Why Conventional and Natural Medicine Both Matter

One of my favorite sayings about One of my favorite sayings about conventional medicine and natural conventional medicine and natural medicine is the idea that conventional medicine is the idea that conventional medicine actually saved my life. If it medicine actually saved my life. If it wasn't for conventional medicine, wasn't for conventional medicine, I wouldn't be alive.

I wouldn't be alive. But, natural medicine gave me my life But, natural medicine gave me my life back. back. back. It gave me freedom. It helped me heal It gave me freedom. It helped me heal root cause. It helped me get confident root cause. It helped me get confident what food could and could not do.

what food could and could not do. It helped me get strong at a cellular It helped me get strong at a cellular level. It helped me make sense of my lab level. It helped me make sense of my lab work so I could be proactive about my work so I could be proactive about my health, about my longevity. It helped me health, about my longevity. It helped me reduce and eliminate trauma around my my reduce and eliminate trauma around my my body and made me feel like my body was body and made me feel like my body was on my side, that it wasn't fighting on my side, that it wasn't fighting [music] against me. But, looking back, [music] against me.

Holding Space for the Pros and Cons of IBD Care

But, looking back, this conversation specifically is about this conversation specifically is about reflecting on what is are the pros and reflecting on what is are the pros and cons of conventional medicine and cons of conventional medicine and natural medicine. Are they symbiotic?

natural medicine. Are they symbiotic? Can they truly help us in our goals and Can they truly help us in our goals and our vision, even if we [music] don't our vision, even if we [music] don't want to necessarily be on medications want to necessarily be on medications for the rest of our life, even if we for the rest of our life, even if we don't necessarily agree with our doctors don't necessarily agree with our doctors or feel heard, or feel heard, or feel like the real issues in our body or feel like the real issues in our body are being understood by the people who are being understood by the people who service in our health? What is possible?

service in our health? What is possible? How do we make sense of steroids, How do we make sense of steroids, biologics, potential surgeries, biologics, potential surgeries, uh potential uh potential uh you know, lighter medications like uh you know, lighter medications like mesalamine or natural medicine? What can mesalamine or natural medicine? What can we expect from both? Are they truly we expect from both? Are they truly symbiotic? Let's get into it. So, I symbiotic? Let's get into it. So, I wanted to do today's training because wanted to do today's training because it's an important conversation that not it's an important conversation that not many of us many of us ever get the space and time to be held.

ever get the space and time to be held. So, I know you are probably like me So, I know you are probably like me where you go to your doctor and you have where you go to your doctor and you have 5 minutes, you don't feel heard. They're 5 minutes, you don't feel heard. They're saying food doesn't matter. They're saying food doesn't matter. They're saying there is no root cause. They're saying there is no root cause. They're saying parasites are woo-woo or saying parasites are woo-woo or candida's not a core problem. At the candida's not a core problem. At the same time, they're not even doing a same time, they're not even doing a stool test on you. They're not really stool test on you. They're not really looking at functional lab work. They're looking at functional lab work. They're not really listening to your symptoms not really listening to your symptoms and help building a plan. They're not and help building a plan.

Why Root Causes and Support Matter

They're not talking about whether certain food is talking about whether certain food is causing an allergy or sensitivity or causing an allergy or sensitivity or you're having reactions to certain you're having reactions to certain amount of fiber or oxalates or amount of fiber or oxalates or polysaccharides, all different types of polysaccharides, all different types of plant defenses.

plant defenses. But you know you're not crazy that these But you know you're not crazy that these things are hurting you. But when you things are hurting you. But when you have the conversation with your doctor have the conversation with your doctor and you talk about these things, a lot and you talk about these things, a lot of times you are quickly told that none of times you are quickly told that none of it matters, don't look too much into of it matters, don't look too much into it, and the only thing that you and I it, and the only thing that you and I can do is take drugs for the rest of our can do is take drugs for the rest of our life.

life. life. That's part of the reason why we even That's part of the reason why we even got here. got here. Not being heard, not being understood, Not being heard, not being understood, obvious answers that are false, that obvious answers that are false, that there are root issues, that food does there are root issues, that food does matter, that stress does matter, that matter, that stress does matter, that the microbiome imbalances is a real root the microbiome imbalances is a real root issue, that poor digestion and gut issue, that poor digestion and gut lining, lining, lining, uh leaky gut and mucous membrane uh leaky gut and mucous membrane degradation are real root issues to why degradation are real root issues to why we're getting such chronic symptoms of we're getting such chronic symptoms of inflammatory bowel disease.

inflammatory bowel disease. The more we look, the more we know it to The more we look, the more we know it to be true. It's almost self-evident. be true. It's almost self-evident.

So what's happening is we're losing that So what's happening is we're losing that confidence in the conversation we're confidence in the conversation we're having with the doctor, which we're having with the doctor, which we're lucky to get 5 minutes to have anyways.

lucky to get 5 minutes to have anyways. So we're not building that trust, we're So we're not building that trust, we're not getting that time and space to not getting that time and space to really talk about the pros and cons of really talk about the pros and cons of conventional medicine and natural conventional medicine and natural medicine. What's real, what's woo-woo?

medicine. What's real, what's woo-woo? In conventional medicine, what should I In conventional medicine, what should I really consider? What's just a bad really consider? What's just a bad decision? What's just fear tactics?

decision? What's just fear tactics? And today is the time for us to really And today is the time for us to really break down that that conversation, hold break down that that conversation, hold space, because I wish someone had hold space, because I wish someone had hold space for me when I was on Entyvio, when space for me when I was on Entyvio, when I was cycling on and off prednisone for I was cycling on and off prednisone for 4 years, when I was on methotrexate or 4 years, when I was on methotrexate or 6MP, 6MP, 6MP, when I was on budesonide, when I was on when I was on budesonide, when I was on mesalamine, when I was on feeding tubes, mesalamine, when I was on feeding tubes, TPN feeding tube.

TPN feeding tube. When I was on painkillers and Ambien, When I was on painkillers and Ambien, and I was cycling on and off antibiotics and I was cycling on and off antibiotics because the infections kept coming back.

because the infections kept coming back.

Conventional Medicine Saved My Life

And I never had time to really speak And I never had time to really speak with anyone about what was happening in with anyone about what was happening in my life.

my life. And my parents didn't have the And my parents didn't have the education. A lot of the naturopath

education. A lot of the naturopath doctors I had seen have never been on doctors I had seen have never been on the drugs or didn't specialize in IBD so the drugs or didn't specialize in IBD so they didn't have the education.

they didn't have the education. And then I was just a lost young man who And then I was just a lost young man who didn't know what to do. didn't know what to do.

And so let's hold space for each other And so let's hold space for each other and let's have a healthy logical and let's have a healthy logical conversation about this.

conversation about this. So let me say it again. Looking back, So let me say it again. Looking back, it's been 15 years since I I nearly died it's been 15 years since I I nearly died of this disease. I mean 13 years, of this disease. I mean 13 years, somewhere around there.

somewhere around there. And And And I say that conventional medicine saved I say that conventional medicine saved my life. If it wasn't for conventional my life. If it wasn't for conventional medicine, I'd be dead. But natural medicine, I'd be dead. But natural medicine gave me my freedom back. What medicine gave me my freedom back. What do I mean?

do I mean? In 2014 when I was at the height of my In 2014 when I was at the height of my sickness and I was fighting for my life sickness and I was fighting for my life living in a hospital for about 6 weeks living in a hospital for about 6 weeks at a time on a TPN feeding tube, 200 mg at a time on a TPN feeding tube, 200 mg of infused prednisone. I was on Entyvio, of infused prednisone. I was on Entyvio, I was on methotrexate, I was on Ambien, I was on methotrexate, I was on Ambien, I was on 3 g of Dilaudid which is the I was on 3 g of Dilaudid which is the strongest type of painkillers you could strongest type of painkillers you could give to somebody in a hospital and I was give to somebody in a hospital and I was getting it every day.

getting it every day. And I was bedridden, didn't walk, didn't And I was bedridden, didn't walk, didn't leave the hospital for 6 weeks, leave the hospital for 6 weeks, housebound for a year.

housebound for a year. All that whole situation, if it wasn't All that whole situation, if it wasn't for those steroids, if it wasn't for for those steroids, if it wasn't for those IVs, if it wasn't for those IVs, if it wasn't for the biologics, if it wasn't for the the biologics, if it wasn't for the antiviral chemotherapy, I would have antiviral chemotherapy, I would have died. There was nothing natural medicine died. There was nothing natural medicine could have done to save me at that could have done to save me at that point.

point. point. And it was then that I knew that it was And it was then that I knew that it was going to be the combination of natural going to be the combination of natural and conventional that was going to get and conventional that was going to get me back to where I wanted to be.

me back to where I wanted to be. And the benefit of the conventional is And the benefit of the conventional is it also saved me from the surgery. it also saved me from the surgery.

