Introduction to Dr. Mary Clifton

Welcome back everybody. I'm so delighted today to have Doctor Mary Clifton, who's a board certified medical doctor. She practices in Manhattan, New York.

Although I know right now she's, staying somewhere else where it's also cold and perhaps rainy, but still a very beautiful person. She's will recognize and expert in CBD and cannabis, and she's the host of the CBD Health Revolution.

And we're going to put some things in the show notes for you so you can find all the stuff very easily. And also the highly respected professional certification course, which is why we invited the doctor here.

And that's called the Can of Carrot. The cannabinoid protocol. I should at least learn how to pronounce these things before I start an interview. Right now, the doc has worked with several pharmaceutical, CBD and cannabis corporations on product development, and it's provided medical and scientific directorship in the United States, Europe, Asia and Africa.

And Doctor Clifton is the bestselling coauthor of The Grass Is Greener Medical Marijuana, THC and CBD oil, which is about reversing chronic pain, inflammation, disease.

And she wrote, that was my good friend, doctor Tom O'Brian, who you all know is, basically a roommate who's got a room in my house named after him. He visits so much, and also another book called Get Wasted, as well as other companion books, cookbooks and things like that.

She speaks at major cannabinoid events around the world, including all, you know, Africa, Asia, you name the continent, and Doctor Mary Clifton has probably been there speaking and I've had a nice conversation with her before we started the recording.

So, it's been so nice getting to know you, doc, and I really appreciate what you do. And I look forward to it. You. So a little bit of background and then we can get into the meat and potatoes of CBD.

Absolutely. I got, interested in cannabis and CBD more intensely about five years ago. I mean, I've been writing cannabis cards for patients here and there over my 20 years of, internal medicine practice.

But it was five years ago when my brother died, and I was at the bedside trying to manage his death, because we we just couldn't get his symptoms under control.

And, I unfortunately, even with the best of Western medicine, still didn't get great control. It, you know, even after flying into Detroit to work with him.

And then, about four months later, unfortunately, another good friend experienced, recurrence to her ovarian cancer and succumb to that. And I was also at the bedside with that, death and dying experience, which is unusual for me as an internist.

I, I do a lot of hospice management, but it's always hospice management over the phone with a nurse that does the work on the other end or the family member.

It's not me at the bedside seeing what is exactly happening with each dose. And so I was really surprised at the difference between these two experiences, between, working with my brother and working with my friend and, the, the main difference between the two was the choice of medicines that that my friend used cannabis rather than typical morphine out of.

And the Western medicine hospice model. And, anyway, her experience was so utterly different and so much better controlled that I thought, I'm just going to go and check the literature, because all we ever hear is that we don't have enough data to make recommendations on cannabis.

How Cannabis Became a Medical Focus

And so I went to the literature and found a ton of data, and then realized that doctors don't really understand the power of cannabis, and all of the very, very cannabinoids, the CBD, but also CBN and CBG and CBC.

So I want to bring all of that information to light for people who want to know more and who want to position it properly for themselves. You know, it's really remarkable.

And thanks for being forthcoming. I had a brother pass where I know that can be a very motivating kind of experience. And, but, so you went from, you know, doing all the research and, and, looking for alternatives and things to opiates.

And I think just about everyone listening today feels that same way, that if there is a safer, less toxic way to go. But CBD isn't just for relief care, right?

Like, I know you can get rid of pain and inflammation, but, and we want to talk about that. So why don't you go into a little bit about that? Also, I want to talk about more of the, the long term.

Restoring health kind of things, if you would. Oh, absolutely. I mean, I think a lot of people come to CBD to manage, chronic medical conditions, most commonly insomnia or anxiety or pain.

And, I find often in the people that I'm working with that there's an overlap where somebody is having difficulty sleeping. But also having some pain or anxiety that's contributing to that difficulty sleeping.

So what's nice about having CBD on board is that there appears to be benefit in all of these realms for managing all of these different conditions. So, in addition to having videos on how to handle it, how to handle those conditions available at my site for free to watch anytime.

I've also researched attention deficit, multiple sclerosis, autism, Crips disorder, gastroesophageal reflux disease, and irritable bowel syndrome, and really 100 different educational videos on that.

