Podcast intro and Reed Davis background

Welcome to the health fix podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey, health Junkies on this episode of the Health Fix Podcast, I'm interviewing Reed Davis. He is a double board certified holistic health practitioner and a certified nutritional therapist.

he's globally recognized and he is an expert in functional lab testing. holistic lifestyle medicine. He's the visionary founder of Functional Diagnostic Nutrition, FDN.

You might see that behind a lot of health coaches and even nutritionists and other folks that will be behind their name. And so yes, Reed is the man behind the functional diagnostic nutrition certification course and he's empowered over 4,000 practitioners across 50 countries to take charge of their clients health and all of his experience by working as a health director in a Southern California Wellness Center.

And he'll tell you all about how he came to developing the FDN course just by what he saw in his Southern habits to get well and stay well, the DRESS, so dress method.

He's going to talk about conventional versus functional medicine. And then he's gonna give everyone a lovely little gift for hanging out with us, these step-by-step system to overcome unwanted health issues.

It's a webinar free to you for listening to this podcast. You can head to www.fdntraining.com forward slash health fix. So, let's introduce you to Reed Davis.

Reed, Davis, welcome to the Health Fix Podcast. Thank you, Janine. It's my pleasure to be here. Well, I've been excited to chat with you because I see a lot of folks who have the FDN designation behind their names.

I talk with a lots of them in different groups I'm in, masterminds, things of that nature. and I never knew who was behind all of FDM because I think for a lot of folks we we see you know the functional diagnostic nutrition like label between behind people's names and we're like okay they've got this certification but I Think a Lot of people don't realize there's there a guy behind this and there is a there Is a team and and so I'd love for folks to really get to know you a little bit today and kind of understand your background and where, you know, functional diagnostic nutrition kind of was born from.

So give us the scoop. How, how did you first start becoming interested in health? What was the first thing that, that set you thinking this could be something I want to dive into?

Was in the East and I was saving the whole planet, air, birds, water, trees, bees. I wasn't environmental law and conservation. And I saw how bad things were for the flora and fauna of the planet, and I simply started to wonder about people, like, well, what about us?

And, I was in my f***s already, And it was healthy, but I didn't want anything to sneak up on me. I saw enough dead birds and fish and then my employers at the time were making a lot of money doing that stuff and it seemed like that was their whole focus at some point where I thought they'd lost the mission because I really like the animals and the world, you know, just really trying to do a good job on a mission.

So anyway, then a friend of mine's father, who I was very close to, dropped dead of a heart attack or something. And they kept saying, well, he was perfectly healthy, and it just didn't seem like to me he could have been perfectly So all that was going on, environmental law, conservation, saving the planet, working for a big company.

And then at the same time, I was concerned about these things and I took my son into a chiropractic wellness center. He was a high school athlete. I started to just fall in love with that place and he got seven varsity.

I got a new career out of that, Janine, because I finally, after listening to the doctors in there talk about wellness and how the body works and the innate intelligence.

How FDN began and the first lab discoveries

I just said, hey, I want to work for you guys. And I talked myself into a job. And within a short period of time I was running that whole office and I also was interviewing every person walking in the door.

And to make it short, I just was blown away by the number of people coming into that office for alternative care. It was alternative versus their standard medicine.

This is 26 years ago. So it was really very distinct, alternative, standard. And I know there was some naturopathic and stuff going on at the time, but I didn't know anything about it.

I just knew these people were caught in a cycle of trial and error. They were trying anything, desperate, searching for answers that they weren't getting.

And in a lot of cases, they've been told nothing's wrong with you, but they knew something was wrong. And so I realized the wheel, the hamster wheel they were on and going from one clinic to another and didn't want to just be clinic number nine out of 14 that they had to try.

And one thing I do a lot of is motorcycle riding, especially in the hills of Southern California. I just recently moved to Florida, but I was there for 40 years, working in this clinic for 10. So I stayed at that clinic 10 years and interviewing people, finding out how many things they tried, 6, 8, 10 different practitioners.

And I just figured they were getting ripped off. I really never been to a doctor. I didn't know what the system was like, but I found out working with them.

And i just was out riding my bike one day and figured I'm going to be the last person they need to see. Now you can laugh if you want to, it's okay. Because I didn t know anything except how badly I wanted to serve this.

You know, I saw an opportunity as much as I want it to help them, And so I just thank God that I was able to run this alternative lab work. So the doctors there let me just do anything I wanted, really.