You see, in 2014 I was told I had to get You see, in 2014 I was told I had to get a total colectomy. a total colectomy. The surgeon was waiting outside of the The surgeon was waiting outside of the hospital waiting for the green light for hospital waiting for the green light for me or my mother to say yes, let's go me or my mother to say yes, let's go ahead and remove his colon.

ahead and remove his colon. It got so bad that they couldn't It got so bad that they couldn't actually do the surgery anymore because actually do the surgery anymore because I was life-threatening. So I had passed I was life-threatening. So I had passed the point that I could even get the the point that I could even get the surgery while I kept saying no.

surgery while I kept saying no.

Combining Natural and Conventional Treatment

Now I got lucky in that decision. It Now I got lucky in that decision. It wasn't the smartest decision because I wasn't the smartest decision because I put myself at great risk and some of us put myself at great risk and some of us aren't as lucky as I was in that moment aren't as lucky as I was in that moment to take that gamble.

to take that gamble. But in that moment But in that moment I realized what needed to be done. And I realized what needed to be done. And it was the combination of conventional it was the combination of conventional and natural medicine.

and natural medicine. So, first I would say that if you have So, first I would say that if you have been as sick as I was, been as sick as I was, that don't be scared to consider all that don't be scared to consider all your options.

your options. And write this down. And write this down. It's because it's everything combined It's because it's everything combined that's going to get you the result. It's that's going to get you the result. It's not just a supplement. It's not just a not just a supplement. It's not just a diet change. It's not just meditation diet change. It's not just meditation and EFT tapping or GNM, German New and EFT tapping or GNM, German New Medicine tapping, or any of that stuff Medicine tapping, or any of that stuff that's going to do it. It's everything that's going to do it. It's everything combined that's going to get you the combined that's going to get you the result. And even though we don't result. And even though we don't necessarily want to consider prednisone necessarily want to consider prednisone or biologics a lot of times, we have to or biologics a lot of times, we have to consider them when our body is asking consider them when our body is asking for it, when we need the time, space, for it, when we need the time, space, and freedom to get past an extreme and freedom to get past an extreme situation.

situation. situation. And that's what I did. And it was very And that's what I did. And it was very important. important. important. Now, looking back on that, there were Now, looking back on that, there were many times where when I went to the many times where when I went to the doctor and they said food didn't matter doctor and they said food didn't matter years prior and there's nothing you can years prior and there's nothing you can do about it, if I had had the training do about it, if I had had the training that I have now, if I had the guidance, that I have now, if I had the guidance, the coaching, the community, the the coaching, the community, the understanding of where to make sense and understanding of where to make sense and how to make sense of food and how to make sense of food and supplements and herbs and natural supplements and herbs and natural protocols to go after pathogens and protocols to go after pathogens and toxins stuck in the gut, to rebuild that toxins stuck in the gut, to rebuild that microbiome, to clean the liver properly microbiome, to clean the liver properly so I could properly detoxify, to help so I could properly detoxify, to help the colon properly evacuate toxins so I the colon properly evacuate toxins so I didn't have six, seven bloody bowel didn't have six, seven bloody bowel movements in the morning that I couldn't movements in the morning that I couldn't properly evacuate the colon, properly evacuate the colon, that could really help my body eliminate that could really help my body eliminate these toxins and rebalance the these toxins and rebalance the microbiome in the colon and stop that microbiome in the colon and stop that those infections that I had found later those infections that I had found later on.

on. on.

Why Natural Medicine Helps Conventional Treatment Work Better

Well, if I had a known that and had the Well, if I had a known that and had the training, which we do here in the Shield training, which we do here in the Shield Program, Program, Program, it would have really helped all those it would have really helped all those medications I had used prior work much medications I had used prior work much better.

better. better. So, write this point down. Everything So, write this point down. Everything you do in the Shield Program, everything you do in the Shield Program, everything you do in natural medicine, you do in natural medicine, smartly, I will say, smartly, I will say, it can only help it work better.

it can only help it work better. When you aim to increase nutrient When you aim to increase nutrient absorption, reduce inflammatory response absorption, reduce inflammatory response from lifestyle, from diet, from toxin from lifestyle, from diet, from toxin exposure, it helps biologics and exposure, it helps biologics and immunosuppressants

work better. It helps immunosuppressants work better. It helps steroid immunosuppressants work better.

steroid immunosuppressants work better. It works in conjunction, and the adverse It works in conjunction, and the adverse reactions of conventional medicine goes reactions of conventional medicine goes down. Many of us are getting adverse down. Many of us are getting adverse reactions, and I really believe this reactions, and I really believe this because we continue to have alcohol, and because we continue to have alcohol, and we continue to eat McDonald's, and drink we continue to eat McDonald's, and drink soda, and think because we're on soda, and think because we're on Remicade, well, I've already conceded to Remicade, well, I've already conceded to the Remicade, so let me go back to this the Remicade, so let me go back to this normal life, and the Remicade should normal life, and the Remicade should work. The chance of the That's one of work. The chance of the That's one of the reasons why I think also the the reasons why I think also the biologics and all the medications are biologics and all the medications are working poorly. We're only getting 20 to working poorly. We're only getting 20 to 30% efficacy is because we're continuing 30% efficacy is because we're continuing to bombard our body with inflammatory to bombard our body with inflammatory lifestyles. Now, you got to do both. And lifestyles. Now, you got to do both. And the number one thing we want to do right the number one thing we want to do right now in this conversation is do our best now in this conversation is do our best to avoid a surgery or another surgery.

to avoid a surgery or another surgery. Do we agree? That's the biggest thing. Do we agree? That's the biggest thing. We can always get off a medication. We We can always get off a medication. We can't always get our colon back. We can't always get our colon back. We can't get always get our ileum back. And can't get always get our ileum back. And if you already had one surgery, it's if you already had one surgery, it's important we don't get more. You know important we don't get more. You know the risk if you've had a surgery, that the risk if you've had a surgery, that more surgeries are considered down the more surgeries are considered down the pipeline.

pipeline. pipeline. We have members in the Shield program We have members in the Shield program around the world who've already had around the world who've already had three, four, five surgeries, and still three, four, five surgeries, and still suffering.

suffering. suffering. Still at 20 bowel movements a day. Still Still at 20 bowel movements a day. Still pain, still cramping. Still urgency, pain, still cramping.

Strategic Use of Mesalamine and Steroids

Still urgency, still calprotectin 800, 1,200. After still calprotectin 800, 1,200. After multiple surgeries and biologics. multiple surgeries and biologics.

This is not a game we want to play This is not a game we want to play around with. So, write down what I said. around with. So, write down what I said.

It's everything combined to get the It's everything combined to get the result. Now, what I want to talk about result. Now, what I want to talk about is making sure that we start to have is making sure that we start to have good strategy about what medications and good strategy about what medications and what natural medicine we consider. And what natural medicine we consider. And before I go into an opinion, before I go into an opinion, just an educational just an educational podcast from a person who's been down podcast from a person who's been down this road. I am not a doctor. I'm not this road. I am not a doctor. I'm not acting as your doctor. This is not acting as your doctor. This is not medical advice. This is my opinion medical advice. This is my opinion from someone who is chronically sick, from someone who is chronically sick, life-threatening Crohn's colitis, and life-threatening Crohn's colitis, and made certain decisions to move into more made certain decisions to move into more of a natural way and be able to stay of a natural way and be able to stay there for over a decade. And I'm going there for over a decade. And I'm going to tell you that everyone needs and has to tell you that everyone needs and has a unique answer here, that everyone has a unique answer here, that everyone has to look at this for your own case, that to look at this for your own case, that sometimes sometimes sometimes surgeries will be needed, sometimes surgeries will be needed, sometimes medications will be needed, sometimes medications will be needed, sometimes we're going to be ready and you can talk we're going to be ready and you can talk to your doctor about the idea of going to your doctor about the idea of going completely natural. Whatever you need,

completely natural. Whatever you need, I'm here for you to hold space and help I'm here for you to hold space and help that come true. That's my job, that's that come true. That's my job, that's what I do in this world is I hold space what I do in this world is I hold space and help create solutions. Okay? And if and help create solutions. Okay? And if you need support around that, right you need support around that, right below, just book your free 1-hour below, just book your free 1-hour session. Let's deep dive in your case.

