person.

And then you have the whole aspect when it comes to reference ranges, which I'm sure you have to beat your head against the wall. I don't know how many times.

Well, it's normal. It's not normal. I mean, normal. You know what I mean? So tell me how you try to sway docs and to make them understand just because it says it's normal, they have to kind of match it to the patient's symptoms.

Yeah, and I think that's what it is, is we're treating the patient, not the paper. We're treating the patient. You are treating a patient just based on what those lab data's are saying, and you're just not even listening to the patient at that point, because they're telling you that they can't sleep, they can't focus, they have low libido, they have no joint pain, they have chronic pain.

They're telling you what's wrong, and you're again, close up to this is just it, right? So I mean, I think a lot of it is, trying to get them to understand that we are treating the patient.

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So we have to fill out a symptom checklist. It goes into all deficiencies, nutritional, thyroid, hormone, everything. That gives us a good baseline of what they're dealing with before they start treatment.

Testing Beyond the Basics and Reading Symptoms

We start them on treatment and then we have them complete another symptom checklist so that we can compare and contrast and see, okay, what are those things that are still outliers where we may need to add in some heavy metal testing or maybe we need to get a bigger, deeper dive into some of those things as to why the symptoms didn't resolve.

But little things like that, I feel, play a big role in understanding that just because we're in these normal levels, your patient is still feeling bad.

So obviously, that's not working. So I try when we do a lot of our patient education seminars and try to have those provider dinners trying to get people to understand, we have a really, really cool chart.

And it basically shows you your total testosterone level. Basically, it's total blood serum levels from young on the left-hand side, it then has all your chronic diseases on the right-hand side.

I love that. It goes into lower, middle, upper. I like to think of a bar graph going back to, I don't know, with that stack. Simplicity, I love that. No, I like my little bar graph.

You have your 15th percentile, your 50th percentile, and your 90th percentile. All of America is in the lower limit of that 25th percentile. And what is America?

We are not optimal. We are not healthy. We are ridden with disease. We are sick. We are sick, sick, sick, sick, sick. By all means, I do not want to be in the normal range because that's a very sick population.

That's not an optimal population. That's not Europe. We're in the US, right? So it's really cool because I get them to understand if you want to be optimal, you've got to be in that 90th percentile, which is going to be the upper limit.

So it goes 200 all the way up to I think it's a thousand on there based on total testosterone for young men. So when we're in those upper limits, we reduce the risk of osteoporosis, metabolic disease, Alzheimer's, low libido, ED, can't sleep, can't focus.

We're able to mitigate a lot of those symptoms. But what does that ultimately do? It prevents chronic disease in the first place. And so that's where that preventative mindset comes in.

So it's a really, really cool chart that I typically, I'm a visual person. So I think a lot of us are visual. And so when you can put their lab numbers on a bell curve and say, you're here, we need to get here, I think it clicks a little bit more.

No, for sure. And I think I always tell people, you know, an educated patient is either a physician's best friend or worst enemy. And that's kind of your gauge.

You know, if you're a doctor and you want to inform patients because they can stimulate you and call you and kind of help you out, that's awesome. You know, I think now chat GBT and all these different AIs where people just upload their things.

And again, that's a whole nother discussion. Exactly, you know, of course, it's funny, I always joke with people whenever you propagate any type of chat, GBT, whatever it is, you always have to enter in how biased the research is.

And I'm sure you've seen this as well. Number one, the third leading cause of death in the United States is what that's how scary it is. So all the research that's based off of that, you have the revolving door policy of the HHS.

where all the people in the HHS, which is a government organization, then transition into massively paying jobs in big pharma, and then the whole usury fee paid for by the FDA.

So once you start doing that, you start to understand that the research that all these different AIs and doctors who are traditional, who have based their entire life off, is literally the third leading cause of death in the United States.

You know what I mean? So it's a situation where I think a lot of physicians, once they either talk to you or they start to really do their own research, lightly speaking, they're going to realize that the healthcare system's broke.

Having these type of clinics and the way you're propagating teaching doctors, which I think is awesome, is kind of the new future, which is unique. I'm kind of curious, where do you see this industry in the next five years?

Oh, I mean, obviously, again. It's a very long question, I know. I'm very curious. It's really cool because, I mean, we're on the forefront of the wave, right?

