From Burnout to Breakthrough: A Doctor's Journey to Functional Medicine Transcript

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Opening and Podcast Introduction

I always stress to people, look, you need to find a functional medicine doctor. I said, because if you don't, I says, they go, what's the difference? I say, Jama said this in 2004. They said medicine in US is a miracle for acute care.

Exactly. Trauma. Over 80%, 82% of all doctors visits are for chronic care, so it's not that the doctors don' care for money. It's that this system is broke.

Welcome to the Holistic Truth Podcast. I'm Jamie Dorley, CEO of Nutritional Frontiers. And I am Christine Genovese, creator of the Soul Intelligence Method.

We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally, and energetically. with real proven strategies, protocols and tools you can use in your practice today.

Hello, everyone, and welcome to your favorite podcast for health, wellness and natural healing, The Holistic Truth. And today we're going to find out, can you handle the truth, Christine Genovese?

Oh my goodness. I think I can handle it. With a last name like Genovese, I was born to handle the chief. So I am your host, Jamie Dorley, CEO of Nutritional Frontiers, and we are on a mission, Christine, as our chief growth officer and creator of this whole intelligence.

What's our mission? It is absolutely to make the world healthy on every level possible, physically, mentally, emotionally, energetically. Yeah. We always sorry, uh, make your world healthy and, um, you've been doing fantastic on our program.

Congratulations. You know, we're just coming off our biggest event ever, our professional training event. And we talk to one of our favorite newer clients and she's been so generous to join us today on the podcast because she is going to give hope not only to the patients and people out there, but more importantly, sometimes is the healthcare professionals.

Right? Because, you know, sometimes what happens is that people are looking for solutions and answers, and even the doctors are. Most doctors, if not almost all of them, had the best of intentions to go to be a doctor, right?

Dr. Harris's Medical Journey

Either as a kid or a young adult, they want to help people. And then they get into the business of medicine and it becomes much more complicated. With third-party insurance reimbursement, patient volumes, medication, it's become really overwhelming and challenging.

So we invited Dr. Erin Harris to come on the show today. She is a board certified physician and also has crossed that rickety bridge over to the promised land of functional medicine.

And she does it with a smile on her face, only like she can. and she recently came down to our professional training event and had the whole crew with her.

Welcome to The Alistic Truth, Dr Harris. Thank you, thank you. So glad to be here, Thank You. We really appreciate it. Maybe you could elaborate a little more on your journey and your experience of how do you start out in medicine?

Was that a childhood dream or is that something later on? And then your your from that until still going through the functional medicine application. Yeah, actually my high school colleagues always tease me because they're like,

what did you just like wake up one day and you decided to be a doctor?

And I was like yeah, that's actually pretty much how it. So it worked, I wasn't playing it on beer. Did you still have that old game operation where you had the tweezers?

I did. I knew it! I didn't have it. But it was just a game. It was me trying to get the apple. Christine played the game of doctor also, but we're not going to go into that.

on track to be a scientist, I thought I wanted to do research science in biochemistry. I was really interested in Biochemistry, which actually now is so very helpful with what I'm doing because functional medicine definitely has so many intricate biochemical pathways involved in that.

I definitely just, I was going to just do bench research. And when I decided to do binge research after college, it was not my cup of tea at all. So as Fortune and Destiny would have it, the pathology lab that I worked in was right above the medical admissions office for Indiana University, which is where I'm doing research, and I am from Indiana.

I would go there every couple of weeks and say, hey, what does it take to go to medical school? What I need to do? How do I get in? And I interviewed, got in, and the rest is history.

What was your focus? I think it was internal medicine. Is that right? Yeah. So when I was in medical, I had some really great preceptors. I really loved surgery.

Surgery was very interesting to me. comfortable with surgery, but I love the mental work of internal medicine, the figuring out of diagnosis and how do I diagnosis?

And what is this? What's going on with this person? How do figure out what's gone on this with person. And I really felt like that was more of what I was leaning towards.