session. Let's deep dive in your case. No hassle, no gimmicks, we're here to No hassle, no gimmicks, we're here to hold space for you. So, book that now if hold space for you. So, book that now if you haven't. Now, when we start looking you haven't. Now, when we start looking at how to be strategic with conventional at how to be strategic with conventional medicine and natural medicine, the medicine and natural medicine, the number one thing you're going to want to number one thing you're going to want to do is get into a place where you get do is get into a place where you get trained around how to start repairing trained around how to start repairing your body naturally. At the end of the your body naturally. At the end of the day, what's going to give you your life day, what's going to give you your life back, what's going to give you your back, what's going to give you your freedom, what's going to give you more freedom, what's going to give you more power, is what you're able to do on a power, is what you're able to do on a day-to-day basis from home.

day-to-day basis from home. How you handle your nervous system, how How you handle your nervous system, how you optimize your digestion, how you you optimize your digestion, how you optimize your microbiome, optimize your microbiome, how you optimize your gut lining or get how you optimize your gut lining or get rid of leaky gut, how you optimize your rid of leaky gut, how you optimize your immune system, immune system, how you target and treat root hidden how you target and treat root hidden pathogens that we know are there, pathogens that we know are there, parasites, candida, viruses, bacteria, parasites, candida, viruses, bacteria, and mold.

and mold. How we start going after hidden toxins How we start going after hidden toxins that might be one of the reasons we're that might be one of the reasons we're getting an autoimmune reaction, things getting an autoimmune reaction, things like microplastics.

like microplastics. If you don't know this about my case, I If you don't know this about my case, I was wearing Invisalign for a year right was wearing Invisalign for a year right before I was diagnosed with ulcerative before I was diagnosed with ulcerative colitis. Then, over the last few years, colitis. Then, over the last few years, we've seen clinical research show that we've seen clinical research show that people with inflammatory bowel disease people with inflammatory bowel disease have a 50% increase in the chance of have a 50% increase in the chance of microplastics in their gut than the microplastics in their gut than the average person. Is there a correlation?

average person. Is there a correlation? That's a potential toxin. Or the That's a potential toxin. Or the glyphosate toxin. Or the polysorbate 80 glyphosate toxin. Or the polysorbate 80 that makes up Jif and ice cream and that makes up Jif and ice cream and holds it together. Those are holds it together. Those are emulsifiers. Or these volatile organic emulsifiers. Or these volatile organic compounds or polychlorinated biphenyls.

compounds or polychlorinated biphenyls. These big words, PFA forever chemicals. These big words, PFA forever chemicals. These big words for chemicals made in a These big words for chemicals made in a lab that are in our air, food, and water lab that are in our air, food, and water that might be perpetuating a genetic that might be perpetuating a genetic response, right? Or a deficiency in our response, right? Or a deficiency in our body that causes a autoimmune body that causes a autoimmune hyperreactive response like inflammatory hyperreactive response like inflammatory bowel disease. So, that's where we want bowel disease. So, that's where we want to get trained. So, as we're looking at to get trained. So, as we're looking at those things, right? We just talked those things, right? We just talked about all those things. We want to go about all those things. We want to go after toxins. We want to go after after toxins. We want to go after pathogens. We want to get trained on how pathogens. We want to get trained on how to build a life that empowers our body, to build a life that empowers our body, especially if you've already been especially if you've already been diagnosed with inflammatory bowel diagnosed with inflammatory bowel disease cuz this has probably been disease cuz this has probably been happening for years.

happening for years. And then we want to consider what should And then we want to consider what should we look

at with conventional medicine, we look at with conventional medicine, why, and how could it help us? The why, and how could it help us? The number one thing I want to mention with number one thing I want to mention with conventional medicine, the number one conventional medicine, the number one medication that I actually have no medication that I actually have no issues with and I feel can be extremely issues with and I feel can be extremely helpful for us is mesalamine. It was helpful for us is mesalamine. It was actually accidentally discovered that it actually accidentally discovered that it could help with ulcerative colitis.

could help with ulcerative colitis. They found that uh this medication had They found that uh this medication had the ability to help the body metabolize the ability to help the body metabolize a reactive oxygen species called a reactive oxygen species called hydrogen peroxide in the colon. And if hydrogen peroxide in the colon. And if you look this up, they found that wait a you look this up, they found that wait a minute, this mesalamine helps reduce the minute, this mesalamine helps reduce the hydrogen peroxide buildup that happens hydrogen peroxide buildup that happens in ulcerative colitis. Our body can't in ulcerative colitis. Our body can't properly metabolize this. Part of an properly metabolize this. Part of an oxidative stress and inflammatory oxidative stress and inflammatory reaction. And that continues to reaction. And that continues to perpetuate damage and inflammation and perpetuate damage and inflammation and and and hurt that epithelial cell lining and and hurt that epithelial cell lining in the colon. That's one of the in the colon. That's one of the trademark issues of ulcerative colitis.

trademark issues of ulcerative colitis. And they found that if they took this And they found that if they took this orally or even did it as a suppository orally or even did it as a suppository that this 5-ASA stomach coder had that this 5-ASA stomach coder had anti-inflammatory effects. It helped to anti-inflammatory effects. It helped to reduce this hydrogen peroxide buildup.

reduce this hydrogen peroxide buildup. And it had benefits at reducing seen And it had benefits at reducing seen inflammation in colonoscopies or inflammation in colonoscopies or endoscopies.

endoscopies. endoscopies. And it helped to reduce bleeding, and it And it helped to reduce bleeding, and it helped to reduce pain and cramping and helped to reduce pain and cramping and urgency, classic signs in the colon of urgency, classic signs in the colon of ulcerative colitis. And it's something ulcerative colitis. And it's something that that that when I look at it now, and a lot of when I look at it now, and a lot of people say, "Well, I Dane, I'm going to people say, "Well, I Dane, I'm going to get off mesalamine, and I don't want to get off mesalamine, and I don't want to be on my mesalamine." And I always say, be on my mesalamine." And I always say, "Look, I've got no beef with mesalamine.

"Look, I've got no beef with mesalamine. It doesn't increase chance of lymphoma, It doesn't increase chance of lymphoma, tuberculosis. It doesn't cause more tuberculosis. It doesn't cause more issues issues issues um long-term around immune system. It's um long-term around immune system. It's not an immunosuppressant. It's not an not an immunosuppressant. It's not an immunomodulator. And very rarely do immunomodulator. And very rarely do people get really negative reactions people get really negative reactions with it. Some of us might get kidney with it. Some of us might get kidney kidney if uh reactions, but most of us kidney if uh reactions, but most of us don't. So, when looking at a medication, don't. So, when looking at a medication, I think if I was to look back, hindsight I think if I was to look back, hindsight 20/20 on on my own experience, I think I 20/20 on on my own experience, I think I would have advised myself to stay on would have advised myself to stay on mesalamine longer. Consider it as a mesalamine longer. Consider it as a suppository and/or it could be done both suppository and/or it could be done both cuz it can really calm down those those cuz it can really calm down those those issues.

issues. issues. And you can gain all the goals you can And you can gain all the goals you can hit all the goals you want. You can have hit all the goals you want. You can have all the the wins you want with all the the wins you want with mesalamine cuz you don't need an mesalamine cuz you don't need an infusion.

infusion. infusion. You don't need an injection. It's You don't need an injection. It's usually cost-effective. Some insurance usually cost-effective. Some insurance makes it very tough.

makes it very tough.

Understanding Biologics and Immunomodulators

Okay? It makes it very expensive. So, it Okay? It makes it very expensive. So, it depends on where you live, what the depends on where you live, what the insurance companies will charge. But if insurance companies will charge. But if you're considering to run your shield you're considering to run your shield and do mesalamine at the same time, I've and do mesalamine at the same time, I've got no problem with that. And again, I'm got no problem with that. And again, I'm not a doctor. This isn't medical advice.

not a doctor. This isn't medical advice. It's just my two cents of someone who's It's just my two cents of someone who's lived it and who's had life-threatening lived it and who's had life-threatening case of this, who's gone through the case of this, who's gone through the entire journey and been on these entire journey and been on these medications myself. So, just my two medications myself. So, just my two cents.

cents. cents. The second medications uh class that we The second medications uh class that we look at is steroids. And the two main look at is steroids. And the two main steroids that we have to consider are steroids that we have to consider are budesonide and prednisone.