And what you need to know for how CBD and other cannabinoid formulations, can work for you and all based on clinical data, you know, research that has been performed in human beings, you know, rather than esoteric laboratory stuff.

Yeah. You know, I just wonder, what else would make someone sort of go in this direction, you know, because it's it is alternative. It's definitely, sort of on the fringes.

And yet, you know, I think people like you bringing it back, or into the, the fold a little bit where it's a lot more accepted. Is there anything else other than your personal experience?

Or maybe you just liked weed when you were a kid? I don't know, I just want to know a little bit more about. Oh, well, when I was young in high school, I mean, of course, I'm totally prohibited from using any of these products as a grown up.

I mean, my licensing I'm licensed in 19 states as a telemedicine doctor now. So I provide and of course, board certified with the with the American Board of Internal Medicine, American College of Physicians.

So I have a complete 100% prohibition on using, cannabis. But when I was in high school, I think I smoked my bodyweight, I smoked a lot. And, and in early college, but I and in retrospect, you know, I was doing a lot of different behaviors to try to manage quite a bit of anxiety.

It runs in our family, and I think it runs in our country. It's just really difficult to have a healthy life in our country and manage your emotions in a healthful way.

And then, you know, I've, I've worked on it in other ways. But certainly when I started to look into this, I realized that I may have been self-medicating, probably was self-medicating, way back in school, in high school to to try to get better control.

So I, I believe that these drugs are very powerful. And, you know, there's 4000 years of written history behind using these, products, these formulations as medication.

I mean, as far back as Egyptian and Asian, documents.

CBD for Pain, Sleep, Anxiety, and Other Conditions

But also, you know, as recently before the prohibition in the 1920s, there was a great article I read from Prince College in the UK, for a recommendation that if you have a headache, you should, inhale, cannabis formulation through water in order to relieve your headache and be able to get back to work.

Well, which made me ask, like, what kind of work exactly do you do that you can do? You can just jump right back at it after an inhalation like that. But, but it's since the 20s, since the prohibition, it's been, you know, obviously illegal to make these recommendations.

And the safety has been called into question, which has helped to support the prohibition. But we really have, you know, the HIV community and also the cancer community in the 1980s, primarily in California and San Francisco, that, that pushed very hard for some type of compassionate care use because they were saying, you know, we're nauseated.

We're we're losing weight. And this stuff works. So whether or not you believe it or whatever, we just need to have access to it. So that led to compassionate care laws that eventually led to medical legalization, that now, just amazingly, is led to recreational, legalization in many states.

And, and essential worker, essential, status, for dispensaries within the, pandemic crisis. So it's really moved quickly in the last 40 years to, to become supported.

And, I mean, it should be it's a $7 billion regulated industry. But we think that it's at least $53 billion industry. Three quarters of this industry is happening underground and a second growing market.

So states that are not legalized, for recreational and the federal government are losing so much money and they're going to become aware of that very soon and make the necessary modifications to help get the tax base, shored up with the with this very simple modification for a very safe medication.

Yeah. I totally agree with, the, you know, you know, I only smoked it once in college, but I never exhaled. Well, that's awesome, I hear so you can the holder.

The longer you hold it in, you know, get a better result from the inhalation. Yeah. That's so. So now, you talk about the legalization for a second, in, in California, and there's this.

It's like a candy store. You go in there and the government is making a ton of money. I mean, a truckloads, daily there's lines, even now, believe it or not, it must be considered a, a necessity or something because the the which ups are open and the staff is friendly and they're usually really happy for some reason, you know, and, and serving and what do like and there's the, there's the edibles.

There's the, the, the the pens and things, the oils and stuff like that. Vaping, I guess you call it. And then of course, the good old fashioned, hash and weed.

It's it's remarkable. You know, I grew up where it was, it was really taboo, you know? I mean, you had to really watch yourself, so. So, you know, I think the medical, community, even if it's all true, is was where, you know, we started getting a leg up on acceptance.

Because it is therapeutic. I mean, there's no question about it. It's sexy, therapeutic. And I want you to know that, too.

Personal History and the Case for Cannabis

We have we have a lot of nerds listening, and they want to know some of the, you know, stuff around, like physiological mechanisms, or something like how what is how does it work?

