Want to Address the Root Cause? Discover Ketamine & Integrative Mental Health Transcript

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Introduction and guest background

Art of healing really is listening and trauma is not what happened to you. It is what happened inside of you and how that effect has on your body manifests in itself very uniquely.

So once we can uncover sometimes that root, we can really bring up and have that access to your true self. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome back to the Truly Healthy MD podcast. Today, I have the honor of having Dr. Alia Amag. She is the director and co-founder of Shaw Minds Healing Center.

This is in Sacramento, California. She integrates narrative medicine, complex care, Hetamine-assisted psychotherapy and integrative medicine to provide holistic care for adults and adolescents.

She is a former associate of pediatrics at UCSF. She taught narrative medicine methodologies and continues to conduct workshops for patients, for healers, and for educators.

Thank you so much for being here. What an honor and a pleasure And today we're going to talk about ketamine as an integrative tool to root cause treatment of mental and functional conditions.

A big welcome. Thank you for being here. Wow. That must have been a mouthful, but thank you for coalescing. Yeah, it's always. Experience of life in that.

I love meeting so many people through my podcast and it's just it's a pleasure and I'm so thrilled to have you here today as our listeners probably know psychiatry is such a difficult thing to treat because we as you know a conventional medical community sometimes we don't have real tools for healing sometimes we only have tools for making people feel less symptomatic.

And so I love, love, love speaking to every single integrative psychiatrist that I've ever met, especially those with expertise in nutritional psychiatry.

And what we're going to talk today about today is about ketamine, which is something that is up and coming. And it's amazing the healing that people can achieve from this.

So before we get into ketamine, tell us more about you as a person. I always read all these things that tell us how much training people have, but tell our listeners who you are as a person.

Tell us a little bit more about you. Okay. Well, I guess I'm a physician, of course, as you know. And before that, I am a mother, a wife, have married 28, nine years now and have traveled the world really, I feel, even early in life.

crossed over many different continents. These four, before coming to the United States, came as an immigrant to Texas, grew up, and then went back and worked overseas as well.

Because once you have the flavor of working or being overseas, I wanted my kids to have that experience of living overseas and kind of seeing the world.

And so I've seen a lot in my life, had my own traumas and my own experience, of course, as an immigrant and, you know, being an imposter, really feeling like, you know, I never really belonged in any one country.

I traveled from United States before that, was born in Africa, then lived in I had to leave Africa then go to England and so lived in Europe and then we moved to Asia and where I was in Pakistan and kind of had a unique childhood, I would say.

My father really stressed a lot on education. and opportunity was in the United States. And so we moved to the United States really to have a better opportunity.

And through those experiences of travel, of seeing and witnessing different cultures and languages and ways of living, I feel like I have a rich understanding of not just my own experiences, but kind of in that unique lens of seeing things from different angles as well.

And then, of course, when you speak different languages, that also really brings in the flavor of kind of the understanding of different facets of people's lives.

Language is an important component to how people communicate, of course. And so I feel very privileged and honored that I've had that experience of learning a different language, learning even English in different ways, right?

British English and American English. Absolutely. Even in Asia, the way we speak English is different. So even versions of English and then versions of different languages and dialects.

My mother is probably the most resilient person I know. And now as a physician and as a daughter, my father passed away kind of early in his life, at least.

And that was a very traumatic time for me and our family. But now I see my mother, a very resilient, very type, very, very capable woman of her time and how she's aging and how her life effects are coming through and showing up in her mental health.

And of course, when you travel different countries, you can see the culture and the way mental health is. seen or treated, there's quite a different variety of types of approaches.

How ketamine works as a healing tool

I've also had the experience of seeing and witnessing different types of holistic practices, both in Eastern and Western, and even in my own academic training.

And even as a professor, you know, really bringing in that element even with narrative medicine, right? Using the art, the creative arts of healing, using creative modalities to really understand conditions in a very unique way so that I think as providers, we often miss that element of how do we recognize what pain feels like?

You know, it's a very, pain is not just a number, it's actually, it has a context and it has a context in how people live with that pain but how well they communicate that and how well is how is that seen and understood and so I find that I've been able to use all my skills of through my life and now at this point in my life kind of coalescing all of those experiences into a place of healing, which is where integrative medicine comes in and where narrative medicine comes in.

And of course, with ketamine as a newer kind of modality or alternative modality to healing conditions that are treatment resistant. and we truly appreciate your support.