budesonide and prednisone. Now, these are cortisol steroids that Now, these are cortisol steroids that help to raise cortisol in the body that help to raise cortisol in the body that helps to manage stress and inflammation helps to manage stress and inflammation in the body. And the good news about in the body. And the good news about this is a lot of us get massive symptom this is a lot of us get massive symptom relief really quickly quickly with relief really quickly quickly with prednisone. We'll go on 40 mg, and the prednisone. We'll go on 40 mg, and the doctor would tell us to taper down. 40 doctor would tell us to taper down. 40 to zero maybe 10 mg taper per week. It's to zero maybe 10 mg taper per week. It's commonly what what my doctor recommended commonly what what my doctor recommended to me. And the issue with this is at to me. And the issue with this is at first it works really well. The first first it works really well. The first time I went on prednisone at heavy time I went on prednisone at heavy dosages. I was like 22, 21, somewhere dosages. I was like 22, 21, somewhere around there. And I remember the blood around there. And I remember the blood went away, the bowel movements started went away, the bowel movements started getting more formed and I said, "Oh, getting more formed and I said, "Oh, well, that's it." Now, little did I know well, that's it." Now, little did I know that you can't stay on prednisone that you can't stay on prednisone long-term and that if you continue to long-term and that if you continue to take large dose of prednisone that there take large dose of prednisone that there are a lot of side effects. Including are a lot of side effects. Including bone density issues, thinning of the bone density issues, thinning of the skin, increased chance of bleeding in skin, increased chance of bleeding in the gut lining, uh potential damage to the gut lining, uh potential damage to the microbiome long-term, potential the microbiome long-term, potential issues with your adrenal glands being issues with your adrenal glands being able to regulate its own cortisol and able to regulate its own cortisol and the stress response, moon face, anxiety the stress response, moon face, anxiety attacks, sleep issues, skin reactions.

attacks, sleep issues, skin reactions. These have all been reported as These have all been reported as potential potential potential symptoms with prednisone. We're all symptoms with prednisone. We're all different. Some of us get no response, different. Some of us get no response, some of us get really poor responses.

some of us get really poor responses. Now, I was on prednisone 40 to 60 mg up, Now, I was on prednisone 40 to 60 mg up, taper down for about 4 years on and off.

taper down for about 4 years on and off. And it saved me from really extreme And it saved me from really extreme flares where I didn't have to go to the flares where I didn't have to go to the ER room and be on an IV and and have to ER room and be on an IV and and have to get that surgery right there. So, at get that surgery right there. So, at that moment in the short-term, it did that moment in the short-term, it did save me from catastrophic experiences in save me from catastrophic experiences in that time.

that time. And I've seen people where their body is And I've seen people where their body is not strong enough to get a response, be not strong enough to get a response, be able to use this to give them space.

able to use this to give them space. So, So, So, I'm not uh prednisone is one that we you I'm not uh prednisone is one that we you want to be careful with and you have to want to be careful with and you have to understand. And speak with your doctor understand. And speak with your doctor about the benefits of it because when about the benefits of it because when you use prednisone, in my opinion, I you use prednisone, in my opinion, I want to have a natural plan in place want to have a natural plan in place while using prednisone. If I can use while using prednisone. If I can use both, both, both, and then slowly come off and then slowly come off uh the prednisone directed by your uh the prednisone directed by your doctor, and have a plan that reduces doctor, and have a plan that reduces inflammation, that increases nutrient inflammation, that increases nutrient absorption, that'll heal the gut lining, absorption, that'll heal the gut lining, the microbiome, everything we just the microbiome, everything we just discussed, I might be in a position discussed, I might be in a position where I can keep the symptom relief that where I can keep the symptom relief that I got from the steroids. But the biggest I got from the steroids. But the biggest problem is most of us are going to get problem is most of us are going to get our symptoms right back when we come off our symptoms right back when we come off the steroids. We're going to go right the steroids. We're going to go right back to blood, mucus, urgency, cramping, back to blood, mucus, urgency, cramping, and it might even get worse. And a lot and it might even get worse. And a lot of us see this as almost like a a fake of us see this as almost like a a fake remission because you're feeling so much remission because you're feeling so much better a lot of times on 30 or 40 mg, better a lot of times on 30 or 40 mg, but then a couple of weeks later stress but then a couple of weeks later stress hits, you've gotten more used to eating hits, you've gotten more used to eating out at restaurants and eating crappy out at restaurants and eating crappy food again because you're feeling food again because you're feeling better. But the moment you go down to 10 better. But the moment you go down to 10 mg, 5 mg, or zero, you start noticing mg, 5 mg, or zero, you start noticing it's back on and it's terrible. You it's back on and it's terrible. You don't know what to do. And so a lot of don't know what to do. And so a lot of times what our doctor will want us to do times what our doctor will want us to do is they want us to go on another dose of is they want us to go on another dose of prednisone at high dose.

prednisone at high dose. Or what they're going to say is you need Or what they're going to say is you need to go on a biologic while you're on the to go on a biologic while you're on the prednisone cuz the space that the prednisone cuz the space that the prednisone makes to calm down the prednisone makes to calm down the symptoms symptoms symptoms will help the biologic in the infusions will help the biologic in the infusions stage, right? The loading phase of stage, right? The loading phase of Remicade or Entyvio.

Remicade or Entyvio. So they'll say, "We need to get on the So they'll say, "We need to get on the biologic so by the time you're off the biologic so by the time you're off the prednisone we're past the loading stage prednisone we're past the loading stage and that the biologic can can try to and that the biologic can can try to maintain and suppress those inflammatory maintain and suppress those inflammatory reactions that the prednisone's doing reactions that the prednisone's doing for right now." for right now." So nine times out of 10 our doctor wants So nine times out of 10 our doctor wants to do is both. So we come off the to do is both. So we come off the prednisone, you've got the biologic prednisone, you've got the biologic there, and then hope that your body can there, and then hope that your body can get in remission with those two. That's get in remission with those two. That's the idea. Now, I would say in my the idea.

Building a Long-Term IBD Strategy

Now, I would say in my opinion, from my experience, if I'm opinion, from my experience, if I'm running a MyShield plan and I'm on and running a MyShield plan and I'm on and I'm I consider to go on prednisone with I'm I consider to go on prednisone with the doctor and I consider a biologic, the doctor and I consider a biologic, that's between you and your doctor. I that's between you and your doctor. I have that third wheel that's starting to have that third wheel that's starting to drive what actually the root issue is, drive what actually the root issue is, okay? Now, this is a good point to talk okay? Now, this is a good point to talk about root issues with inflammatory about root issues with inflammatory bowel disease from my perspective.

bowel disease from my perspective. Um based on what the doctors are telling Um based on what the doctors are telling us. You see, when you're on prednisone, us. You see, when you're on prednisone, as we're talking about a steroid like as we're talking about a steroid like prednisone at 40 mg, it's knocking out prednisone at 40 mg, it's knocking out the inflammatory response, but it's not the inflammatory response, but it's not doing anything for what

the body is doing anything for what the body is inflamed to.

inflamed to. This is a similar problem with This is a similar problem with biologics. If you're on prednisone and biologics. If you're on prednisone and it knocks down that inflammation, if you it knocks down that inflammation, if you are inflamed because you have an are inflamed because you have an underlying root issue of Epstein-Barr underlying root issue of Epstein-Barr virus that's active and your immune virus that's active and your immune system doesn't like it and genetically system doesn't like it and genetically your body doesn't like it or you got your body doesn't like it or you got exposed to a large amount of mold or you exposed to a large amount of mold or you have candida overgrowth or you have have candida overgrowth or you have severe bacteria overgrowth or chronic severe bacteria overgrowth or chronic dysbiosis, it might knock out the dysbiosis, it might knock out the inflammatory response to it, but the inflammatory response to it, but the root issues are actually just root issues are actually just exasperated.

exasperated. exasperated. Now this is what I believe to be one of Now this is what I believe to be one of the issues with the conventional side is the issues with the conventional side is if I don't treat the underlying if I don't treat the underlying dysbiosis, infection or toxic overload, dysbiosis, infection or toxic overload, it exasperates. It festers like a wound it exasperates. It festers like a wound and you keep putting harsher and harsher and you keep putting harsher and harsher immunosuppressants on it, but the root immunosuppressants on it, but the root issue festers. And so what happens is issue festers. And so what happens is the steroids or biologics worse work the steroids or biologics worse work less and less and less as time goes on.

less and less and less as time goes on. And so you need stronger and stronger And so you need stronger and stronger drugs until the point where they just drugs until the point where they just cut it out. But even if you cut out cut it out. But even if you cut out where the problem is, the underlying where the problem is, the underlying bacterial load, microbiome issues, toxic bacterial load, microbiome issues, toxic load, you can't cut all that out. It load, you can't cut all that out. It will continue to fester elsewhere. And will continue to fester elsewhere. And that's where this perpetual problem of I that's where this perpetual problem of I was okay for a number of years on the was okay for a number of years on the biologics. I was okay for a number of biologics. I was okay for a number of years with the surgery, but then it years with the surgery, but then it started festering again because the root started festering again because the root issue continues to move throughout the issue continues to move throughout the body until it's dealt with.