You know. Yeah. Nerds are my crowd. I love nerds, and that's what all of my videos are just designed for nerds done by a nerd for and for nerds. Like, so that I could do all the research and you can just benefit from it.

But, yeah, the, you know, we have a system already built in our bodies, the endocannabinoid system that is made up of primarily CB1 and CB2 receptors, cannabinoid one and cannabinoid two.

There are now five identified receptors, but the three, four and five are located in very isolated parts of the brain and really don't deserve any special mention on a broader scale at this point.

But CB1 and CB2 receptors are located throughout the central nervous system and the spinal cord, the brain and spinal cord, CB1 and CB2 receptors are located throughout the rest of the body, but especially concentrated in the immune system.

In fact, all of the immune cells have CB receptors on them that can regulate the function of the immune cells. So these, receptors are already in place, and the body already makes naturally occurring endocannabinoids endo meaning from within.

So they can the endocannabinoids anandamide is the most predominant one. Work with these CB receptors to, stimulate the, you know, the, endocannabinoid system and help to restore balance and homeostasis and reduce stress all over the body.

So that system is already in place. And we know that it works to restore balance and reduce pain. If we take an area of a bowel that is inflamed and chronically irritated, take a biopsy of that and stain it for CB receptors, you'll find those receptors in higher concentrations in areas of inflammation compared to normal bowel.

Or if you draw fluid off of, off of, arthritic community that's swollen and painful and inflamed, that fluid will have higher concentrations of the naturally occurring anandamide.

So your body is already using this system to try to up and down regulate. And it's exciting because we just found this system. We just started studying in the 80s or 90s where it thank goodness for, the HIV in cancer patients.

And so you're aware of other systems that already do this. You know, your thyroid, when it is up or down, affects every part of your body. And when your adrenal, axis is off, cortisol is off.

That HPA axis affects every cell in your body. And you also have the X system, which has broad effects over the body to, to impact, inflammation and balance and help to get things restored.

Yes. Remarkable. And just, just going back for sick people who are getting, you know, so do you have receptors, all of your nervous system. That's why it doesn't take much.

And you, you feel the effects. And this is something that, is obvious, especially with the, the quality of, of things available today. They're just so potent.

You know, you have to you can be careful. Are there any, contraindications like. And I think of alcohol and sort of the idea of doing, you know, like people doing it a little too recreationally, you know, or something like that.

What, what would be some. Well, I think it's, I think a lot of these products are one hit wonders where you really don't need to, you know, take a number of inhalations to get, you know, what you need.

I suggest when people are starting with, CBD or any other cannabinoid formulation, that they start with a very low amount and then increase very slowly so that you can be sure to, not take too much.

Not that there's a major risk with, taking too much, but some people really hate that feeling, and it can sometimes cause nausea. It can cause your heart to race.

So taking too much is a good thing to avoid, and it's easy to avoid. But the, the, the, and the, other issues around, using these products, I can't remember the second half of your question.

It's a contraindications. Is there a reason why an alcoholic like, you know, like just something that would attenuate it or something like that to you?

Yeah. I mean, you're not going to have the withdrawal syndromes that you have with alcohol or with, other, street drugs like cocaine or heroin. The withdrawal syndromes are more of nervousness or, or a feeling or anxiety of some, maybe some palpitations.

But in terms of contraindications, in all of the studies, that I mean, really virtually all of the studies that I've reviewed, there's somewhere around 17 to 21% of people.

So about 1 in 5 that will say that they don't like this product.

How the Endocannabinoid System Works

And and they drop out of the study, they either cite that it made them feel too dizzy or it gave them a lightheaded feeling and they just don't like it.

So it's not necessarily a contraindication. But this product is not for everybody. And if you're already taking other products, you know that that manage your pain, in the central nervous system type of way, like if you're taking an opiate, Vicodin, Percocet, or if you're taking fentanyl or, or Dilaudid or if you're just taking other, antidepressants like Celexa or Lexapro or Effexor or Wellbutrin, it's just worth recognizing that you're impacting the same feel good receptors with, the CB receptors, those CB receptors are located right next to the neurotransmitter junctions, the places where one nerve talks to the next nerve, and it tries to impact that communication so that the communication feels better for the body, you know, with more feel good, neurotransmitters rather than more painful neurotransmitters.