Amazing, amazing. I love all how you are able to bring all your life experiences to help people. I know that diversity right now is something that's a hot topic in the news and I strongly believe that diversity is the best thing for humans.

The fact that you have such a rich upbringing, I'm sure, helps you reach people at a deeper level than if you did not have that rich upbringing. So that's amazing.

Thank you for sharing that background. It always helps people understand us better when they know us as a person too, right? Not just as a physician. So thank you.

Thank you for telling us that. That's pretty amazing. So to the subject at hand, so you're in Sacramento, you have your own clinic where you practice root cause medicine and one of the things that you use is ketamine.

I think a lot of people see, I want you to help our listeners understand more about ketamine. I think a lot of people have this misconception that it's just for, you know, just for treatment of maybe depression, it doesn't really get to root causes, but how can you explain whether ketamine does or doesn't help people heal from a root cause approach?

Well, ketamine is a legal, I call it a legal psychedelic. And I say that word, it is a nuanced word because psychedelic to some people means, oh my God, is it a medicine that causes psychosis or is it a medicine that will change the way my brain works or will, because we often associate psychedelics to different substances.

but as a psychedelic and as a medicine that works on the nervous system as an anesthetic medicine as well in the sub anesthetic dosing it really allows for that body to enter into a deep kind of meditative state and in that meditative state one is able to help you use it as a tool to help process sometimes those feelings of anxiety, sometimes those symptoms being lifted during that state, and where patients can really access sometimes memories or have insights or even relax and where thoughts are, the default mode system of the brain is really turned down and one is able to access more of the sensory somatic sense corticals centers of the brain, just like we do when we dream.

So as we dream, that is a restorative state. And in that restorative state, there is an opportunity to really help process sometimes, as one has when one dreams about certain things that they recall, but without the emotional reactivity or without that response that the body has for that memory.

So it's a way of observing one's experience without feeling activated or triggered. And with that, there is an opportunity to really look and observe and separate the effect of that trauma that has on the body for that period of time.

Now, it is a medicine, and there are many types of experiences or effects that medicine has on an individual, and each time it's a unique effect. So it's really hard to predict what kind of effect patients will have, but as a medicine, it is an antidepressant.

It has helped reduce anxiety and it has helped reduce inflammation in the body. And so it works at that level as well. And it works on the whole different receptor system in the brain.

Most of conventional medicines are either SSRIs or SNRIs or medications that we use for seizures, right? That reduce again the activation of dysregulation activity in the brain, which causes symptoms like depression or anxiety or pain and even ruminating thoughts.

Who can benefit from ketamine therapy

So ketamine works on a whole different operating system, on the Gabinergic system, increasing glutamate and again tuning down areas of the brain that are where we have a lot of fixed mechanisms that create that ruminating negative self-talk.

And so kind of disconnecting that during your session can help kind of lift that patient away from that fixed ways of thinking. Right, great, great, okay.

So our listeners are people of all walks of life and I think there's a lot of people out there who could potentially benefit from ketamine therapy but just don't really haven't heard enough about it to understand if they could possibly benefit.

So what type of patients do you see in your practice that you treat? What kind of conditions do these patients have, those patients that you help with ketamine and for listeners out there who might be a good candidate to seek out this therapy?

Yeah. Well, when we first opened and our website went up, within a few days we started getting phone calls, really for patients who were just Googling and were looking for alternative treatments to help their depression.

Or they were really struggling, they had already tried many other things, other medications, and it was really in the middle of the night. that they were Googling and then we would get these phone calls.

We got a lot of messages on our phone system and it was unexpected because as a physician, I was thinking patients would come through the referrals, through other doctors or therapists.

But really, most of our patients that come to us are really patients who have tried everything else and nothing else has worked. Or they have a lot of complex trauma and haven't had a place or nothing in terms of therapy, they've come to a place where they cannot even do therapy or they are struggling with what's happening in their life because of their chronic condition.

And so they've been through the system. They have seen many, many providers. They have been on a slew of medications. And so that's really our typical patient, very complex and who have struggled for a long time and have really, the system has failed them.

And now that we know some of the data on treatment resistant conditions, we can say, yes, by the time a patient is on the third or fourth line of treatment for the depression, the efficacy continues to drop with each change of their medication.

So by the time that they're on the fourth trial of medication, their efficacy is only going to be about four to seven percent. So that means 93 to 96% of patients are not responding.

And that's based on the STAR-D trial and a lot of the studies that are now coming to light. So those are the type of patients that we see. We also take care of patients from veteran patients as well at our center and we're a referral center for the veteran organization.