So with our company, again, we train medical providers to understand the art and the science of these different kind of precision medicine therapies and different tools that we can have in our toolbox.

But it is radically on an up and up when it comes to just more practices adopting these type of therapies and continuing their education. And really just understanding and stepping back, kind of putting the ego aside.

I think there's a lot of ego involved with it. A lot of ego. A lot of God complexes in the medical world. Hey, that's fine. I'm not here to sell. I'm not here to sway.

I'm here to educate. And you take that information as you see fit. I'm going to bring you studies. I'm going to bring you medical pieces of literature so that you can get confident and where really healthcare is going.

Because if you're not on the front of the wave and where HRT is going, biohacking, precision medicine, lifestyle, whatever you want to call it, you are going to be so behind.

You're not going to have any patients left because all those patients are going to be with all of the lifestyle integrative clinics because those are the ones that are actually getting the results.

So I have some, a couple of different stats here. So I love stats. No, me too. Menopausal hormone therapy, 30 to 50% when we start really hormone therapy before menopause, 30 to 50% of post-menopausal women will reduce osteoporosis diagnosis.

So fun fact, 80% of osteoporosis patients are females. Why? Because they're losing their estrogen, their testosterone, their progesterone. And we see it more pertinent in females than we do men.

Even with satisfaction rate, you know, a lot of people have really, really good results on it. But again, no one really talks about it because it's HRT is not, you know, we're getting it to be more adoptive and more.

you know, what's the word I'm looking for, more okay with it, I guess.

Reference Ranges, Optimization, and Preventing Disease

But in over 100,000 respondents, 98% of those patients experienced increased satisfaction after hormone therapy and 94% of those were extremely satisfied with their overall transition from traditional medicine into integrative health.

Why? Because it works. We're actually getting the results. We're getting to the root cause. We're figuring out the bigger picture and what's causing you to not sleep good.

What's causing you to have that joint pain? What's causing you to not be able to remember what the heck you walked into that room for, right? For sure.

I think it's funny too, because if you take a look, if somebody will come in because they're having hot flashes, then you start to treat them the correct way.

And all of a sudden it's like, oh, by the way, my memory is 10 times better. Oh, by the way, surprise, my libido is back. So the fun thing about this industry is the surprise fixes you get out of it.

I always ask my patients, what are the top three things that you want to change about yourself? Kind of a nod to nip tucks, you know, tell me what you don't like about yourself, which is one of the reasons I stayed in medicine.

But it's always unique to sit there and see. They always name three of the basics and all of a sudden be like, I now remember lyrics to songs from the 60s, you know, I mean, and stuff like that.

And it's always unique to sit there and see. Hormone therapy is not just a one treatment, one angle. It can cover a plethora of different things. No, totally.

And I think too, just like from the business aspect of it, you know, I mean, it's going to be by 2020, 2030, it's going to be, I think it said $32.5 billion industry.

And that's not just because we're in it for the money, right? It's not, we talk about this all the time when we are, you know, at our trainings in Dallas and kind of going back, not to get off track, but kind of going back to the whole FDA aspect of things, how much corruption there is.

You know, the FDA commissioner is the same person leading Moderna and leading Pfizer and all of those things. I think that there's some type of correlation there.

follow the money, right? But when it comes to just the industry and what this is going to be able to do from a financial perspective, this isn't a money grab.

This is we have no choice because the insurance and the government doesn't really give us much of another choice besides getting out of this managed sick care, insurance base, whatever it is, and kind of going into the more cash based therapies because there is no red tape.

There is no, oh, I have my hands in fricking handcuffs and I can't do anything as a provider. So, I mean, when it comes to the actual clinical benefits, obviously when our hormones are optimized, when we have great lifestyle routines, we're exercising, we're eating well, we have a good diet, we're able to reduce chronic disease, we're able to prevent this from happening in the first place.

And that's essentially our whole goal mission anyways, is to get out of this reactive sick care model and get more into this preventative model And in the process, you treat your patients, you get good results, everything else is going to follow financially.

So yeah, that's exactly what it is. I mean, you just have to do well and you'll do good, you know? Word of mouth. It's the best, best form of advertising.

Yeah, and I also think a second part of that is education. I mean, your best marketing is education. If you just simply educate your communities, educate your patients, if you just have those conversations, obviously, you've got to get really confident and good yourself to be able to have those conversations.