I'm pretty creative and very hardworking and sincere. And I really wanted to help. And I ran thousands of labs on thousands people. I spent 10 years in that office doing just that, face to face with Mrs.

Smith or Mr. Johns or whoever was walking in the door. If they would spend the money on the labs, I'd run the lab. and interpret them relative to each individual person.

See, the doctors there laughed at me and said, you can't diagnose or treat anything because you're not a doctor. Reed, You're going to have to figure out what's really wrong with these people and then teach them how to fix it.

Ten years later, I've made some observations. I had good coaching, but I made a lot of my own observations about who got better, And who didn't? You know, I could say some things that to your audience probably sound very obvious, but the people working closest to the underlying causal factors were the ones that got well.

Anybody who was just treating their symptoms, you know the kind of diagnosis treatment model, we're where they landed because that wasn't working for them.

And so after 10 years, people just started telling me I should be teaching. And, so, in 2008, I started teaching the first FDN course ever, and that caught on.

The people who took my first course, ever wouldn't go away. So, now we have this whole community in, you know, 50 countries, thousands of practitioners I've taught.

And frankly, there's a portion of them are actually professionals actually doing the work. And that's probably who you've had on your podcast as guests, because they're real do-gooders.

They're really, they are smart people. and they went through my program, which is very, very robust, and very tough stuff for most people Yeah, you know, I've seen, in different specialties, whether it's hormones, or whether its looking at celiac, gut stuff, You name it.

Yeah. You definitely have folks who have a wide variety of specialities or there's also generalists, much like myself when it comes to just helping with longevity and optimization.

And that's one of the things I wanted to definitely kind of talk about today because, before we hit record, kind of chatted about what I see and what people say.

And one of the biggest kickbacks I get from a lot of folks is, you know, oh, we're gonna optimize. So that means we are gonna run a whole bunch of labs that I don't necessarily need and I'm gonna spend a bunch a money and then I am like, no, let's step back here.

Because really what i've seen from your practitioners is that they are honing in on looking at symptoms, what someone is presenting with, and honed in what can give us the most information that, you know, perhaps folks come in with basic labs from docs and the docs are like, yeah, that you're normal.

If we're lucky, we can see those basic laps and see where they're not normal in a lot of cases we. But I think I would love to really kind of talk about your thought process when it comes to seeing these folks and being the last clinic that do you want them to ever be at.

How do we look at customization and optimization? Like how do see that lens and take it versus the like symptom based and band-aid based model? How did we bring it in?

What did you see with all of your experience and seeing all those folks that you're like, hmm, we do need some testing. We need advanced testing and I'll ping you on all these other things next, but what got you thinking about the testing?

And looking deeper. You know, I have to go back to the beginning and the first test ever ran was to check for food sensitivities because that was something that they'd never checked before.

I had a lady come in the office and she was complaining of her, she, was overweight. But it was because of medication that she'd been on for two years and it made her fat.

And she was feeling really down about that and telling me the story how she had just been to her physician who put her on that medication and told her she sick and tired of the weight.

The weight was really getting her down. Frustrating her because she was exercising and trying to eat right and it didn't matter on this medication for the hives.

So medication, for The Hives and he told her, she said, lady, you can be fat or you Can have the Hive's take your pick. And I'm sorry for laughing, but I was trying to get a word in edgewise because I thought I could help her.

Well, maybe I can help you. And she said to the doctor when he told her that, well, that's very depressing. He said, according to her, I Can write you a prescription for antidepressants if you'd like.

Which just, you and your audience totally would get the, it's not humor, but there's something strange going on here. When I finally asked her First name, why didn't you ever try to find out why you get the hives?

Her head snapped around so hard, I thought, well, you're not gonna need your chiropractic adjustment today. You know, she, what are you talking about?

So we ran some labs, found out she was very sensitive to some foods, like overly sensitive. And as soon as she stopped eating them, Now we got lucky. That was lucky because I've had other people with the hives and it didn't quite work out as well.

So I discovered a lot by running these labs and learning that you know if you get it right who are very frustrated. Within a very short period of time, she was off her medication.

I think it was only nine days. She called her doctor and says, I'm not taking this medication anymore. And I found out why I get the hives. What a concept, right?

And within a short time after that, Janine said she's working out to a sweat. And taking hot showers, which she hadn't done in two years, because even on the medication, she would get the hives sweating and taking a hot shower.

And she started losing weight. She was very, very happy. Of course, that's very heartwarming to a practitioner. You feel like you're a real genius, you know, but it makes you feel great.