And as you can understand, there's been a lot of trauma in military and there's a lot of moral injury. And so those are also the type of patients that we take care of and support.

And of course now, as a pediatrician, pediatric hospitalist, some of the things in my own experiences in emergency rooms was treating and finding a place for patients who were acutely suicidal.

and had no place to go and were waiting for beds and had to be transferred and often be being boarded in the emergency room, which is very, very traumatic in its own right.

Absolutely. So the other type of patients that we're seeing are patients who are acutely, you know, having suicidal thoughts. And so ketamine really is a medication that when it works, it has a very fast, robust response and really can be quite much more effective at treating suicidal ideation very quickly.

As you know, probably conventional treatments with SSRIs, it takes four to six weeks sometimes to clear those type of suicidal ideating thoughts. And sometimes the risk is even higher when you start medication with conventional treatments.

So there's always that risk factor associated with that. Our adolescents, the increase in mental health condition has since coming back to the United States after working overseas.

I was profoundly shocked by the rise in mental health conditions over the last few years, which is only getting worse. So the other cohort of patients that we are seeing are the adolescents and young adults.

COVID really, as you probably know, really brought to light mental health to a new level as well. And so that effect during COVID, we actually did open during COVID in 2021. And so it was pretty apparent that, again, access to care and patients who did not have a place to seek help or seeking help outside of the care because of COVID and because access became even more challenging.

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What to expect from treatment at the clinic

So I'm so glad that you're able to offer this. If somebody is thinking of going to a ketamine clinic, what can they expect? Is it, do they need to have a consultation with a physician first?

Do they just go in and get a ketamine? Is it just one session? Is it multiple sessions? What can they expect before they make that first phone call? Can they try to get in?

Yeah, well, there are a variety of clinics and types of ketamine treatment centers ranging from even in the hospitals. I mean, when I was first using ketamine as a hospitalist, we were using it for treating chronic regional pain syndrome.

We had patients often come in overnight and stay for a course of time for ib-ketamine infusions. Little did I know at that time that those patients were improving, their mental health was improving as well.

And you'd often see that when they would come in, they actually would want to do their treatments and they really looked different after their treatments.

So what would somebody expect? Our approach in our center really is around the whole person and really addressing not just the mental health condition, but who they are and what is their body's response to their condition as it is now.

So we really look at the whole person. We look at their functional health, we look at their nutrition and health, sleep health, their hormonal health sometimes, and other comorbidities, other factors that may be affecting or bringing, worsening their effect on their mental health, such as, you know, IBS or pain or immune conditions that may be a trigger or worsening kind of because all of it's connected, you know, the brain and the gut is connected, the sleep affects mental health, stress, of course, and how they're living, where they're living, what they're exposed to, their environmental health.

So we do try to take a very comprehensive look and their care. So the first thing is we would do a full kind of integrative appointment with them And then think about, well, what is their condition?

And would this be a good option for patients? Now, therapy is a very strong component to that. And that assessment of therapy, whether they're at a place to do the therapy, have they've had therapy before, what type of therapy they've had, and what is their belief and understanding of treatment.

and their willingness and their knowing that this is an intensive process and recognizing that they have to also be emotionally prepared to do sometimes this deep work.

So that's kind of our approach in our assessment and in our onboarding. Thereafter, we take on that approach and

tailor it to what would be most beneficial, meaning if we need to prepare for treatment, if they have IBS or if they have other conditions, we would consider, well, let's look at the nutritional component and really build that.

as you would when you would prepare for a big journey. If you had to hike up into Mount Everest, you wouldn't go without a plan, without preparation. So we really do stress that in our practice.

And then we start treatments, and those are usually IV intravenous or intramuscular treatments of ketamine. And then we provide the therapy before and after their treatment so that they have the whole, you know, their treatment is encased by support and facilitation.

And then there's a series of six sessions. We make assessments on how their response is, both clinically, objectively, and subjectively, and then follow the patients as they go through that.

And often maintenance is required thereafter. based on their response. That's our approach. There are many centers out there that just do IV ketamine infusions and do therapy or may not do therapy or may not stress that in our view.

And I think in a lot of the healing centers that stress kind of this approach, there's a lot of talk about, you know, taking this treatment differently than one would, you know, with just writing a prescription.

This is not a medicine that should be administered without, in our view, and in a lot of people's view, without that sort of consideration of, is this the right choice?