So but all of the other things that you're taking are also working in that same place. So you just need to make sure that if you're taking those other things that you're aware that you're adding something that can impact the system, it always helps to do that with, with a coach or with a, a doctor or, or a certified professional who understands, how those, pathways interact and can help you.

And, that explains it pretty much. So you can use it if you like it. Like if you if it doesn't create a negative, effect. And, you know, I know some people don't like, don't like it.

They just don't like feeling different or something like that. And it can't handle the, the change in consciousness and, and things like that. What about the, like, just the creams, you know, how does can you actually put it on your elbow and the pain goes away?

How does it work? You know, or there's so many great, balms and topicals and I, I was very suspicious initially that, that, you know, they weren't going to work.

And I don't have great scientific data around whether or not they work. However, it makes sense that if you have an area that is acutely inflamed, your body's going to upregulate the CB receptors there and be ready to respond.

If if a, cannabinoid formulation is is used even locally. So I think and and also a lot of the people that are making these bombs are making them with such, with other great products, with menthols and with a little eucalyptus and with all kinds of other herbal preparations to try to interrupt the pain systems.

And then that local absorption and the concentration of product there, it works great in a number of cases. So I, I have found more patients telling me that they get great results with their bombs or topicals.

But I think you also should consider if you're getting good results with that, using something orally too, and allowing it to have more penetration that way into the central nervous system so you can get benefits for reducing pain and information from two different directions.

Yeah, I appreciate that. And, I want to just revisit just for a second. The purpose of this event is to educate, health coaches, to give them options and to raise their standards and ethics and practices, things like that.

I think it's wonderful that they can hear, experience and listen to a physician who's obviously, very well credentialed and licensed in all these different states.

You're a pioneer in the field of telemedicine, as you know. Plus, you're a friend of my good friend Tom. So, that puts you way up there high in my book.

And, you know, I'm trying to establish that, you know, the physicians still have their own backyard and and health coaches have their backyard. And, you know, that we don't, we can integrate in, working with a person.

Is there any medical can so a health coach can do all the diet and sleep, exercise, stress reduction, supplementation, things like that, which this falls into in a sense.

But where is the line that we don't want to cross is health coaches. Like, can we is there something we could recognize that where you hey, you better refer to a physician because I do it all the time.

And I realize this is important for everyone to get. And I've said it on a number of interviews that if a person is a true medical condition, then that's that's, it's not hands off because we can work around the edges of it, but it's where you do need oversight, in which case would be the junior partner if you work with diet and exercise and stress reduction supplementation and, you could be doing a lot of good for a person.

So is there an area where we when we talk about these products and conditions we might have that we'd where we'd hand it off?

Safety, Contraindications, and Medication Interactions

You know, we want to make sure there's some oversight. Have you seen any thing going on? Oh, I mean, I there are a number of situations where a low dose, you know, I we're not allowed to say dose.

That always sneaks into my vocabulary. The word we're working with, CBD in cannabis, we have to say amount or serving size. So there's so, so we'll scratch that.

But the amount of, of product in a lot of cases is really pretty low and very easy for a coach who's had, some level of, of certification or awareness can easily make recommendations around this.

There are other circumstances where you're going to start to get into places where you just may not feel comfortable and, after somebody has tried, for example, CBD, and they need to add THC in various amounts to really get the result that they're looking for.

A health coach may not be ready to have that conversation. Or they, they may not feel comfortable when you're going to high doses of, CBD for management of of things like seizure disorder.

Or if you're managing with kiddos, little ones where you're trying to manage autism or, or juvenile, seizure disorder syndromes, those get pretty complicated.

And you need to make sure you have the, the legal support. You need to make sure that you've gotten a review with an attorney and that you have the support of the pediatrician.

Involved in the case. So those are circumstances that start to just increase the level of risk, to the point that I think that even if you are comfortable, a recommendation for additional assistance with an MD or DL or, you know, somebody who, really understands these plans, along with your legal and pediatric would be a good place to to introduce a doctor.

But any time that your, you know, it's easy to bring somebody in to get additional recommendations or, you know, it's also easy to join a community where you have, you know, input from a, from a higher level provider to where you can run your, your, clients or what I would call cases passed to that person so that you've got that support, you know, once a week or twice a week for the people that you're working with.