So I learned very early on, if you can get it right, that you could really help people by staying focused on underlying causal factors. And diet and foods is one of them.

Then I started running hormone testing. Most of the patients were women in that age group. And around that time, 2001, the NIH study, Women's Health Initiative, determined that they would end this eight-year study after only five years because the medication, it was like permarin plus progestin, was making them worse.

Functional testing, hidden factors, and the DRESS method

It was creating worse than if you just had your hot flashes and night sweats, you know, like this. It was good for the bones, but for everything it caused heart conditions and all kinds of things.

So the study came out and it was really dramatic. It's quite a turning point in the world of hormones and that's back when doctors didn't know what to do.

There was no alternative for them. Eventually the bioidenticals came and people started understanding natural hormones better. So I was there when a lot of these things were going on, running labs and labs, and I ran way too many on some people.

If they'd pay for a lab, I would run the lab. But I had to eventually, first of all I made certain observations that a lotta that was not useful, waste of money, so I boiled it down to just a few simple tests.

And I'm gonna answer your question about Some of my graduates who are practitioners now, they focus in on certain areas, but that's not how I teach them.

I taught them a very broad way of looking at hormones, the immune system, digestion, detoxification, energy production, nervous system balance. So it's really a broad, because that is what I learned in the office.

Ten years, you learn a few things. And I ran all the labs and I identified these patterns that are there for most people. It's not, it's never just one thing.

There's no one causal factor. In fact, you know, back then we all had the handle root cause, root, cause we look for the root. Cause well, sometimes there isn't one effect.

They're having an effect on each other. that aren't even measurable. There's just not enough labs. I recognize this

pattern, hormone, immune, digestion, detoxification, energy production, nervous system, was there for almost every person.

That spell is hidden, by the way, H-I-D-T-E-N. Nice. So it's cute too. And so that pattern, just run these and then their chronic downward spiraling degenerative condition, you can see enough of the causal factors to have an effect.

That effect is brought about, that's the other half of what FDNs do. We can fix almost anything that is chronic, downward, spiralling, degenerate if there's time.

If there is time for the body to heal. If it's really contracted, that's when doctors with their medicine are actually quite useful. The observations we make, H-I-D-E-N, you need time to capitalize on those observations, and you the person to behave in such a way that they live themselves out of the problems that the've actually lived themselves into, usually over a long period of time.

And so that's what I teach, H-I-G-D-E-N, and then all the epigenetic factors that will actually make changes and they can get well, stay well. Use it for longevity and anti-aging and all this stuff.

That's how you live. It's called DRES and that is diet, rest, exercise, stress reduction, supplementation. If you've had one of my graduates on I know they talked about hidden stressors and the dress program and then most of the practitioners just for kind of it's kind a marketing and what you love to do aspect you niche and usually they're niching according to what their own personal problem was and so people come to I hope I'm answering this question correctly So yeah, it's a very wide spectrum.

The approach is to look for as many healing opportunities as you can identify with multiple labs, not this many, but this may labs. Identify enough causal factors to understand how to sort that person out.

We call it sorting out, I'm sure you heard this term from them, metabolic chaos. So we don't have a medical diagnosis. There's a metabolic chaos. Here's how you can sort it out.

And then you niche according to whatever your favorite group of people is, if it's menopausal women or irritable bowel or gut or migraines or skin or whatever it is.

Even children, there's ADD, ADHD. I've had remarkable by cleaning up their problems. So the niching thing, the fact that they're each kind of specialized doesn't mean they run less labs all the time.

They'll still run our basic labs because they want to address each causal factors and see what shakes up and it shakes out real well. You know, I'm glad you explained that for us because it's good for folks to know like what someone with the FDN designation can do for them, what's kind of the background, but also the component of when we're working with someone, diagnosis isn't necessary.

That's for insurance. And that's something I like folks really hear. It's more like, What's out of balance? What do we need to help repair or optimize or get working better?

However, whatever terms you want to put there. And I, you know, with any condition, and I'd love to hear your opinion when folks do go into different niches and whatnot, we're really looking at it as, yes, there's this big overarching problem that someone's coming in for.

But like you had noticed, There's the hidden factors that are all at the underlying stoop that's brewing underneath this. Am I getting it right? Yeah, that's what I observed over a 10-year period running thousands of labs and thousands people.

Man, if you're looking for that one root cause, guess what? There's studies that say that root-cause could have disappeared. You'll never find it because it doesn't exist anymore.