And there's an ethical component to that too, because sometimes that readiness is not there, and sometimes you may worsen in the fact if somebody's not prepared to sometimes to what comes up in their experience.

Absolutely. So it sounds to me like there are some places where people can get ketamine and it's just straightforward. You show up, you get the ketamine and you leave.

But who work with you need to be ready to do more work. They need to be ready to do the hard work, right? The hard work that might be more time consuming, more just an investment of their time.

and maybe their finances because they're spending more time with you. Do you see a difference in the long-term results with people who just go to a clinic without doing that hard work and the results that you get patients?

I would have to really look at that. I mean, our data and we've tracked our data and looked at our response and we actually have really good outcome. Most of our patients, 80-90% of our patients usually have a very positive, strong response.

I would say about 50 to 60 percent of our patients go into remission and stay in remission for a longer creative time than in comparative studies. If we look at, you know, broader outcomes across the board, I would say getting to remission in most places is about 40, 50 percent.

And remission means, you know, greater than 50 percent improvement in treatments, symptoms, and condition. from beginning. You can imagine, you know, when I was treating patients just conventionally, just even having any reduction in symptom took a long time.

And if there was even a significant reduction, that was much more limited. And so in comparison, you know, when we see treatment response, we see, are you okay?

Yeah. It's a cough. I muted myself, but I coughed. That's okay. You saw me coughing, but I don't think our listener saw me coughing because the camera was just on you.

Yeah. So we see that benefit quite dramatically. Sometimes within a few sessions, patients look different. They suddenly are, the depression is just lifted and that's pretty remarkable effect compared to any of the conventional

treatments.

And doing this for a long period of time, you even see patients feeling more physically active, they suddenly become more aware of drought. Well, now I feel like I can take care of my health.

I can actually now think about eating healthier. I can actually feel like I can go work out. So that level of motivation really is pretty responsive in a lot of our That's great.

Wow.

Ketamine for pain, inflammation, and complex conditions

And so obviously, people who come to you are probably looking more for the benefit of something that's more psychiatric, because you're a psychiatrist, but I heard…

What's that? I'm not a psychiatrist, but… Oh, are you? Well, okay. You practice. It's hard. you practice more of a psychiatric approach is what I meant to say, but you practice, you have a training in nutritional psychiatry and you practice a lot of that.

But what about the non psychiatric things like people who may have fibromyalgia or chronic fatigue? I, for example, in my practice, I have patients that have mold toxicity, Lyme disease, chronic infections.

Is there a place for people who have these things and don't have a primary depression as you said they're seeking for you. Yeah, yeah, I have treated I have had patients come in for treatment for ketamine and then I say, Oh, you know, this look at your gut health and I do, you know, some functional testing as well.

when indicated, and I'll say, oh, well, let's get a gut biome study. And let's look at that. And then, oh, my god, there's all this biosis here. Let's treat that while you're preparing.

And I've treated patients for that, and they don't need ketamine anymore. Or they come in with significant amount of pain, fibromyalgia. You look at the immune condition.

And I've had patients who had a positive response to their symptoms of fibromyalgia. with ketamine treatments as well. And I do sometimes look at inflammatory markers and I see sometimes a reduction in their inflammatory markers just with ketamine alone after treatment.

So that anti-inflammatory effect of ketamine is definitely there. When I have patients who have mold toxicity, as you mentioned, Yeah, I mean, that's something if it is indicated, I would screen for, you know, because you want to be able to address, again, the root.

And sometimes that root is not depression, it's small toxicity. And so assessing that and treating that and directing that to the right provider is also just as important.

A lot of our patients, the larger age group that we treat are women between 40s and 60s. And what's happening in that time frame is that transition of change, the perimenopausal symptoms, the postmenopausal symptoms.

So hormonal health is a very strong factor in mental health. And I think it is important to address that in their treatment. Absolutely, absolutely. And so anyway, sorry for misspeaking.

You're a pediatrician with training in integrated psychiatry, which is what I meant to say, but thanks for catching that. So as a pediatrician, you went to your MD, is that correct?

Yes. Yes. Okay. And so how do you see, and I'm an MD, a medical doctor too, how do you see what you're doing received by people, other people who are MDs that are, you know, just is just in the mainstream for the most part, and they don't have a lot of knowledge.

Is this something that at least we're able to talk to our conventional colleagues about, or do you find it difficult to talk to our conventional MDDO colleagues about?

Yeah, I would say there's two divides. There's the physicians that are curious about this and say, oh, wow, I've heard of this. And then there's the naysayers who say, no, what?