Yeah, it's a it's a good answer. I'm just always coaching coaches up in that regard that, you know, if you, if you're a know it or you have no ID on this, you know, you don't know it all and you want oversight, you know, none of us do.

And I enjoy I mean, I kind of in this field grew up with doctors around me that I could confer with and get a lot of mentoring from. It's easy. So I think I've been on the, the forefront of, defining those backyards and making sure that, we're compatible with each other, that we actually can integrate because we know where where the lines are.

And I don't like them being blurred. And I think the more better we can articulate those as you just did. This condition, that condition in it's considered a medical condition.

There should be some oversight. And understand your backyard is to, you know, work around the edges on the lifestyle things. And then there are agents that are totally over the counter legal in most states, you know, and and that you can, that you can work in.

But you want to get that, that oversight. So I think we needed to point that out. Yeah. Tell us, tell us. Go ahead. Oh, I spent ten years of my career working with Eli Lilly and Medtronic and Amgen and, Forest Pharmaceuticals, you know, helping with, painful syndromes related to osteoporosis and also women's health, breast cancer risk reduction, particularly with Eli Lilly.

But, you know, I've traveled all over the country and spoken with, you know, two doctors where I've had wine spilled on me and, and different hundred doctors in, you know, really, I've had a ton of experience in so many interesting speaking opportunities.

But but a wonderful opportunity. But two things, that you have to always remember that it is not for everyone. If you show up with a product that is for everyone, then it is for no one.

Yeah. And no one. No one's going to believe you. You know, you have to make sure that what you're doing and it is not for everyone. And, and that's, that's one very important thing with coaching.

Topicals, Balms, and Local Relief

But the second thing is it's really important that, you know, people you need to be able to say when you're working in osteoporosis that you had a discussion with, you know, these particular, leaders in the field.

And it just helps to establish your leadership that you're in a position to say, you know, I had a I had a conversation with Henry Bone about that, you know, the the leading osteoporosis guy out of, out of the hospital at Henry Ford

Hospital, I think in Detroit.

It's funny that his name is Doctor Bone, and he's in osteoporosis, but it's always, you know, it's just important you have to be able to share about the people that, you know, within the community, and all it does is elevate you.

It it elevates you rather than, that you have this beautiful community around you rather than making you, you know, look as though it look as though you don't know everything, all of us know in all of our various fields that that we don't know it all.

And so the sooner you embrace a community of leaders around you, the more powerful you will become. Yeah, agree with that. Totally. And it's about working with individuals and not cohorts.

It's kind of another big difference, you know, because we it's just so individualized, you know, and you could, have had success with one person with a certain cluster of symptoms.

And then another person comes along and they sound exactly the same cluster, similar. And then you apply the same things and it doesn't work because that's a different person.

And they could have those same clusters for a variety of reasons upstream. So you need to know how to look. You can go upstream. That's actually what I teach is the physiology anatomy biochemistry behind saliva, urine, blood and stool testing.

And people are pretty familiar with my course, but it goes hand in hand with so many other things, modalities and especially, products. You know, I'm, I know a lot about them, but I don't know everything about them.

I do know this, though, that what works for one person could do nothing for another and make another worse, you know? So you just have to do this. I liked your idea of titration, you know, sequencing.

Just start small and see. And if there's negative reactions, you can back off. You know, you can you can do a lot of and you want to bundle your services.

I mean, when I was working with Richard Branson in the fall, his, his, his favorite line is you, if you want to go fast, go alone. If you want to go far, go together, you'll be able to pull that community around you.

Health Coaching Boundaries and When to Refer

You have, you know, a bunch of different things you can offer. Because if the entire world is just visualized as a nail and you have a hammer, it it, you know, you're going to you're going to eventually break your hammer.

And it's just it's just not going to work. It's so much more helpful when you can back up what you're doing with a whole bunch of different modalities.

You can, go a lot further with support. And, plus camaraderie is a good thing, you know, and, and, it does make us a, a true community. You. It feels better to, to have your work backed up and to always be open to new ideas and love to learn.

I'm re certifying for my boards because you have to do that every ten years or so. And so I bought a couple of years with it with a smaller re certification exam a few years ago, but now I'm doing the big, the big sit down eight hour exam, was scheduled for April, but it's going in the fall because for obvious reasons.