But the downward spiral, metabolically, the things that changed, are kind of burned in and the cause is gone, whether it was some mental emotional stressor, some chemical stressors, injury or assault or something like that, it's sort of gone but the downward spiral is still there.

If you get really stressed out enough, you know that you're catabolic, anabolic. goes out of balance. You get catabolic. Well then the body's actually breaking down.

Your sex hormones are the next thing to go because they're in that the steroidal family. Then after that's your immune system. That starts to break down a little bit.

But now you've got a dysbiosis. So the gut is now involved and you can see how the dominoes fall. when you run just a few labs, some saliva, urine, stools, little blood, and boy, you can discover an awful lot.

That way you're not practicing medicine, like pre-diagnosis, the clinical diagnosis, then you ran a lab to back it up. Oh yeah, I pat myself on the back, it's your thyroid.

It's never just your thyroid. There's nothing wrong with your thiroid, It is actually responding appropriately to the type and amount of stress that you are under.

And so we have to look upstream pretty far sometimes and again come up with multiple healing opportunities and then apply the principles of healing, the principle of health building in our epigenetic program, The Lifestyle Medicine Program.

Let's talk about that, you know, for a minute, because I think a lot of folks, it's hard. We have the Western medical conglomerate, let's call it that.

And that's magic pill, one thing, surgery, we've got that type of thought process, and then we have that whole type process. One thing you mentioned earlier is about taking time, time to heal.

time to to get the body back in order. And a lot of people are like, I want it now. I wanted yesterday, you know, i want the quick fix. What I'm hearing from you is, how important it is to look at lifestyle, How important is it to Look at these different things.

and I would love to hear kind of your theory on lifestyle. You know it because everyone's hearing moderation, be strict, do this, Do that. Give us give us a little bit of Your principles you're teaching for lifestyle for folks and how to optimize.

Sure, well thanks for the opportunity because this is where the rubber meets the road. For an FDN practitioner, the labs are important, but it's being able to coordinate the lab with a unique individual.

We call it clinical correlation. So the Labs are explaining why they feel so lousy and you've identified the healing opportunities. Here's what needs improvement.

And it could be the hormones, the immune system, digestion and detoxification. So there's multiple areas. And the body wants to heal. There's an innate intelligence.

It wants get better. You want to nurture that while you find the obstacles to healing and remove them the best you can, The body will heal, so we need time for that to occur.

and it's really important that you understand Rather than treating a specific thing, you can have a better overall outcome by just treating everything non-specifically.

So, diet and rest and exercise and stress reduction and supplementation, those five things, have an effect on every cell, tissue, organ, system. The entire organism just gets better.

Again, your nurturing normal function, find obstacles to healing. Hopefully they're not too much in the mind and emotions of the person. You're actually finding real obstacles.

Parasites, bacteria, funguses, viruses, food sensitivities, chemicals, and all these things, plus trauma, some known, someone known. But for me, if I had one thing, it would be old injuries from having such a well-used body.

I've just done so much crazy stuff, high-risk type sports and things. So aches and pains have the same effect on the body as, let's say, chemicals or emotions.

Your body doesn't care what kind of stress it is. it's going to react pretty much the same way, the hormones, immune system, digest and so on. So we know what the cascade looks like, but you can't tell a person that really.

You can say, Oh, just give us time. It's all going. No, they want relief seats and there's nothing wrong with relief care. Initially I learned this the hard way.

Lifestyle medicine, relief care, and behavior change

But you know, cause I ran some labs on this lady, she was having hot flashes and night sweats. I said, well, you don't, we're going balance your hormones.

We're gonna have you, uh, you know, eat better and get a good night's sleep and exercise and reduce stress and take, she wanted relief now. So you play kind of the intelligent allopathy game in, in we call it intelligent, allopathic relief cares.

Okay. You can find natural alternatives to toxic medicine and things that give a person a little relief. so, so you can't look at that as a totally bad thing.

And we might add that. That's one of the problems with modern medicine is it's so focused on the relief that you don't really get better. It's just get rid of pain and now you're fine.

Well, no you are not. You haven't stopped the downward spirals that are occurring. So, like you mentioned, pills and surgery. If pills don' work, don''t worry, we'll just cut those parts out.

I'm thinking of all the gallbladders we could have saved and other parts, much maybe even more important parts. So the idea of relief care is a touchy point for FDNs because we believe in healing, taking the time, using the innate.