And so I decided to go into internal medicine, matched at Emory University is how I got to Atlanta, Georgia, definitely came down. Everything was going on in Atlanta at the time.

They just had the Olympics, everything was great. Everybody wanted to come here. And, so, I matched in at Atlanta and Emry. Emery was definitely just a really rigorous program.

At Grady, you're going to see everything from You know, limbs coming off, gunshot wounds, stabs, you know. Just everything, trauma. And in addition to that, we had in-stage HIV.

So there was the training for acute care, unbeatable. Training for a chronic care? Not fair. In most programs, academic programs like that. After I finished Emory, I went back to Indiana University and did academic medicine for awhile.

I was like, yeah, uh, it was good. I loved the, the interaction with my patients and in the clinic, I wasn't, um, underserved clinic for about three years.

And I did academic medicine, teaching residents. Yeah. After that, well, really think I like hospital medicine to hospital for three or four years in Atlanta at Piedmont hospital.

It's like this is really, a need that constant. care of patients, I need to see them on a continual basis. So I did feed for service and was in private practice in this area where I am now.

And that just burned me out. I was like, that's, this is, can't continue to. See 30 patients a day and upcharge and make sure they're insurance companies.

That's just when insurance company started kind of bearing down on us as physicians. let me go to the VA and let's

see how that works. I was like, that was one weekend.

That was not, and so I at the V. A. trying to figure out, okay, how am I going to survive? Am I gonna open up at McDonald's? What am gonna do at Starbucks?

I said, Starbucks doesn't, they have to be in the corporate to do Starbucks. Do I do a coffee shop? Like, what am going do? Because I burned out by this time.

And how about how many years had you been doing all of that? Oh, wow. That was I started. I graduated in 2001. Actually, 9-11 happened like three or four months right after I finished.

And this was 2012. So I. But after about 12, 10, 11, ten years, I start burning out. And so I had to find a different model, a- Well, it has to be hard, right?

Isn't it like sort of a turnstile? Like they want you to see as many people as possible, write a script and go. Absolutely. And, and so, I was getting to a point where I will wake up in the morning and I would be like, okay, did I do- this for my patient?

Did I take care of that? And I was like, I'm not doing this very well. I don't have enough time, nor do I have the resources to really help them. And so I dunno if you guys remember Snowmageddon.

Remember we had that huge snow storm in 2014 in Atlanta where all the traffic was on the highway? Do you remember that, like everybody stopped? You remember?

The whole city was shut down. It could be two inches or two feet there.

Burnout and the Shift to Direct Primary Care

It doesn't matter. The whole city shuts down. Like snow. Yeah. But it's like, it was a ice storm and a snow storm at the same time. And people in the South do not know how to drive in snow and really we all piled up on the highways and people were like stranded on a highway.

I got home, but during that time, because we couldn't go anywhere, I had to reevaluate my life. One of my best friends had just passed away from inflammatory breast cancer.

My sister, the same year into 2013, she had was diagnosed and treated for breast. And I was like, life is too short for just to do, just do this and be on the, you know, hamster wheel and not producing anything and, not necessarily being effective and.

Not taking care of your patients. So I found the. model to take care, like we call it the practice model of direct primary care. So direct-primary care is a membership model where you charge us a small fee for a patient visit and you actually get more time with your patient.

The patient now becomes the center of attention rather than insurance companies. And so now I'm focused on my patients. I say, okay, what What is it that you need?

What do you for me? How can I serve you? how can i help you and um over time that was in 2014 so i i would know what honestly i don't i'm not gonna curse but i was like i didn't know What the heck i Was doing i just know you're you with a couple new yorkers feel free baby I had no idea how to run a business.

I just knew that I wasn't going to do what I was going But the doctors are falling off by in droves. They're just burning out in drows. I think there was a big shift even after COVID that so many doctors lost.