body until it's dealt with. And that's why I believe it's imperative And that's why I believe it's imperative that my no what no matter what you're that my no what no matter what you're doing, you want to start going after the doing, you want to start going after the microbiome, underlying pathogens, the microbiome, underlying pathogens, the gut lining. You want to fix the body.

gut lining. You want to fix the body. Now the problem is is being able to do Now the problem is is being able to do this in a way where you're working with this in a way where you're working with IBD specialists, you're working with IBD specialists, you're working with people who have done this themselves people who have done this themselves where they have a niche in IBD, where they have a niche in IBD, preferably have IBD themselves so preferably have IBD themselves so they've actually been through what you they've actually been through what you and I are talking about right now.

and I are talking about right now. That's our team. That's what we do and I That's our team. That's what we do and I believe we're the best in the world at believe we're the best in the world at it. We've been doing this longer, it. We've been doing this longer, stronger and have more success than any stronger and have more success than any coach, clinic, doctor I've ever seen.

coach, clinic, doctor I've ever seen. And so we're really proud of that and And so we're really proud of that and what we do. what we do. But, at that point, if I can start to But, at that point, if I can start to fix that root issue, the chance now with fix that root issue, the chance now with the prednisone knocking out the the prednisone knocking out the inflammation and staying away is a lot inflammation and staying away is a lot greater. The chance of me being on a greater. The chance of me being on a steroid and a biologic gets better cuz steroid and a biologic gets better cuz I'm actually going after some of those I'm actually going after some of those microbiome issues and underlying

microbiome issues and underlying pathogens that we have found and have pathogens that we have found and have seemed to be there. So, this is all very seemed to be there. So, this is all very key.

key. key. So, when you're considering going on a So, when you're considering going on a steroid, what is your plan that when you steroid, what is your plan that when you come off the steroid, that you're going come off the steroid, that you're going to be able to keep yourself in balance?

to be able to keep yourself in balance? Because if you are not wanting to go on Because if you are not wanting to go on a lifelong biologic, then you need an a lifelong biologic, then you need an alternative plan. In my opinion, need a alternative plan. In my opinion, need a natural plan to start trying and to work natural plan to start trying and to work with your doctor to show that, "Hey, I with your doctor to show that, "Hey, I can do this." And that's where we can can do this." And that's where we can step in.

step in. But, the other problem with the But, the other problem with the prednisone is a lot of times the doctor prednisone is a lot of times the doctor will put you on 40 mg, taper down 10 mg will put you on 40 mg, taper down 10 mg to really quickly, so you're off the to really quickly, so you're off the prednisone within a month. What I found prednisone within a month. What I found in my case is staying on 30 or 50 mg of in my case is staying on 30 or 50 mg of prednisone was way too intense to my prednisone was way too intense to my body. But, slowing down the taper at 10 body. But, slowing down the taper at 10 mg or 7 and 1/2 or even 15 mg was a lot mg or 7 and 1/2 or even 15 mg was a lot easier on my body. I personally had to easier on my body. I personally had to take an extra month to go from 7 and 1/2 take an extra month to go from 7 and 1/2 mg down to zero. I had been on mg down to zero. I had been on prednisone for so many months when I prednisone for so many months when I finally got off with that finally got off with that life-threatening experience, my body was life-threatening experience, my body was addicted to it. And my adrenal glands addicted to it. And my adrenal glands couldn't work. My body couldn't handle couldn't work. My body couldn't handle the stress of not being on the steroid.

the stress of not being on the steroid. So, it was really, really hard. Me So, it was really, really hard. Me personally, what I did is when I got personally, what I did is when I got down to 15 mg, I started dropping by 2.5 down to 15 mg, I started dropping by 2.

How to Prepare for Coming Off Medications

5 mg instead of five or even 10. And then mg instead of five or even 10. And then when I got down to about 7 to 5 mg, I when I got down to about 7 to 5 mg, I started dropping by 1 mg at a time. And started dropping by 1 mg at a time. And slowly working on my body's uh ability slowly working on my body's uh ability to manage that stress and that to manage that stress and that inflammation again. So, inflammation again. So, that's something that you can always that's something that you can always talk to your doctor about. We can always talk to your doctor about. We can always give you our opinion on. Again, this is give you our opinion on. Again, this is not medical advice. But, I I there's a not medical advice. But, I I there's a conversation that we can have around how conversation that we can have around how quickly we get off the steroids or why quickly we get off the steroids or why and that we can bring it up with your and that we can bring it up with your doctor and see if there's an agreement doctor and see if there's an agreement that if we go up a little slower we give that if we go up a little slower we give our body a little bit of time cannot our body a little bit of time cannot help reduce the risk that we just have help reduce the risk that we just have to go on another steroid especially if to go on another steroid especially if we're not ready to consider putting our we're not ready to consider putting our family or ourselves on lifelong family or ourselves on lifelong medications.

medications. medications. So prednisone is the most common and the So prednisone is the most common and the most successful that. The other one is most successful that. The other one is budesonide. Budesonide you won't go on budesonide. Budesonide you won't go on as high a dose usually it stops at 9 mg.

as high a dose usually it stops at 9 mg. It's not as easy to taper it's not as It's not as easy to taper it's not as strong but you can stay on budesonide strong but you can stay on budesonide for longer periods of time. So for longer periods of time. So budesonide is a lighter medication that budesonide is a lighter medication that the problems are not as bad. You can ask the problems are not as bad. You can ask your doctor if budesonide is a better your doctor

if budesonide is a better fit for you fit for you and then prednisone.

and then prednisone. Um and then we can also consider moving Um and then we can also consider moving the prednisone around at different the prednisone around at different dosages to help make sure we have a plan dosages to help make sure we have a plan to come off and come off hopefully to come off and come off hopefully uh for the last time. And we have uh uh for the last time. And we have uh other things that we've seen other other things that we've seen other people do with prednisone like I call it people do with prednisone like I call it the slingshot method where if we have the slingshot method where if we have someone who's very severe someone who's very severe and the doctor wants to use prednisone and the doctor wants to use prednisone we may consider going on prednisone to we may consider going on prednisone to be able to get rid of the response so be able to get rid of the response so your body can gain that weight back and your body can gain that weight back and get its iron levels up can tolerate this get its iron levels up can tolerate this food can handle the probiotics then as food can handle the probiotics then as you come off you're in a much stronger you come off you're in a much stronger position with your natural therapies to position with your natural therapies to do that.

do that. I once had a young man in the I once had a young man in the Philippines who was a 12-14 hour time Philippines who was a 12-14 hour time difference from me. He was about 16 difference from me. He was about 16 years old and I was supporting him as a years old and I was supporting him as a coach and he could not come off the coach and he could not come off the prednisone and we just talked his doctor prednisone and we just talked his doctor about slowing the taper so he could about slowing the taper so he could scale his probiotic regimen his scale his probiotic regimen his antipathogen regimen his detoxification antipathogen regimen his detoxification protocols that we needed more time on protocols that we needed more time on and it worked beautifully. Not only did and it worked beautifully. Not only did we get his calprotectin normal and his we get his calprotectin normal and his symptoms stayed away but as he was symptoms stayed away but as he was getting off the prednisone he was able getting off the prednisone he was able to stay off the prednisone once and for to stay off the prednisone once and for all. So he didn't get off as quickly as all. So he didn't get off as quickly as his doctor had first suggested but after his doctor had first suggested but after further consulting his doctor about further consulting his doctor about doing a longer taper doctor agreed. We doing a longer taper doctor agreed. We ran a natural protocol on top of that ran a natural protocol on top of that and had amazing results and were able to and had amazing results and were able to get off the prednisone safely. Now, get off the prednisone safely. Now, let's talk about biologics real quick.