It takes lifestyle, it takes dedication sometimes and some discipline even. Forming new habits, purpose, whereas relief care is so easy. So we call it Intelligent Relief Care.

And because you've done the lab work, you know, well, this will make you feel better now. You'll get some relief. Your hot flashes will go away, your night sweats.

But you got a lot of work to do here with the gut and all the other things going on. My approach would be long term. Get well, stay well. Anti-aging, longevity, and all that.

But if someone needs a quick fix, it's not the worst thing in the world. So that's where we might differ, because you find your adamant, no, your relief cares.

bad for you. No, it's not. You better get those hot flashes to go away pretty quick. Again, I kind of learned that. But you know, and some of the rest of it, just depends on the individual.

Like that lady with the hot-flashes. I mean, with The Hives. That was almost like a miracle. regularly and asked me if I worked with kids. And I love kids, I loved working with the kids they respond so quickly to a point, to the point we're making here.

She said you work with kid, so I go you know I've coached football for 15 years, raised four kids so yeah and why? She goes well they want to send my son home from school if i don't put him on drugs.

This is 20 years ago and the drug of choice was Ritalin. If I don't put them on Redland, they're going to kick him out of school. And I said, well, is there a doctor at the school diagnosing this?

No, it's just the teacher and the principal conspired. and told the mom. Again, this is over 20 years ago, but I wouldn't doubt if it's still happening.

And I said, well, do you think your son has a Ritalin deficiency? And she didn't laugh. She didn' think that was funny at all. As a matter of fact, she goes, no, I'm serious.

I don't want to put my son on drugs. Turns out he was only nine, by the way. So here's a teacher and a principal recommending a class two narcotic. That's the same class as cocaine.

Exact same designation to a nine year old. Why? Because they wanted the behavior to change. And so I'm going to make this real short now. I said, I don't know if I could help, but let's run some tests and see.

Within three weeks of getting the results, recommendations. By the way, i never met the young man. Just had the mom, just worked through the Mom. You know, here's the test kits and the whole thing.

within three, weeks the principal of the school tracked me down, Janine, and said hey this is the Principal got your name and number from the mom. I want to tell you this is a different kid.

He's not outbursting inappropriately, he's no poking the other kids. Staying in his seat and his grades have gone way up. And I was all feeling very proud.

You know how you get those shivers up your spine because you know you did good. Then he said, What'd you put them on? You know, and it just blew my bubble, just like, well, sir, you know.

We put him on a better diet, we put on him a bedtime schedule, an exercise schedule that your school isn't providing for him, things like that. So he didn't want to hear that, he just wanted to know what you got.

That was unfortunate, because I could see I was going to get every kid into school, as a client, but it didn' work out that way. One person at a time, when we make these discoveries, we do good work and we get the emotional satisfaction and a sense of exhilaration, freedom.

It's very emancipating when you know how to do work. But it took me 10 years to figure all that out. Yeah. And I imagine it's freeing for patients too because now they've taken their own health back in their hands versus relying on someone else to you know, give them a pill, something of that nature, where it's like, okay, I know if my guts offer, if I'm getting hives, last time, it was these particular things that were bothering me.

And say, you they try, OK, If it works great, then if not, they're coming back. They're come back to you to see, Okay, what direction do I go now? And of course, this is leading is how do you approach continuity of care with your folks that you're training?

In terms of clients and when they come back and kind of helping to explore, you know, one of the big things I'm always curious about is, are we repeating certain labs?

Are we going towards back to the hidden? Or are going back over that? Lifestyle? Give us kind a little bit of scoop there because sometimes things will come And sometimes they'll come back in different patterns, and I'm going after pattern kind of recognition.

So I was just kind throwing it out there. What's your thought process? And just so folks can kind hear how you're thinking, how FDNs might be thinking.

I teach them to teach. And so they're using the lab work and getting the data and teaching that client what the date is really telling us about the body and how it's functioning.

We call them healing opportunities. So you can teach someone and then they can go and teach somebody else. And that's my philosophy of my mission for years and years, and still is, I think 26, 27 years now.

Teach people, educate people how to get well and stay well naturally so that they in turn can teacher others. You've got to add that little piece onto it.

And so you're going to have people with very protracted multiple causal factor that will take longer than others. But I don't, and even back in the day, I didn't recall ever signing anyone up for more than a 90 day program.

Because I can pretty much teach you everything I know in 90 days. And then now you know. And they would make some progress. So we teach people how to live with and choose reasonable expectations.