Yeah, but, I was I was getting so irritated thinking about all the prep I was going to have to do. And then I started the prep, and now I'm having a blast.

Like, I'm just learning everything and remembering stuff that you only see once or twice in a lifetime. That, oh yeah, I gotta remember to keep my eye out for something fun like that, to cross my desk.

And, anyway, it's that the learning is always so fun. So even just from the pure joy of learning, you know, doing these, doing programs and certifications is so fun.

But then when you can apply that data and have it help your everyday management of your patients or your clients, you know, whatever, term you use, it's, such a pleasure.

I mean, the ongoing learning experiences is really fun. Yeah, well, you just nailed why we do this, you know, because it feels so good when people appreciate you, you know?

I mean, we love helping others, but it's really the love we get back to, you know, just just just makes you happy when someone else is happy with your work or your efforts, you know?

And that's why I think those of us in that trade try to express appreciation for others so, so freely. Like one of my most common phrases is just thank you, you know, for whatever tidbit and info and anecdotes, you know, just for even just for, for talking to me now I want to I want to move on to, just a couple tips you might have for health coaches, but before I do that, you know, tell us about your certification.

Like, what is it? How long does it take? And these kind of things, what's the platform like? Or whatever you want to say about it? I we want to know more.

Well, I have nine hours of video that I have, created that's divided into various disease states. So that you can learn all of the research around autism, ADHD, multiple sclerosis, autoimmune diseases, and of course insomnia, anxiety and pain and cancer, which are biggies within the cannabinoid community.

And then, that once that certification is completed, it's backed out by, you know, weekly calls and, and of course, it's always easy to get Ahold of me by email to, support you for any questions that you have that you can't get immediately answered so that you can continue to coach your community.

Really, effectively during, the post certification process. And then I have some really great relationships with, CBD, and, and other, sort of the up and coming shining stars in the cannabinoid community, the CBN and CBG that are starting to be, take a, take a center stage and the some really innovative products that I'll be able to share and, give people an opportunity for recurring revenue streams.

So I keep an eye out for all of those things. I try hard to make this not historical, no deep, aggressive pharmacokinetic pharmacology section that just bores you to death.

And no agriculture or growing or plant biology. Just focusing aggressively on the clinical data that people need so that they can treat human beings well.

Yeah, that's one thing I haven't tried growing yet. We're very hard at doing what I do know. I, my, my hobby is gardening, you know, it's. Oh, really?

When I'm not at the desk here, I go outside and play in my garden. I have, I have big property and I have mostly because Southern California and waters and storage succulents are my specialty.

And I have over 2000 plants that I planted. Yeah, it's just such a great thing. But you know what? I haven't tried growing weed. It just hasn't really occurred to me.

But, you know, I wanted to also ask you. And thank you for that about your course. It sounds intriguing. And, being modular, you know, you could go through it probably at your own pace, too, right?

Or it's not 100%. Yeah, it's all online. We developed it all online, and it's fully supported. All the Q and A is and it's, Yeah, I'm very proud of that work.

That was a lot of work in development, but it's, and we've tested it and gotten just, you know, 100% of people love

it, I have to say. And I would I would love to tell you that 20% of people had a problem, because I feel like, you know, there has to be some tweaking that has to be done.

But we've gotten just excellent responses to it because I think it's just very focused. It's not trying to, you know, teach you how to use a cash register and all kinds and the business models, it's just the clinical data for you.

Building Credibility Through Community and Collaboration

Exactly what you need there. Yeah, yeah. Thanks for sharing that. Some some courses are more inclusive, you know, like, mine is pretty much a turnkey method.

I teach people who are health coaches or want to be. We even have a lot of licensed physicians coming through because we have this medical director program.

We can run labs all over the country, all over the world. Really? For, anyone? Because it's a direct to consumer thing that the, the coach gets to use.

It's they're my graduates. And, it's just really a wonderful thing, but I'm glad to hear that yours is, more, you know, sort of bite sized pieces that work in a specific area if you have a specific interest.

And I think a lot of the videos are all the videos are ten minutes long, so you don't have to settle down for an hour long video. You can just get the data that you need ten, 15 minutes and then and then, you know, do it in short modules so that you can.