You're doing what? And then convincing sometimes those providers is, again, more challenging until they see the results. So I would say there's definitely a clear, you know, schools of thought on that, especially in conventional.

And I still work as a hospitalist and I, you know, see… the system very much still affected by the way things are happening in the healthcare field.

And it really brings me to pause if we don't change something now, we're only getting worse. The healthcare has become much more removed. much more, you know, much more removed from the bedside.

When I was training residents and students, you know, they were barely five minutes at the bedside and had to type up their notes and spend an extensive amount of time putting orders in and really removed from the bedside than when I was in residency, you know, when we still had paper charts.

and we could still work hard, but we weren't so conditioned to just be documenting and trying to be at the computer screen. And the stress level has increased in healthcare, especially for providers and some of the reasons why we're seeing burnout in the healthcare industry and the effect of providers also having been affected by the conditions of healthcare as it is, especially during COVID.

I mean, during COVID, this is when things became much more apparent and has even persisted, I would say, to some degree. So yeah, convincing the system is going to take time, I think.

And whether this is, you know, we do have to have more awareness, there has to be. And that's one of the reasons why I do advocate for education and teaching.

And I do a lot of work in the community with talks, presentations among my colleagues. And I, I see, I, you do see again, you know, more awareness, more curiosity to something different because, and I've had some physicians come through, you know, for themselves for treatment, but not as much as you would expect, you know, or I see a lot more nurses coming in for treatment because they've been at the bedside Yeah, yeah, I think nurses, you know, for good or for bad are a little bit more accepting of these holistic medallies.

Integrative medicine, burnout, and changing healthcare

I find it really interesting the psychology behind how physicians are some of the smartest people I know, but also some of the people that are have least plasticity to adopt new things.

So it's a really interesting thing. And I always love talking to colleagues that have the same background as I do. You were conventionally trained. And thanks to the diversity and the way that you grew up, you probably had a little bit more inclination to bring integrative medicine into your life.

But unfortunately, not everybody has that inclination. And so when they're conventionally trained and they're never exposed to more integrative things, they just don't.

it's hard. It's hard to reach them. And I think that's sad because being an integrated physician, as you and I both know, just means we, it doesn't mean that we suddenly forget everything we learned in medical school.

We still apply it day to day. I mean, you couldn't have your kidney clinic if you weren't, you know, a person with a license to prescribe, right? You had to be a doctor or, you know, obviously, nurse practitioners can also do this, but we are conventional doctors.

We just have a wider toolkit. And I would love for our physicians who are on mainstream to reach out to us more and ask us more and at least have that curiosity instead of just kind of an automatic knee-jerk reaction saying, nope, it's not mainstream, so it has to be wrong.

So that's one of my passion projects. And so I talk to doctors about that all the time. I talk to the public too. I tell them keep going to all your primary care doctor, to your specialist, and just tell them that there's doctors out there that are willing to talk to you about integrative medicine.

And just don't, don't, don't shut us off right away. So I'm trying, I'm trying to open that conversation, but it's just, it's always stunning to me how difficult it is sometimes.

And I always, I've, I've luckily been able to get a lot of people interested in integrative medicine. probably never would have thought that they would be okay with integrative holistic things because they understand that what we do is evidence-based and that we are still first and foremost medical doctors before being integrative, right?

You're right, the wider toolkit, I think. I think it's really simple, though, practicing medicine this way. It seems more natural. You can actually have a nice conversation with your patients.

You don't feel the pressure of time. You get to know your patients. And I think that's the way it was. You know, the art of healing is really sitting with and just listening and just learning about what the patient already knows and can already tell you what's wrong with them.

But if we have You know, I think because of the pressures of the system, I think that's what's taking an effect on health care. Not so much the doctor-patient relationship being impacted, but it's really just connecting with your patient, seeing them as a human being and as you would, you know, for yourself, you would want the same.

Yeah, absolutely. And as much as a lot of patients out there are frustrated with the way the medical system is and health insurance and the fact that doctors don't have enough time for them, believe us patients, we're just as frustrated as physicians.