If someone says, I weigh 300 pounds and in 90 days I want to be in a size 1 bathing suit, we would say, no, that's not reasonable. So you decide what's reasonable.

If they have a problem like the migraines and the headache, some of this stuff just goes away so fast. But with the protracted problems, you've taught them enough that they're going to know when to come back.

Or maybe they'll just continue. So 90 days, let's do another 90 day. We're on the right track, we know where it's going. And I want to continue to get your coaching and your guidance and things like that.

Other people, depending on the results they've achieved in 90 days, will say, thank you, I've got it from here. And we'll ask them for referrals. Who else do you know that we could help like this?

So I'm big on asking for referrals and I teach my practitioners how to have a referral based practice. You have to do good work, you have actually get results and that requires onboarding properly and lots of things, but you know, being careful who you take on as a client.

But you've taught people enough that they know when to come back. And yeah, I've had repeat. Business get a lady all fixed up cause me in a year. I've gone off the wagon You know because they they stop exercising they start eating crap again.

They do the things well That's where the health coaching has become such a great career because people want the ongoing Support so I'm not myself not a health coach I used a more authoritarian style of implementation and working with people, really teaching them that they need to be in control, that the need be aware, more self-aware and do things because it's the right thing to do.

That's pretty hard discipline, but I grew up with just that kind of parenting and Boy Scout and I pledge on my honor to, you know, all that stuff and so it is easier for some people than others.

So if they need the ongoing support and help, that's why health coaches are drawn to what we do, because they can provide the emotional repeat habit-forming coaching.

So that is part three, I guess. Let me put it to you this way. Part one is run the labs, get to know your person. Part two is create a program that's really going to be effective.

Part three is run the program. So that is really the only place you run into any issues. One and two are easy. Figure out, real quickly, the healing opportunities that you get to work on.

And here's what it's going mean if you work. Of course, you know what is going on if don't work it. That's where the behavior becomes more of a challenge than figuring out what's wrong with the person.

And a health coach that knows a thing or two could be a very useful person to have around. Yeah. Behavior is, you know, a big factor in anything, but especially when it comes to your health, because it's one thing I'll often tell folks.

You know we can do all the labs. We can figure out what we need to focus on and I can give you a protocol, But we've got to that behavioral shift and this is where you know, it's one of those things where folks will be like, well, I don't know if your program is going to work for me.

Well, are you going do the work is what I'll often put back. You have to. And part of our, we just use the term onboarding. I dunno how that sounds, but we ask people, obviously, what's your main complaint?

You know? If I had a magic wand, which one thing you'd like to change about the way you look or feel, and how often does that bother you, how long has that been going on, what have you tried so far that hasn't worked entirely, What's it going to mean to you if you get rid of this?

What is it gonna be like if don't? But the next question is probably the key one. Is there anything that would prevent you from completing a program if I decide to take you on as a client.

So right there, you're kind of flipping the script a little bit. They're not interviewing you to see if they want to hire you. You're interviewing them to if you want them too.

Client screening, coaching, and handling informed patients

We're choosing clients that we think are going to be successful. So you flat out ask them, first it's got to be in your wheelhouse, you know, what's wrong, how long has been going on, that stuff.

But what would stop you from completing a program? And for all the practitioners out there, if you're not asking this, before you even take them on before, even agree, Even if, no, and you really think you can help them.

You can't if they have these certain Things are going to stop them from finishing your program. Not starting it, finishing it. For us, that's only 90 days.

But still, and they might say, no, not really. I can't think of anything. Well, how about money? Well this is an investment. How about support from a family member?

Are you going have someone feeding you chips and beer? the whole time you're trying to behave yourself. And what about bad habits? Do you have any addictions that we're going to have to battle?

Because I want to know about them ahead of time. It's only fair. I'm going be your practitioner. You be honest with me. Tell me, are any of those things going stop us from completing the program because we probably shouldn't even start it.

Save your time and money. That's really important. The other questions would be around reasonable expectations and commitment level. Like how committed are you to doing this?

If they can't get past those eight questions, I might just say I don't think I'm the right practitioner for you. So you're starting out with really good, not just good intentions.

but again these expectations that it's a you know really most of the look i can figure out i'm gonna run the labs i could figure it out what to do but i just can't do it for you and it if you're gonna live yourself out of what you lived yourself into you are doing the living So you got to ask those questions.

And for anyone who's not a practitioner listening, you gotta look at those things like, are you willing to invest? My wife and I spend a lot of money on our health.