Oh, almost 250,000 doctors, which. Mass exodus. Yes, definitely. I was doing some side hustle work during COVID and I can understand why. After COVID, I either have to make a decision to go full force when my practice has

stopped, put all of my energy into that.

That really kind of was the cutting. time to cut so I can't do this anymore. This should be an educational video for 300 million Americans, right? I was really fortunate because they don't understand.

The first thing they asked me when I mentioned like Dr. Harris in Atlanta or Dr Valdance and my doctor in Pittsburgh is, does she take insurance? And I said, no, that means she's really good.

And she gets to do what you need rather what the insurance dictates and they don't get it. I was American College of Sports Medicine personal trainer.

this whole thing with what's run for the cure or run the cause. So I knew right away, so I shifted to more public health and nutrition and personal training.

And one of my clients, Dr. Harvey Nieman, he owned his own cardiology practice inside a hospital in Pittsburgh. He came in one morning. We trained every Tuesday and Thursday morning and he came and, and looks like he saw a ghost.

I was like, he goes, I haven't slept for two days. I wasn't like it's only Thursday this week. What happened? He said, a meeting with the insurance company and they cut me by 20%. I go, what does that mean?

Because that means if I do the same amount of business this year, and make 20% less, because I will lose money. He says I own the practice and I got, you know, 25, 30 employees.

You gotta go, what do you gotta do? He says, you know, this is what happens when you're, he said golden handcuffs, right? And that's when I got into Atlanta to look at Life University and realize I'm not nimble to be a chiropractor.

Can you believe that, Christine? She's got a lot of strength. Let's just say that. I will tell you the funniest thing, because it just popped into my head at one of our professional training events.

Jamie was getting an adjustment from another chiropractor and they were using a massage table. Yeah, not an adjusting table, okay. And all of a sudden we hear this crash and we came running around, literally Jamie, the chiropractor pushed on him and he broke the table and I'm like, you think they'd be worried about me here?

Yeah. The breadwinner. Yeah. But it was just funny because I was thinking, can you imagine if the rules were reversed, Jamie probably would have smashed a bunch of tables.

It's like my thought, you know? But I really fortunate to learn from Dr. Nieman at that time. And I looked at life and I said, I want to work with the chiropractors and nutrition and these functional medicine doctors.

I learned what exactly you're talking about, your experience, right? You get into these models where it's third-party insurance. No wonder the patient waiting rooms are there.

They're packed and the doctors and nurses get less and less time to spend with people. It becomes almost like a knee-jerk reaction. You walk in and look at the blood work, high cholesterol, simvastatin.

And you walk into high blood pressure, you know, tenonol. it's just like, a model, like you said, is hamster wheel. So I'm glad you had the courage. Number one, to be able to, and the ambition to look outside the box to see what other options there are.

And I always stress to people, look, you need to find a functional medicine doctor. I said, because if you don't, I says, they go, what's the difference?

I say, Jama said this in 2004. They said medicine in the US is a miracle for acute care. Exactly. Trauma, a heart

attack, stroke, car accident, whatever it may be.

They says, but we did the research, you know, over 80%, 82% of all doctors visits are for chronic care. So it's not that the doctors don't care for money.

It's that this system is broke. So I love now that you've taken that leap of faith and that your encouraging your colleagues to do it. So what are a couple of the big steps that took to get across that bridge to now be in your own private practice with this really cool VIP membership program?

What are one or two things that really got you through that whole transition? Well, the thing is, I kept it accessible. So I did not, we're, you know, in DPC, Direct Primary Care, were really about accessibility and making sure everybody can get care.

And so the prices are very reasonable. They went from $55 a month for primary care to about $105 a months based on your age. That was mainly accessibility.

I was actually, you know, just making sure that that patient was the center of the care, I got to spend more time with them. So now I could play out my day.

I wasn't being burned out by people putting all these folks on my schedule. And I knew who needed the, what amount of time they needed. This person needs an hour.

Or this person these 30 minutes. But as I spent more with that I would get to know them better. I was able to understand what was really going on with them.