But if you just educate your patients, that's really the only thing that's missing for them to say, I'm ready, let's go on this journey together. Most of the time, it's just a couple of different things that they don't know where there's misinformation, or they just need a little bit of clarification.

But once you are able to give them that, really equip them with that information, they are ready to go to war with you because they're like, if I'm going to feel better, prevent chronic disease, I can play with my grandchildren again.

I can have my quality of life back. I mean, if we have 60, 70, 80 year olds that want libido, I'm like, you want libido? I got you on libido. Like, man, sexual health is the most important part of life, I think.

So, I mean, you take that away from me. Put put me in the ground, you know And that's a big thing for people and now other people they're like, I don't really care about libido But I do care about being able to get down on my knees to play with my grandbaby and be able to get back up and not have to You know use a walker or whatever is around me.

So those little aspects of just quality of life That's all we're trying to do is prevent chronic disease help reduce symptoms But most importantly give you a good quality of life so that you can live the light and the purpose that you were put on this planet for I couldn't agree with you more.

I think one of the most important things that I focus on, at least in my crack, is the sleep. Sleep isn't sexy. Sleep isn't like, oh, I'm on ozembic and lost 5,000 pounds.

You know what I mean? Exactly, right? But the biggest thing is you sleep one third of your life. I'm 41. I've slept 13 and a half years of my life. You know what I mean?

That's how important it is. So when people start to suffer poor sleep and you all of a sudden give it back to them, you have a friend and a patient for life.

And again, most patients don't even come here to actually talk about sleep. They think it's something that's going to have to take, you know, Ambien or Xanax for the rest of their life, which is nonsense.

The Future of Hormone Therapy and Patient Outcomes

So it's a situation where as you know, what I really like about this, this, this industry is that you're not only fixing things that patients want, you're fixing things that patients don't know that they can have fixed.

You know, I mean, like, you know, I treat a lot of neurodegeneration Parkinson's and things like that. And patients will come in and say, I don't care about the shaking, just make me sleep better, make me have a surprisingly libido and things like that.

And all of a sudden, they stop shaking, like I didn't know that was possible. You know, and that's that's what I think is cool. But it's it all boils down to again, is this precision lab testing, which I think is also just as important as gigantic lab testing.

Yeah. So when it comes to educating the physicians who join with you, how do you do that? Do you give them PDFs? Is it online? Is it in person? Oh, good question.

So we do a little bit of everything. So we start first and foremost, it's a two day training. They come out, we have it at the Gaylord in Dallas. So that's really the start of the journey in education with us.

We are so, so, so, so, so, so big on continuing education. I couldn't even tell you how many providers come through and they think that they're just gonna come through one time and they're gonna be an expert in the space.

And I have to be so transparent with them because they really, I mean, they really do think that. I'm like, you are in for a ride because you're gonna go through this training, you are going to drink from a fire hose, you are not going to retain even probably a fraction of it, which means that you are going to have to go back, you're going to have to sit down, go through the continuing education.

So we really start with the two-day training and it's really we focus on hormone optimization, lifestyle changes, diet, exercise, nutrient deficiencies, that's kind of the basis of what we do.

um the foundation and so they come through this two-day training they do get a you know a tangible didactic manual to take back write notes all that fun stuff but then we have continuing education platforms so we actually have a provider forum so every single provider that is in with within our network you can pose patient cases you can pose different things and get real-time feedback from our medical board, you can network with other colleagues.

So, you know, people that have been in this space for 10, 15, 20 years doing this type of medicine and get, just network, just bounce ideas, bounce different protocols off of each other.

I think probably that's one of the coolest tools that we have because it's all about networking. It's all about. Yes, it is. So they kind of have access to the provider forum.

We have hours and hours and hours of complimentary courses and videos and we do webinars every month. I mean we do so much to make sure that if there's a new piece of literature coming out, if there's a new protocol, if there's a new product, we're on the forefront of that and we're bringing that back into our network.

So it is And then even after that, beyond that, it's like, okay, once a year, you should be coming back to in-person training because guess what? There was probably 150 new studies added.

There's probably a whole four new peptides that have been added. And we want to train you on that. So we partner with like Jim LaValle. He does our integrative solutions training.

Great. I like Jim. Love Jim. He's incredible. So he's on our medical board He does all of our more peptide compounded prescriptions nutraceuticals and how to create treatment plans around all of that But we are super super big when you are in our community and in our network Continuing education is the number one thing.