Why? Because we want to age gracefully. And enjoy our lives and stay active and do cool things. So we're willing

to invest and we support each other. We're always looking for support.

And not being around people who just want to drink and party all the time. You gotta make some choices in your life. I think that's sage advice for anybody listening because I a lot of us will think about going into programs and trying different things, whether it's a fitness program, going on a full FDN program.

And yeah, we may have certain expectations depending on someone's marketing, things of that nature. and having that clarification in there is huge. Because for many folks, I think we still have that same, like I'm saying, you know, those magic things, this person's gonna give me the magic thing that's going to make all the difference.

And if I only am in about 50%, it's still gonna work. I've learned, that is not… Yeah, You learned by experience. Kind of the hard way, I call it. You can learn from your own experience, you can from other people's.

That's kind of basis of my course that I teach. I can teach you in 10 months what it took me 10 years to figure out. And it's a lot of learning, but hopefully you don't have much to unlearn.

It's the other thing we run into. People who know too much already. Let's talk about that for a second because I always see that we're in the age of chat GPT where folks will have put their condition into chat, GP T and bring it into you.

I work between two states and one state on primary care provider. And so I will get that more often than in my more functional medicine side of the practice.

But yeah, folks we'll come in with that and say, this is what I did. Did all the research and I've been all of podcasts and on all different Facebook groups.

When someone comes with type of thing, What's your statement in that department? How do you handle that? Well, you know, the obvious question sounds kind of smart-alky.

How's that working for you? Yeah. So, you know, I said in the late nineties, had a lot to learn when I changed jobs. I just changed job. A lot. But I had nothing to unlearn.

Never really been to a doctor except for some sports injuries, couple motorcycle accidents and some dental work. That's it and then so I hadn't been indoctrinated or trained or it was all just kind of open book and I had a strong desire to be the guy that really helped whoever it wasn't in front of me and so and they were willing to spend the money to basically pay for my education.

If they'd pay for the labs, I would do the work. And so I can teach you in 10 months what it took me 10 years to learn. I think I just want to say that that's the angle.

Getting the data that tells you what's really going on and then using that to empower yourself or your patients. I think it's good to be real and authentic.

Sometimes I do lose track because I'm a creative person and I'll start thinking about things and hopefully it is enlightening or rewarding to the audience in some way.

the health fix. If you're interviewing my graduates who are out there in the world practicing FDN, which is just kind of a phrase that I made up when I had to teach my first course, and now I'm stuck with it.

There was nothing called that back then. And I'd been observing for 10 years the evolution of alternative. And there was that and there's white coat. Well, then complementary became a phrase.

Like, well, what is that? Well it's like a lot of whitecoat with a little bit of the other stuff mixed in. Because it actually helps and works. Well, then the next one was integrative because now it's by demand.

The patients were not demanding something besides just drugs and surgery. Hey, what about all this other stuff, diet and rest and exercise and all the things?

I think you mentioned CHAT GPT and how do we deal with those people who think they know something? I saw alternative, complementary, gradive. Now it's functional medicine.

Functional medicine, functional medicines. And you have people who are truly dedicated and understand a thing or two about underlying causes and looking upstream.

Other people just use it as a handle. They go to a weekend seminar and get a certificate. You're now trained in functional and they're still writing prescriptions for snotty noses, taking insurance back at the, you know, they are not really doing a good enough job.

And even, I'll call it real functional medicine, has not even finished evolving, it has finished not evolving. I will bring it back to Chet, GPT in just a minute.

So if functional medicine hasn't finished evolving, where's it going? It's going to be this right here, FDN. No medical diagnosis, no treatment of specific things.

It is using the innate intelligence of the body and treating every cell, tissue, organ and system simultaneously. Its called non-specific treatment. it just works better.

And that is with the caveat that if the downward spiral is really contracted, you need to go see a doctor. You know, if you have the Ebola virus you're not going to call your FDN practitioner or nutritionist or personal trainer or any of those people.

If you are a victim of a drive-by shooting you know you got to stop the bleeding right or fix the bone or whatever. So there's always a use for good medicine but we you Chronic degenerative downward spiraling things that we deal with that take time, you know, You got to be able to make observations that are useful and we do and then apply the general principles of health building which we have and the person has to just perform.

So if someone comes to us and chat GPT, which by the way, I like AI, until it takes over the world, then I'm gonna hate it. And I hear all those theories and stuff, but no chat, chat GPT, I use perplexity, if anyone wants perlexity.ai is really a good one.