And so now they start bringing me that information as far as like, you know what, I think I have like a food sensitivity. Think I like have a gluten sensitivity, can you look more into this?

I had the time now. Iím not going every seven minutes, every five minutes. Of course, let me go and look You know, let me go and look this up. Let me bring this back to you.

And so then I start learning. I'm learning from my patients. My patients are like, oh, you know what?

Functional Medicine and Patient-Led Learning

I took a methylated folate and my anxiety got better. Can you look into that? Absolutely. So now I am learning for them. As I learn from them, I was like wow, there's something to this.

Do you let the patients actually talk? Yes. What led you to functional medicine? How did you start to make the transition? So that was it. So part of it was my patients bringing that information to me and then my husband, who you guys met, at the training.

He is always watching YouTube, and I'm going to tell you, he's always watch YouTube. And so he brought me this video where a woman was healed from vitiligo from copper supplementation.

So I started going down that road. Terry Walls, who's a big person in IFM. I read her book and I was like, I can do this because I had lost a lot of color by this time and in my own.

you know, transition and journey, I started applying functional medicine principles and I had a colleague who was a direct primary care doctor. He was like, you have to do IFM.

You have get into functional, medicine, and you had to train. And so I did. It was actually in 2020. So actually, in 2019, started the whole process of, but 2020 hit, of course, what happened, COVID happened.

went from there. So, and really, honestly, COVID is what brought a lot of my patients in. They just heard. I didn't

even have to really advertise. The either would find me on IFM or just the word of mouth.

It became overwhelming. And I think I moved to this building where I am now and I had 50 patients. By the end of 2020, I And it grew, it just grows. And that's a big, like a normal panel in direct primary care is like not a thousand or 3000 like your typical doctor.

It's about a reasonable panel is about 400 and it beyond 400 patients. I really starts to get a little bit too much to handle because we're answer, you know, we'll calling you back.

We're answering your text messages and things like that. So yeah, so I had about 200 patients and then grew to like 400 by the next year. So, and I have to kind of keep my everything under wraps.

Like my waiting list is still very long. It's still into October. Yeah. Wow. That's amazing. Well, what are some of the most common conditions that you treat and some are your favorite nutritional frontiers protocols that use?

Oh, wow. that's a great question. So because I am an immune person, I have Hashimoto's, a bit of LIGO. I actually, we have a lot of deer. You know, as Dr.

Patterson was speaking of- I was just going to say no wonder you and Dr Pattersson were talking. Yes. Yeah. Uh, we have, I took, actually took her course on Rupa, uh, her live course.

And so when I saw her at the meeting last year, it was like, you know, me meeting Michael Jackson. I got chill. This is great. Yeah, so we had a lot of deer in this area.

A lot a line. I do treat a lot of autoimmune. I have people who come from out of state for vitiligo. Um, I treat, a lotta Hashimoto's, A lot, of, auto-immune and now a, lot more metabolic orders, metabolic disorders and cancer.

There's so many patients now that are young, breast cancer and colon cancer in their thirties. lung cancer, never smoked in their 40s. And so now I am teaming up with Dr.

Tracy because I was like, this is where I really feel like God is leading me is to really go into this cancer care. I have chills all over. My goodness.

That's so good. What are some of your favorite products that you use that almost every patient needs to be on in your opinion? Well, I do a lot of gut.

rehab, of course, that's the first thing I go to. I was like, listen, this isn't just, you're not just coming to the other side and we're just doing supplements instead of drugs.

And a lot of times patients, we have to educate them on that. Root cause medicine is like some of the times the root cause is actually using something like glycine to kind of fix something or something, like methylated vitamins to fix I have to educate them on, okay, we still need to get to gut issues.

So definitely GI Complete is one of my, it's the one I started off with. Uh, cause I, Riranda was our original, um, person you took. And so I would look at, she would bring things to me.