let's talk about biologics real quick. Biologics, um there's really two Biologics, um there's really two different types of medications at this different types of medications at this point. There's immunomodulators that point. There's immunomodulators that don't suppress don't suppress uh the full immune system. They help uh the full immune system. They help modulate parts of the immune system and modulate parts of the immune system and common medications there are going to be common medications there are going to be oral versions of this, which is going to oral versions of this, which is going to be 6MP, methotrexate, Imuran, and I be 6MP, methotrexate, Imuran, and I believe actually Rinvoq is considered an believe actually Rinvoq is considered an uh uh uh uh immunomodulator, even though it's a lot immunomodulator, even though it's a lot of times treated as a uh biologic where of times treated as a uh biologic where it's recommended at a similar strength it's recommended at a similar strength dose. The issue with these types of dose. The issue with these types of medications, they modulate the immune medications, they modulate the immune system, you don't have to get an system, you don't have to get an infusion, they tend to be a little bit infusion, they tend to be a little bit more cost-effective, but they have a more cost-effective, but they have a similar risk versus reward profile of similar risk versus reward profile of biologics. Meaning that you do have to biologics. Meaning that you do have to sign waivers when you get on these sign waivers when you get on these medications that you do get an increased medications that you do get an increased chance of tuberculosis or lymphoma types chance of tuberculosis or lymphoma types of cancer. And that some people have had of cancer. And that some people have had uh major correlating problems 5, 10 uh major correlating problems 5, 10 years later. When you get on these years later. When you get on these medications, most of the time you're medications, most of the time you're going to be on them for the foreseeable going to be on them for the foreseeable future. So, what the doctor's not future. So, what the doctor's not telling you and I that we're going to be telling you and I that we're going to be on 6MP for 6 months and we're going to on 6MP for 6 months and we're going to get off. They tell us that we're going get off. They tell us that we're going to be on 6MP or methotrexate for the to be on 6MP or methotrexate for the foreseeable future was the term they foreseeable future was the term they kept using for me, which could be for kept using for me, which could be for the rest of your life. But, we have

had the rest of your life. But, we have had members come into the Shield program who members come into the Shield program who said, "Dane, I did develop tuberculosis said, "Dane, I did develop tuberculosis or other complications but which I or other complications but which I believe was from immunomodulation for believe was from immunomodulation for taking it for 6, 8, 10 years." I just taking it for 6, 8, 10 years." I just worry about taking these medications worry about taking these medications chronically forever what the chronically forever what the implications will be on our body, implications will be on our body, especially if you don't fix the root especially if you don't fix the root issues. So, write this down. Again, issues. So, write this down. Again, everything we do with natural medicine everything we do with natural medicine reduces the risk of conventional reduces the risk of conventional medicine. So, the chance of you getting medicine.

The Importance of Training, Community, and a Personal Plan

So, the chance of you getting severe adverse reactions on severe adverse reactions on immunomodulators or biologics or immunomodulators or biologics or steroids goes down the more you run your steroids goes down the more you run your Shield program.

Shield program. And the more you run your Shield And the more you run your Shield program, the more likely that the program, the more likely that the medications will get will work in medications will get will work in conjunction with Shield to get the conjunction with Shield to get the result putting you in clinical result putting you in clinical remission, normal colonoscopy, um um and remission, normal colonoscopy, um um and uh normal calprotectin, normal bowel uh normal calprotectin, normal bowel movements, opening up the food variety, movements, opening up the food variety, being able to travel more, and play being able to travel more, and play sports, and do all the things. Okay? So, sports, and do all the things. Okay? So, it's really a win-win. Less danger for it's really a win-win. Less danger for long-term usage and increased chance of long-term usage and increased chance of success.

success. success. Now, that's my opinion, and I feel very Now, that's my opinion, and I feel very confident in that um and what I've seen confident in that um and what I've seen having consulted and coached thousands having consulted and coached thousands of people with inflammatory bowel of people with inflammatory bowel disease. Thousands.

disease. Thousands. So, and not just going through my So, and not just going through my program, you know, one-on-one real work, program, you know, one-on-one real work, 3 to 4 months of private coaching, a lot 3 to 4 months of private coaching, a lot of years, 12-plus years of doing this.

of years, 12-plus years of doing this. So, when you're considering the So, when you're considering the immunomodulators, I personally I was on immunomodulators, I personally I was on 6-MP.

6-MP. 6-MP. I had a severe liver reaction. I had I had a severe liver reaction. I had severe night sweats, um shivers, severe night sweats, um shivers, couldn't wake up, couldn't work, lost couldn't wake up, couldn't work, lost weight very quickly. They immediately weight very quickly. They immediately took me off the 6-MP and put me on took me off the 6-MP and put me on Remicade. Yeah, I have seen people get Remicade. Yeah, I have seen people get some nasty reactions to some nasty reactions to immunomodulators. I don't think the risk immunomodulators. I don't think the risk versus the reward makes as much sense versus the reward makes as much sense where it might make more sense just to where it might make more sense just to go on a biologic than just try to find go on a biologic than just try to find this middle ground unless you think it's this middle ground unless you think it's really going to work. Personally for me, really going to work. Personally for me, the doctors put me on immunomodulators the doctors put me on immunomodulators plus biologics at the same time because plus biologics at the same time because I was so severe. They were using I was so severe. They were using everything they could to try to calm everything they could to try to calm down my body, but to no avail. Either down my body, but to no avail. Either with all of those medications, I still with all of those medications, I still got deeply sick because it didn't go got deeply sick because it didn't go after the root issues I later found. So, after the root issues I later found. So, those are the immunomodulators. I don't those are the immunomodulators. I don't you know, in my opinion, I don't like you know, in my opinion, I don't like the risk versus reward. I would actually the risk versus reward. I would actually say that there's probably a better risk say that there's probably a better risk versus reward with a Remicade infusion versus reward with a Remicade infusion than 6-MP.

than 6-MP. Just in my two cents. Again, I'm not a Just in my two cents. Again, I'm not a doctor. I haven't been trained in these doctor. I haven't been trained in these medications, just my experience and a medications, just my experience and a lot of the people I've consulted with, lot of the people I've consulted with, um their experiences. And so, when um their experiences. And so, when you're looking at biologics next, these you're looking at biologics next, these are basically cytokine inhibitors. So, are basically cytokine inhibitors. So, they take a part of the immune system they take a part of the immune system and turn off those types of cytokine and turn off those types of cytokine reactions. Like Remicade is a TNF alpha reactions. Like Remicade is a TNF alpha blocker or tumor necrosis factor blocker or tumor necrosis factor blocker.

blocker. blocker. And it takes this pro-inflammatory part And it takes this pro-inflammatory part of the immune system that 70% of it of the immune system that 70% of it lives in the gut and it tells it to turn lives in the gut and it tells it to turn off.

off. off. So, it says just just turn off. Now, the So, it says just just turn off. Now, the problem with this is you get infusions. problem with this is you get infusions.

Infusions are usually every 4 to 8 Infusions are usually every 4 to 8 weeks. If things go well, they'll go to weeks. If things go well, they'll go to maintenance dose of 8 weeks. If you're maintenance dose of 8 weeks. If you're continuing to have problems or the continuing to have problems or the levels in your body are not high enough, levels in your body are not high enough, then they're going to keep you at 4 then they're going to keep you at 4 weeks or keep loading up. Usually, weeks or keep loading up. Usually, children are going to have to get children are going to have to get dosages more often because their body dosages more often because their body can metabolize the Remicade a lot can metabolize the Remicade a lot quicker than an adult. So, a lot of quicker than an adult. So, a lot of times the child will be recommended 4, times the child will be recommended 4, 5, 6-week infusions even in even if 5, 6-week infusions even in even if they're getting the result in their they're getting the result in their remission they've been on Remicade for a remission they've been on Remicade for a year or two. So, the year or two. So, the biologics are a little bit more biologics are a little bit more complicated to the fact that you have to complicated to the fact that you have to get an infusion. They can They're get an infusion. They can They're extremely expensive. If you don't have extremely expensive. If you don't have great insurance, you could spend an great insurance, you could spend an absolute arm and a leg getting them.

absolute arm and a leg getting them. They have a very similar They have a very similar risk-versus-reward profile where yes, risk-versus-reward profile where yes, they can help calm down certain they can help calm down certain symptoms, but you get an increased symptoms, but you get an increased chance of tuberculosis, lymphoma. If you chance of tuberculosis, lymphoma. If you read through the the research, I think read through the the research, I think there's other issues that I'm not sure there's other issues that I'm not sure of the full correlation, but hair loss, of the full correlation, but hair loss, arthritis, skin reactions, mood issues.

arthritis, skin reactions, mood issues. Um it is common that I that doctors have Um it is common that I that doctors have put clients on certain biologics and put clients on certain biologics and then switch them because of adverse then switch them because of adverse reactions. So, you could be very reactions. So, you could be very sensitive to Remicade, but do well with sensitive to Remicade, but do well with Skyrizi or you could do bad with Skyrizi Skyrizi or you could do bad with Skyrizi and you could then do really well with and you could then do really well with Rinvoq or Entyvio or or any of these Rinvoq or Entyvio or or any of these biologics. Um so, you can have different biologics. Um so, you can have different reaction to these drugs depending on reaction to these drugs depending on which one you use. It is common that which one you use. It is common that I've seen that people have had to change I've seen that people have had to change their biologics two, three, four times their biologics two, three, four times to find one that worked or got a result.