There's a paid version, a pro version that I used. And if you go to any of those and you look up FDN and read Davis, you're going to see good stuff. It's going tell you how we work.

They're pretty honest. I don't see a lot of censorship going on there. And so if they're into their chat GPT and they are not well, I'll say, well look up what we do.

You're just looking up the wrong stuff. Your not asking the right question. They're called prompts. So you're not prompting it the way. If you say I've got fibromyalgia, what should I do?

It's going to say go see a doctor. And they have medicine for that and all the standard things. so you have to ask really good questions if you are using those things would agree.

Yeah. The more targeted, the more intelligent questions you can prompt it. It's impressive. I've definitely used a lot of it for business in particular.

And yeah, taking over. for an AI to do all of it. There's some things, but I don't think we can accurately, especially the lifestyle behavior and some of that intricate work you do with someone when it comes to individualized care.

I just think that there's, I think, we could chat GPT at all. Yeah. So, are you still practicing, Janine? Are you mostly women with the common everyday type of stress-related conditions, you know?

So- Are you seeing like long COVID or what?

FDN philosophy, AI, and listener freebie

In Wisconsin, my practice is chronic degenerative conditions. And so we're talking chronic Lyme, mold, you name it. Yeah. COVID, all those things. Whereas in my practicing in Washington state, I am coming out of being a primary care provider that was in the insurance model, trying to figure out how to do natural medicine within that model and just wore myself completely out because I couldn't do it and so I'm coming off of that.

from there. Yeah, oh good. So you had to go to cash practice, which is, you know, tough if you came out of the insurance model because people are used to their insurance paying for everything, but it doesn't.

It's good for catastrophic, car accidents and what have you. If all of a sudden you come down with something you can go, get checked out. I go get hilarious going to a regular physician for your Medicare appointment.

The first thing they say is, can we see your medicare card? And then they ask, what's your favorite pharmacy? Which pharmacy do you prefer? Because the staff knows you're coming out of there with two or three prescriptions.

They want to ask me all the time, are you depressed? Is anyone beating you up? being mean to you, it's just funny how their mindset goes. It's not wellness, by any stretch of the imagination.

Well, I'm glad to hear you're doing that. You got out of insurance algorithms because they're not useful or helpful except for to the insurance company.

There's no way to be able to help someone on a deeper level with, and I wasn't doing 15 minutes, I was doing 30 minutes at the minimum. There is no to do it at a 30 minute visit.

I really need more time and that's kind of where I've presented to my folks because my visits in Wisconsin are two hours most times. Yep. To get through, at least to start.

Follow-ups not so much, but to get started I need that much time to go back, like you said, through all of the different things that are going on. Absolutely.

Well, good on you for that. Keep up the great work with your health fix podcast. Matter of fact, we have something for your listeners if you want. Yeah.

We get to talk about that there for listeners because I think it, you know, I've got folks on both sides of the spectrum for folks that are in the health industry, but I also have a lot of folks.

That are just seeking health information. Give us, give us the scoop for a folks who are looking for some training. So now my step member, I told you before we started that high tech for me was pagers and fax machines.

And so I have staff that does this. Okay. Matter of fact, speaking of AI, I asked for a report from a staff member last week and they gave me some AI generated piece of crap and had to tell me, you're cheating.

We don't do that around here. You know, got to use your brain. Give me a narrative that actually means something. So if people want to find out more and we have like a free booklet.

on the Dress for Health Success program. It's at fdintraining.com slash healthfix. h-e-l-t-h-f-i-x health fix fdntraining.com slash healthfix so yeah if you want to put that in your show notes anyone that wants can come and find out more and it's just just mostly putting you in the driver's seat nothing bothered me more in their beginning than when someone had been to three six nine different practitioners or more spent all this money Why are you putting your health in someone else's hands?

It's okay to get a practitioner, but, um, uh, you know, it's not, You've got to take charge. So that's what you and I are

here to help people do. Absolutely.

Put health back in the hands of the folks. That's. What we do so read. Gosh, great stuff today. And good to meet the guy behind all of. The afternoon.

It. I'm here. Anytime. Awesome. Well, thank you so much for coming on and we will get all of the details for the freebie in the podcast notes at drjkrausnd.com.

Thanks again. All right. Hey fellow health junkie, thanks for listening to the health fix podcast. If you enjoy tuning in, please help support me to get the word out about the podcasts, subscribe, rate and review and just get that word