It's terrible to have to feel that rush that insurance will only pay you for a few minutes with your patient and like you you alluded to earlier with the medical charting back when we only had paper charts it kind of made a lot of things easier because we could you know have eye-to-eye contact with our patients and not feel like we were happy to have our eyes on the screen all the time with the advent of these medical charts it helped a ton of stuff it helped but make a lot of processes faster the e-scripts are so much faster and a lot of things are faster but a lot of things are slower and more tedious for us physicians so they're just like patients are a lot of patients are not satisfied with the conventional medical system a lot of doctors even a lot of mainstream doctors aren't and the rates of burnout and physician depression are just skyrocketing they're huge and so I always welcome not only patients to look for integrative physician because they'll you know keep your conventional doctors you need them but also seek out some integrative care you're going to find more answers there you're going to find doctors who are happier but also to my colleagues to any MDDO that might be listening who is a little bit curious about what integrative medicine is, maybe you should look into a little bit of training because it leads to a lot less burnout.

We have more time with our patients. We can really help them heal a lot more instead of just symptom suppression. And again, I'm completely pro the whole medical system.

I know we need surgeons. I know we need big pharma. I want those to continue to thrive, but for more of the chronic conditions, that is where we're just seeing better results with the way that we work in integrative medicine.

So I really invite every physician out there to just be a little bit more curious and retell to us. You can ask us about what we do. Yeah. And I think just, like you said, just being curious, being questioning, you know, why the system is as it is.

There are things that one can do. I started this practice really because I was burned out myself. I could not do 15 minute appointments and do the whole care of that child.

And with all of the complexities that I was seeing, it was impossible. Burnout is real. And, you know, we really do get the opportunity to really do what we were trained to do in a lot of ways, you know, to ask those questions.

in a way that we wouldn't be able to understand, you know, how they were living. But we just don't get enough time to really get to that. And there is a lot of pressure on the outside of that.

So really lifting that component. And then, of course, training, you're right, training is important. And I continue to learn, as you can see, I've got just slew of, you know, topics, right, ways of learning and the aspect of other things besides just a prescription, you know.

There are things out there that really do invite healing and that could be spiritual practice, that could be an emotional release, that could be, you know, a better sleep.

It could be, you know, just connecting, you know, what's connecting with your loved ones or you know, having the being able to communicate. So that heals as well.

Amazing. Yeah, definitely. There's so many things that are not more medication. That's not another pill that is really healing. And that's something that I love talking to my patients about and seeing them heal by these.

practices that are not just not what they thought they were coming to me for before, you know, more medication, more advice. But sometimes that simple, simple advice of them spending more time with their loved ones is what really helps move the needle more than the prescriptions that I give them or the supplements that I recommend or the lab tests.

Those basic things are what the human body needs to drive. So I network with each other.

Healing through listening and trauma-informed care

you know, you know, we need to rebuild this understanding of care broadly, you know, I'm in Sacramento, you're in the Bay Area, who's out there, who's in the East, who's in the West, who's, you know, I think right now patients are kind of like, well, where do I go?

Who would actually, you know, do what you're doing. And I'm like, well, I don't know, you have to kind of navigate that. And that is a challenge as well, you know, how people, even physicians have to navigate, you know, the doctor that would be that would be able to spend time with their patients for their different conditions.

I mean, there's, you know, integrative gastroenterologists, there's, you know, integrative neurologists, and there's, you know, who do bring in that element as well.

So, We all need to be, you know, connecting as well and communicating and advocating for change, I feel, as well in the healthcare. Absolutely, absolutely.

It helps too, right? I know, right? Yeah, yeah. I mean, I think a lot of us, the reason that we're in this is because of the burnout that we had. The integrative training that we've gotten has helped us heal our patients, but first it helped us heal ourselves before it helped us heal patients.

So absolutely, this is such a beautiful conversation. I'm so glad that we've met through this podcast. You and I did not know each other before now, but I feel like we're going to have a great friendship going forward.

And so I really thank you for being here. I thank our listeners for listening to all of this. I hope those of our listeners who may be able to be helped by kidney therapy, that they continue to do research on this, that they seek out qualified providers.

And, you know, hopefully people find providers that are willing to have them do the hard work, not just go in for one infusion if they need to do that, but to be there, you know, each person has to be their own advocate.

But anyway, before we let you go, I know this was a ton of information. So if you could just give us three little pointers to our patients before we let you go, I would love that.

Okay. Well, the art of healing really is listening and trauma is not what happened to you. It is what happened inside of you and how that effect has on your body manifests in itself very uniquely.

So once we can uncover sometimes that route, we can really bring up and have that access to your true self. Absolutely. Beautifully, beautifully said.

And I'm so happy that you're healing so many people and that you'll continue to do so. So thank you so much for being here on the podcast. Thank you. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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