to find one that worked or got a result. It is also possibility the doctor will It is also possibility the doctor will put you on two different biologics at put you on two different biologics at once to try to knock it out. So, using once to try to knock it out. So, using Entyvio and infliximab at the same time Entyvio and infliximab at the same time has been something for more severe has been something for more severe reactions I've seen.

reactions I've seen. But again, I think it's the thing same But again, I think it's the thing same thing we talked about,

building your thing we talked about, building your shield along with this, I think we'll shield along with this, I think we'll have the best risk versus reward, just have the best risk versus reward, just my two cents.

my two cents. Now, when considering a biologic, I was Now, when considering a biologic, I was on Remicade and then I was on Entyvio. I on Remicade and then I was on Entyvio. I They both didn't get me the result that They both didn't get me the result that I was hoping they would get me, but they I was hoping they would get me, but they both helped create space in my body to both helped create space in my body to calm down. When you're chronically sick, calm down. When you're chronically sick, you've got to do what you can to you've got to do what you can to to get all or to stop the inflammation to get all or to stop the inflammation so your body can absorb nutrients. Um so so your body can absorb nutrients. Um so your nervous system just could calm down your nervous system just could calm down so you can actually sleep. And that's so you can actually sleep. And that's really what it did for me. When I was on really what it did for me. When I was on methotrexate, you know, when I got out methotrexate, you know, when I got out of that hospital, I was on the of that hospital, I was on the methotrexate immunomodulator.

methotrexate immunomodulator. I was on 200 mg of infused prednisone. I was on 200 mg of infused prednisone. We went to 60 mg oral when I came out of We went to 60 mg oral when I came out of the hospital. Then I was on Entyvio the hospital. Then I was on Entyvio infusions every 4-week loading dose.

infusions every 4-week loading dose. And then I was on ambient. And then I And then I was on ambient. And then I was on painkillers, oxy, and then I was was on painkillers, oxy, and then I was on mesalamine and I was on Canasa on mesalamine and I was on Canasa steroid enema. I believe was most of the steroid enema. I believe was most of the things I was on at that point. And an things I was on at that point. And an antiviral chemo chemo orally after I'd antiviral chemo chemo orally after I'd stopped doing it intravenously. So, all stopped doing it intravenously. So, all of those drugs combined, my body was, of those drugs combined, my body was, you know, I was lost mentally, you know, I was lost mentally, spiritually. I could hardly think or spiritually. I could hardly think or talk or do. And I think that, talk or do. And I think that, you know, looking back, you know, looking back, when I looked at how to come at the when I looked at how to come at the biologics and how to come at the drugs, biologics and how to come at the drugs, it's first deciding what is, for me, it's first deciding what is, for me, what was the easiest for me to come off what was the easiest for me to come off and which one did I want to push down and which one did I want to push down the road and consider later on. So, when the road and consider later on. So, when you're looking at biologics and you're you're looking at biologics and you're on them, I just want to say, in my on them, I just want to say, in my opinion, it's not one that you want to opinion, it's not one that you want to quickly try to get off unless you have a quickly try to get off unless you have a very strong plan that you have a support very strong plan that you have a support that you feel confident with, you've that you feel confident with, you've spoke with your doctor with. Your doctor spoke with your doctor with. Your doctor probably won't agree with you, but probably won't agree with you, but remember, you are the CEO, you are the remember, you are the CEO, you are the boss, the doctor works for you, it is boss, the doctor works for you, it is your body, your body, and you have to decide what's best for and you have to decide what's best for you. So, I'm not going to tell you to do you. So, I'm not going to tell you to do something that's illegal, I'm I'm to something that's illegal, I'm I'm to tell you to get off your medications. I tell you to get off your medications. I will support you to to hit your dreams will support you to to hit your dreams and your goals that you want to hit. And and your goals that you want to hit. And I've had people come to me and say, I've had people come to me and say, "Dane, it is my mission and my goal to "Dane, it is my mission and my goal to get off my medications and to do and to get off my medications and to do and to not be on these for the rest of my life, not be on these for the rest of my life, whether it was to have babies or just to whether it was to have babies or just to feel confident back in their soul and feel confident back in their soul and spirit and they felt ready that they spirit and they felt ready that they understood what was happening in their understood what was happening in their body and they became enough of their own body and they became enough of their own best doctor or the CEO of their health best doctor or the CEO of their health to make that decision or they had failed to make that decision or they had failed many medications for years. I've seen many medications for years. I've seen this commonly and we've seen people this commonly and we've seen people successfully do this with normal successfully do this with normal colonoscopies, colonoscopies, colonoscopies, normal inflammation, normal normal inflammation, normal calprotectin, calprotectin, calprotectin, um normal symptoms. And so, I think um normal symptoms. And so, I think people have successfully been able to people have successfully been able to find certain issues of why they got find certain issues of why they got diagnosed with IBD and how they were diagnosed with

IBD and how they were able to control it. It's not easy. No able to control it. It's not easy. No one's plan is the same. It's not a one's plan is the same. It's not a guarantee. I'm not saying that there's guarantee. I'm not saying that there's this easy cure or something that you can this easy cure or something that you can do, but do, but what I am saying is that you can go what I am saying is that you can go after the dreams you want and I will after the dreams you want and I will always hold space for you to accomplish always hold space for you to accomplish that. That's a one-on-one conversation that. That's a one-on-one conversation we need to have and we need to deep dive we need to have and we need to deep dive uh on that if you hear what I'm saying uh on that if you hear what I'm saying right now in today's conversation.

right now in today's conversation. So, So, So, when when you're on the biologics, what when when you're on the biologics, what I would say is if you this your goal to I would say is if you this your goal to decide and tell your doctor that you decide and tell your doctor that you don't want to be on biologics, you want don't want to be on biologics, you want to have a plan that's usually 6 to 12 to have a plan that's usually 6 to 12 months to do so. I do not think that months to do so. I do not think that coming off biologics quickly coming off biologics quickly um is a good decision. I think if you um is a good decision. I think if you get to a place where you have to use the get to a place where you have to use the biologics and you just went on or your biologics and you just went on or your someone in your family just went on, someone in your family just went on, just give it some time.

just give it some time. And I want to revert back that And I want to revert back that everything you do in Shield, everything everything you do in Shield, everything you do naturally will only help them you do naturally will only help them work better and reduce the risk of being work better and reduce the risk of being on them. I was speaking with one of my on them. I was speaking with one of my old clients who I was was with for about old clients who I was was with for about a year and a half. Her 6-year-old a year and a half. Her 6-year-old daughter diagnosed ulcerative colitis.

daughter diagnosed ulcerative colitis. She was diagnosed ulcerative colitis in She was diagnosed ulcerative colitis in her 40s. Then we hadn't talked for about her 40s. Then we hadn't talked for about 3 years cuz she'd done so well and I 3 years cuz she'd done so well and I said, "Hey, how's how's your daughter said, "Hey, how's how's your daughter doing? How are you doing?" Both in doing? How are you doing?" Both in remission.

remission. remission. Both in remission, normal colonoscopies, Both in remission, normal colonoscopies, no problem. no problem. She decided to put her daughter on She decided to put her daughter on Remicade and get an infusion every 8 Remicade and get an infusion every 8 weeks and everything that we had done, weeks and everything that we had done, it only helped it work better, where she it only helped it work better, where she had no hiccups. And I felt confident had no hiccups. And I felt confident about the decisions she made with her about the decisions she made with her daughter because her daughter had been daughter because her daughter had been eating so good. We've been working on so eating so good. We've been working on so many things to rebuild the microbiome, many things to rebuild the microbiome, to help the liver, cellular to help the liver, cellular inflammation, and all of that's going to inflammation, and all of that's going to reduce the risk. And I we even talked reduce the risk. And I we even talked about it last week, like she's doing all about it last week, like she's doing all the things that we talked about where it the things that we talked about where it helps medications work better, and it helps medications work better, and it reduces the risk of long-term reduces the risk of long-term medications. And she's going to have to medications. And she's going to have to make that decision for her. Not all of make that decision for her. Not all of us want to make that decision. I'm us want to make that decision. I'm saying you have to. I'm just giving you saying you have to. I'm just giving you a case in point where the combination a case in point where the combination did work. That's part of today's did work. That's part of today's meeting.

meeting. meeting. So, if you are put on the biologics, and So, if you are put on the biologics, and what I wish someone had taught me before what I wish someone had taught me before is build a strategy that makes more is build a strategy that makes more sense. Reduce the risk of the biologic.

sense. Reduce the risk of the biologic. Try to make sure the biologic is work Try to make sure the biologic is work working. Get proof of concept of where working. Get proof of concept of where you are in a non-invasive way and a you are in a non-invasive way and a colonoscopy. So, where's your cytokine colonoscopy. So, where's your cytokine panel? Where's your calprotectin? Where panel? Where's your calprotectin? Where are the other

inflammatory markers?

are the other inflammatory markers? Where's your CRP and sed rate in the Where's your CRP and sed rate in the blood work? Is your liver enzymes blood work? Is your liver enzymes elevated? Are there signs Are you seeing elevated? Are there signs Are you seeing more and more signs that you're in more and more signs that you're in clinical remission? Then we can continue clinical remission? Then we can continue to have that conversation. So, right to have that conversation. So, right now, it's A, do I need to get in now, it's A, do I need to get in clinical remission with medications?

clinical remission with medications? Do I want to get in clinical try to get Do I want to get in clinical try to get in clinical remission without in clinical remission without medications before I even consider medications before I even consider trying them?

trying them? Or do I want to get off medications and Or do I want to get off medications and try to get stay or get in clinical try to get stay or get in clinical remission at the same time? All three, remission at the same time? All three, I've seen success. I've seen possible.