I mean, I love that in our service agreement. You have to come back once a year or else you're just not going to be proficient, confident, concise in this type of medicine.

And we have to protect patients. Like you said, I mean, there's a lot of wrong ways to optimize hormones and

there's a lot of wrong ways to dose people and there's a lot of bad products.

And if you don't get it right, you can really mess someone up and we don't want to do that. So for sure, for sure. So I always like to do a closing very uniquely.

I have two questions I'm going to ask you. All right. The first one is for any healthcare practitioner who's looking to get into this industry and you're kind of, it's a perfect question for you.

What is something that they should really look for? So if I'm a traditional urologist trying to come to this industry, I have no clue of it. What's one tip or one piece of advice you can sit there and say, just do this first and then build on it?

Oh, man, that's a good question.

Training Providers and Continuing Education

I would say start by reading the literature that's there. I mean, there's so much literature out there that people just they just they know it's there and they don't read it.

So that's why I typically were talking about earlier is I will go and I will give them our EHS position statement, which goes into estrogen and heart health testosterone and heart health and gives you a bunch of different studies to help them get accustomed to say, this is the research, it's out there.

You just got to give me a chance to come out to our training and learn with what we're all about. But I like to start by providing value and medical literature, especially if it's a super traditional medicine and they just don't want to hear a word you say.

I'm like, listen, I'm not here. I just want If you can just promise to read this for me, I'm a happy camper and I'll see you later. Most of the time, you'll be surprised how many people will email me and be like, oh my gosh, I actually read that study.

I want to learn more about this. I think it's all about just getting them, they need to want it for themselves. They need to want to continue their education.

I like that. You need to want it for yourself. I think that's exactly what it is. A lot of people don't do that. No, and I'm not going to force you to do it because we have tons of providers who want to do this, but you've got to want it for you.

You've got to want it for your patients. If you don't want it for yourself or your patients, we're probably not a good fit. I love that. No, very, very true.

All right. I mean, that's a big thing. You've got to be open to it, have an open mindset, and it all starts with being your own health advocate, right?

You've got to go read the literature yourself. I mean, it will tell you what I've been trying to tell you, right? I'm just the sales rep. You have to be a student of life.

I mean, like, this is ever-evolving. So, I mean, you have to be in the forefront of it. You can't sit there and rely on 19 or you can't rely on centigenics type, you know, protocols.

I mean, that was 1990. You graduated 1980. Okay. Exactly. So it's a situation where it's good. I like that be a student of life. Number two is if you're a patient coming into this industry from the first time, so you're so used to traditional medicine, what's the one tip or one thing that you would suggest each patient kind of really pay attention to, to really have the best success in this industry?

I think it always goes back to education. That's where my mind goes. Obviously, for me, I would say go to, there's providers and practices that hold these type of community educational events.

Go learn. There are so many different resources that you have. Hormone Havoc by Dr. Terry Danai is an incredible resource that goes into myths and misconceptions.

That's our founder. She wrote an incredible book in layman terms, right?

Advice for Doctors and Patients Entering the Space

It's easy to understand, but I think it really is Because they know they're so used to one, they're normal, but they also know that something's wrong.

They know that they're not optimized or where they need to be. So I think it comes down for them to feel confident to move forward with these therapies.

They've also got to feel confident that the provider knows what they're doing, but confident in the research that they've done themselves. because those are the patients that are coming up in the providers and asking those hard questions because they read hormone havoc or because they went into an educational seminar and they're like, well, you know, I have this question for you.

Can you break this down for me? And if your provider isn't able to do that, well, Maybe it's time to find a new pariah. I love that. Very true. Education on both fronts.

So again, I think those are my two exact ones as well. It's always unique because every time I ask that, I get similar answers, but with a different type of icing on top of it.

Right. I gotta say, it's been an honor having you on here. It really has. Thank you so much. Again, Jordan, you have been nothing but a delight. I love what you do, educating our physicians who are kind of transitioning from the evil empire into the new hope is fantastic.

You're a foward guy. You're coming over to the light side, guys. Exactly, exactly. No more dark side. No more dark side. But again, thank you so much.

It's been awesome having you on here. I wish you nothing but the best, and I'm definitely looking forward to catching up with you later. Yeah. Thanks so much.

I appreciate it. Yeah. Have a great day. Bye guys. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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