So it's so you literally get these bite sized pieces. And you're right, I mean, I have heard nothing but positive things about your program to just, it's exciting to even be invited to join this community and be able to share my program, because it does offer another great opportunity for people who are already involved in great opportunities.

Well, thanks so much for that. And, you know, again, in the spirit of, you know, integration, you know, medical and health coaching and our places give us some things, some, some of your thoughts, we'll kind of conclude with a couple questions about, what do you think are the top standard practices a professional health coach must first, to establish and dignify the field.

You know, what we're looking for is what a doctors think about us and, how we can dignify ourselves. Well, I think it's always important to have education and to, you know, it.

Everybody. Everybody finds, a very powerful experience. Like, for example, the death of my brother, a very powerful experience that that can drive your behavior.

And those are very important experiences to have, because they can start you thinking on a path, but you have to be able to back that up with, you know, honest, real, research, you know, based in humans, so often to people are looking at, data in a mouse model or, or even worse, in a cell culture in the laboratory, and drawing some really powerful conclusions from data that just isn't, powerful enough to draw those kinds of conclusions from.

So it's it's very important to handle the research properly and to educate yourself, in a way that, doesn't make you, that doesn't undervalue you at the the material that you're using needs to add a very high level of value and make your statements even more powerful.

Then when you combine that personal experience with something that you really that that affected you very deeply and emotionally with, you know, with a high level of intelligent understanding of the material.

Then I think you're unstoppable. Excellent, excellent. Yeah. That's that's so we that's how we do it. Most people do, but, you know, most people come with their own experience.

You mentioned your brother. But a lot of my graduates, I've trained 3000 people in 50 different countries. And it's

amazing the stories, why they came into this field.

I personally, I still, after 12 years, personally interview every graduate, just, you know, half an hour get to know each other. What brought you into this field?

Tell me about my. How can I make my course better? Which is something you wish it had. That's how it's gotten so good over the years. It's the all the iterations of it.

It's not just me. It's. It's listening to the people who took it. So how did you get here? How'd you like the course? What can I do to make you better?

And where are you going from here? How can I support you in business moving forward? Because this it is for professionals. I'm trying to distinguish the professional from the hobbyist, but I, really enjoy the that one on one thing. And what would you say are some of the.

Oh, I know I was going to say was about the, the personal experience. Everyone's got their little ax to grind something in their health history, and that's what made them curious.

And they weren't getting results in standard medicine or not enough to really satisfy them. So. So looking outside of that and, you know, eventually they come around to our course and, it's it's a very robust thing that walks them through it personally.

So you don't just take my training, you experience the Trent, you do the labs, you do the protocols in yourself. And then we do mock ups and practicals and lots of things.

So but I personally didn't come to this from the angle.

Dr. Clifton's Certification Program

My health was great. When I started in that health space, I came out of environmental law saving the planet. I started thinking about all these did birds and trees and animals and things that were coming across, you know, the pollution and what it does.

And I started thinking in the late 90s, what is it doing to us, to people in me? That's what turned me into this. And as a consumer advocate, just wanting to, help, I started working in a clinic where the, most common phrase coming out of people's mouth come in that clinic was, I've already seen 8 or 10 practitioners, and I'm not better yet, and I just thought it's a ripoff.

I thought, well, something's wrong and I'm going to be the last person you have to see. Now, little did I know how much work it was going to take to come up with a system that would have a reasonable expectations even no guarantees.

But but it's it's remarkable, how we get to do what we're doing and, you know, it is a private, I've spent, you know, somewhere between 40 and 60 hours a week for pretty much every week of my life for the last 20 years, trying to help people and just, you know, running my private practice.

I spent eight years building a, coaching community and writing my first book, Waste Away, about vegan diets and always with an eye toward how, innovation and disruption, because the current system is too expensive and it's too hard to get into, and it's totally not transparent.

You know, you can go in for what you think is going to be a test that might cost $200, and you can end up with a $2,500 bill and or worse. You know, everybody has these horrible stories and you can't ever tell what's going to happen to you once you engage the system.

It's just a very, you know, financially painful system to get involved in even before you start dealing with, you know,

the, the, the side effects of the prescription therapies.

So I've always been looking for innovation and disruption and I think diet and exercise just I mean lifestyle all the way around sleep and sorry about that sleep and and in relationships and exercise and diet are all huge.