I've seen success. I've seen possible. In all three, you can speak with your In all three, you can speak with your doctor about what your goals are because doctor about what your goals are because this is your life, it's your body, and this is your life, it's your body, and you get to decide how it's going to go.

you get to decide how it's going to go. All right? Me personally, I have not All right? Me personally, I have not been on a medication since 2015, and been on a medication since 2015, and I've made it my goal, my mission to I've made it my goal, my mission to continue to get empowered with the IBD continue to get empowered with the IBD experience as someone who was experience as someone who was life-threatening to someone who's who's life-threatening to someone who's who's empowered and continue to build space empowered and continue to build space and and and a home and a training center for people a home and a training center for people like us because I had nowhere to go, and like us because I had nowhere to go, and I had no no way to really understand I had no no way to really understand this. So, the last thing I want to say this. So, the last thing I want to say is, you know, is, you know, we talked about the medications. We we talked about the medications. We talked about natural. I hope that you talked about natural. I hope that you realize that you always have options, realize that you always have options, and you start to realize, you know, the and you start to realize, you know, the pros and cons of each.

pros and cons of each. Um and that the big takeaway is is it's Um and that the big takeaway is is it's okay to do both. And just get your body okay to do both. And just get your body safe. Get to a place where you're safe. Get to a place where you're comfortable, you're healthy, and then comfortable, you're healthy, and then make the stronger decisions. Okay? And make the stronger decisions. Okay? And then go after that. When you try to do then go after that. When you try to do it all at once and you're not trained it all at once and you're not trained and you don't have a coach and you don't and you don't have a coach and you don't have, you know, the experience, have, you know, the experience, you're playing with fire. Are you you're playing with fire. Are you mentally and emotionally ready for that?

mentally and emotionally ready for that? So, make sure you are. And make sure you So, make sure you are. And make sure you get a connected to a community, a get a connected to a community, a training center. Right now, we've got training center. Right now, we've got 20, 30, 40 people listening to this live 20, 30, 40 people listening to this live right now where I'm about to do Q&A on right now where I'm about to do Q&A on this whole conversation with to help this whole conversation with to help them with their cases. That's the them with their cases. That's the benefit of Shield and IBD University and benefit of Shield and IBD University and why you can also consider joining our why you can also consider joining our community. Book a call below. Let's community. Book a call below. Let's build integrity and trust.

build integrity and trust. So, the last thing I did want to say is So, the last thing I did want to say is when you are considering not to use when you are considering not to use biologics, you have to be that much more biologics, you have to be that much more prepared and trained on how to live your prepared and trained on how to live your life.

How do you get in balance with life. How do you get in balance with food? How do you understand what's food? How do you understand what's happening in lab work?

happening in lab work? How do you understand the potential root How do you understand the potential root issues? How do you prepare for issues? How do you prepare for colonoscopy to get proof of concept?

colonoscopy to get proof of concept? When do you do a stool analysis or blood When do you do a stool analysis or blood analysis or urine analysis? analysis or urine analysis?

You know, and if you are going if you're You know, and if you are going if you're looking for a plan to come off looking for a plan to come off biologics, you need to be doing all that biologics, you need to be doing all that stuff before coming off the biologics.

stuff before coming off the biologics. Especially if you're considering Especially if you're considering pregnancy or you're considering, you pregnancy or you're considering, you know, going on this major adventure and know, going on this major adventure and traveling through Brazil where you're traveling through Brazil where you're not going to be able to get infusions not going to be able to get infusions or, you know, you're getting after your or, you know, you're getting after your your military career, your sports your military career, your sports career. All of it's possible. But, take career. All of it's possible. But, take action now. Start working with the team action now. Start working with the team and building out a plan and saying I and building out a plan and saying I want to accomplish this in the next 6 want to accomplish this in the next 6 months, in the next 12 months. Put a months, in the next 12 months. Put a plan together now. Start acting on it plan together now. Start acting on it now. Give yourself time and space for it now. Give yourself time and space for it not to go perfect. Give yourself time not to go perfect. Give yourself time and space to pivot, right? And realize and space to pivot, right? And realize that the biggest problem with biologics that the biggest problem with biologics is not just using them. It's the idea is not just using them. It's the idea that they're for life.

that they're for life. And so, what are the implications of And so, what are the implications of being on a biologic for 20 years? No one being on a biologic for 20 years? No one really knows.

really knows. So, what I want to do is I want to help So, what I want to do is I want to help you have a plan for the future. But if you have a plan for the future. But if it takes a year, realize how small of a it takes a year, realize how small of a amount of time that is in the scheme of amount of time that is in the scheme of things. A year is a very small amount of things. A year is a very small amount of time in what we're up against.

time in what we're up against. Chronic incurable disease for the rest Chronic incurable disease for the rest of our life with drugs for the rest of of our life with drugs for the rest of our life. We don't know what that looks our life. We don't know what that looks like 10, 20, 30 years. But I have seen a like 10, 20, 30 years. But I have seen a lot of people who've been on lot of people who've been on Remicade or Entivio or Skyrizi for 10, Remicade or Entivio or Skyrizi for 10, 15, 20 years.

15, 20 years. And I think that there's a even more And I think that there's a even more risk versus reward when it's been over a risk versus reward when it's been over a decade of on these medications. But decade of on these medications. But again, you have to consider again, you have to consider inflammation, surgeries, what's going on inflammation, surgeries, what's going on with your body.

with your body. So just remember that no matter what you So just remember that no matter what you do, the show program can only help. And do, the show program can only help. And that you don't need the answer, you need that you don't need the answer, you need your answer. Learn to build your own your answer. Learn to build your own custom solution. Make it simple.

custom solution. Make it simple. Make it make sense for your life, how Make it make sense for your life, how you eat, your culture, you eat, your culture, how, you know, what you're willing to do how, you know, what you're willing to do in a day, what work looks like, what in a day, what work looks like, what school looks like, what travel looks school looks like, what travel looks like. Make it yours because there's more like. Make it yours because there's

more than one way to reach the goal, to get a than one way to reach the goal, to get a massive result.

massive result. And that you can do this. And that you can do this. And that you don't just need symptom And that you don't just need symptom relief, you need training. You need a relief, you need training. You need a plan, you need to get empowered. That's plan, you need to get empowered. That's where we got lost. We didn't ask for where we got lost. We didn't ask for this, and none of us were specialists.

this, and none of us were specialists. And 99% of us didn't think we were going And 99% of us didn't think we were going to wake up and be a gut health to wake up and be a gut health specialist, you know, being being an specialist, you know, being being an expert in IBD. It just happened to us.

expert in IBD. It just happened to us. So find that training center, get it So find that training center, get it simple. You don't need to become a simple. You don't need to become a doctor, you need to simple doctor, you need to simple plans built for [music] you that you can plans built for [music] you that you can integrate.

integrate. integrate. And as you do that, it's going to get And as you do that, it's going to get easier, and you're going to get better easier, and you're going to get better results, and you're going [music] to results, and you're going [music] to transform your life. And it will end up transform your life. And it will end up being one of the best things that ever being one of the best things that ever happened to you because you'll be able happened to you because you'll be able to train those around you. You'll be to train those around you. You'll be able to serve yourself for the rest of able to serve yourself for the rest of your life because what you learn and your life because what you learn and what you get trained now will have major what you get trained now will have major impacts [music] in 3 years, 5 years, 10 impacts [music] in 3 years, 5 years, 10 years.

years. years. Be the CEO of your health. Be the CEO of your health. Don't just build the plan, build your Don't just build the plan, build your shield. Happy healing, plan. Build your shield. Happy healing, guys.