But diet I think is a massive portion of what people can do to help themselves feel better. And then, in addition to it. But it did in addition to lifestyle, you know, we need to continue to look for things that empower the patient.

And that's where I just love CBD and other cannabinoid formulations, because patients used to come into my office and I would start them on their pain pills or their anti-depressants, you know, run them through several visits to get things at the right level.

And then if use if a don't miss a day, you know, this is totally under my control. And if you miss a day or if you change your dosage by yourself, you know we're going to run into all kinds of problems where your script didn't last till the end of the month, and now you're labeled a, you know, a potential diverter of your opioids.

You're contributing to the opioid problem, or, you know, you get, just shaky and dizzy after you miss a dose on your antidepressants. But the thing with cannabinoids is there's just none of that.

Like if you are having a really horrible Monday because Mondays are horrible, then take more. But if you're having a great Thursday or Friday and you're looking forward to the weekend, take a lot less or don't take it at all, you know you are empowered to be in control.

And that's where, I love, handling people. It's always been so anxiety provoking for me when I have somebody in my practice that says, now I take two of these every single day, right?

Professional Standards for Health Coaches

You know, and I and I think, oh, man, you know, if they get it, if, if they have, they just want such a clear instruction on what to do, and they don't want to be in control of their health, and then you know, in certain circumstances, like if you're acutely ill with, for example, nausea, vomiting, diarrhea, and you get dehydrated, there's some of your blood pressure pills.

I don't want you to take, you know, you we need to have a lot of conversations around some of these very powerful medicines, you know, whereas with cannabinoid formulation, a patient has a much better safety profile.

And, and they can be in control of their dosing and then in control of their health. So much better. So it hits all of my buttons empowerment and innovation and disruption and and, and particularly control back to the patient and that, you know, back to me.

So these are that's a that's a wonderful contribution and empowerment is wonderful. If you have all the other pieces of the puzzle in place and they know what to do with it, it could really seal the deal, make a person happy, and they actually get into that place where they forget that they used to feel so crappy, you know?

And, you really change their lives, and it's quite transformational. Doctor, I want to thank you very much and just conclude with some any other the things you think would separate a a hobbyist from a professional health coach?

We've talked about it quite a bit. And just any final tips on leadership or anything like that? Because this is a growing movement. You talk about CBD is, you know, it's billions and it's going to be this many billions.

Health coaching is paralleling that or they're paralleling each other. The empowerment, the idea of empowerment, as you just mentioned. But what do you have to say about that?

Oh, I think the idea of empowerment is, is is everything. When you're health coaching, you know, there are people who really don't want to know any more than they need to know.

They don't want to be engaged in their health. They're just they're their thoughts and ideas and their interests are elsewhere. But when you can identify and work with a person who is really engaged in their own personal health and wants to do something innovative, to get off of their medications and to start to be in control, then you're you're in a wonderful position.

And that's where if you can be, sort of armed and dangerous at that point, ready to provide all kinds of great tools for your patient, then wonderful, because they're going to need the laboratories and the work so they understand what's going to work for them.

They're going to need that tool. But you're also going to need to know and be supported with people who will help answer your questions. And, you know, as you go along, you're going to need to know how to implement all of these other, very powerful, sort of ancient to modern tools that we're just now understanding how valuable they are diet, exercise, cannabinoid supplementation, all of these things are powerful tools, that will help you be a really valuable person in the health community.

I mean, I think I can let you in on a secret that you probably already know that you know, the medical doctor that is charging a person $281 to treat their UTIs, these these stories that I hear about, that's going to go away because, you know, we're moving through a time where people are just not going to have that kind of resources, and they're going to be searching for somebody who has an answer that they can actually use, that they'll be able to afford.

So welcome to your moment to shine. Thank you so much. That was a good place to, end it there, although I would love to talk to you some more. We'll have to pick another time.

And, I want to invite our listeners to, jump in on the opportunity to purchase all the videos while they're available, because once we're done airing, they're gone.

And, you'll want to come back and revisit them and, make sure we get all the contacts and things like that. So, thank you, doc. And we're going to put all of your notes in the, in the show notes here, all the, availability, contact information and that kind of thing.

So thank you a million. It's been a great pleasure. You are welcome. Thank you. Reed.