I will look it. Cause I knew my ingredients, I studied my ingredient, and I know what helps. You know, like, oh wow, has zinc. I was like, look at all this glutamine in here.

I'm like it has marshmallow root and aloe vera. This stuff is really good. And so I started looking at ingredients with Nutritional Frontiers and GI Complete definitely was the first one because I do so much gut rehab prior to me actually even going anywhere near like Oh, add it on anything like now I do some peptides and things like that for autoimmune.

But the baseline for our immunity is our gut. You know, we, most people with auto immune disorders are even

mine. A lot of people will come and they would be like, oh, they treated me with this whole line protocol and said, well, did they ever treat your gut?

Did they, ever, you know did you ever go through the five R protocol? Oh no, we never did that. So I would have to start all over again and do some gut rehab.

And so definitely the mainstay for me is GI completely. Honestly, every time Dr. Lin or someone else comes with something, I'm adding something else on.

I had ultimate shake because I do a lot of detox. There's a detoxification work that I need to do. So usually I heal their gut first and get their guts stable.

And then I detox them. Some always use the proline greens, always using the ultimate shape. I love that you guys put that together. That was. I don't know who I told them, but when Stephanie came in with that packet, you thought it was Christmastime, we lost our minds.

We were like, oh my gosh! You guys put it together! It's like great, I know, You got everything you need in one spot. I love it. Yeah, so… I loved the fact, too.

You had a really good point, and you may not even realize it, that I call it green medicine. Sometimes when people get new into this, You know, rather than the cholesterol med, like Lipitor, they'll use cholesterol red, right?

And there's a time and place for that. But I think, as you had mentioned, and we were talking about earlier, you know running for the cause. And I the biggest culprit, is the environment people live in, if it's the emotional wellness or the physical.

I was traveling yesterday. I didn't, I thought it was like a book signing or, you know, there was a movie star, uh, someone famous. There had to be 60 people in the Atlanta airport in line.

It was for Burger King. I was, like, even though our place is still open, let alone anyone went there, but the line was all the way down. And people waiting for fast food.

So I think, you know, rather than doing green medicine, going to that level two, the functional medicine going for the root cause. And I love the fact that you're hitting on shakes because we were talking before the show about the importance.

You know people don't realize food is information. Exactly.

Gut Health, Supplements, and Protein Shakes

And, uh, you know, post-pranial hormonal sequence of events, what happens one or two hours after they eat something really determine if their metabolic rate is going to be storing fat, increasing cravings, lowering energy.

I go, does anybody want that? No. Well, you got to watch what you're eating. If you are eating processed junk or you eating high sugar, even if it's fruit, if its too much sugar that's the kind of position your body is going to be in because you mentioned metabolic disorders, right?

So you and Sean are doing your new favorite shake now. Which one is that? The Clean Collagen. So we're checking out the Clean collagen, which we really love.

I love it because it does keep me full. And he loves chocolate and he likes peanut butter and chocolate together. That's his favorite flavor. This guy is a Caesar.

I always liked him. Now I know why. Yeah. He's got good taste too. Yes. And I'm more fruity. The Rock-A-Pop? The rock-a-pop, yes. We call it a bomb pop from where I'm from in Indiana.

Yes, exactly. Well, that is the original name. You know, we don't want them to come after us. Not that they know who we are, but yeah, I didn't wanna get those phone calls from bomb-pops of this story.

If they were around, there was a great-great-grandson. Somehow they would find me and get their attorney involved. But yeah, the old bomb pop when we were kids, it would start to melt a little bit and the juice would be so good.

And I don't know how our biochemists did it. Cause they were like, what flavor is that? I was like how about that bomb popped? And they laughed. And one guy said, we can do that.

I was like, I gotta see this, right? And Christine got the sample. She goes, close your eyes and it's gotta be really cold. And it tastes just like it.

It does. Like when all the flavors melt together. Yeah. That you guys like that one because, you know, there's a lot of shakes on the market. One time I in a wellness center and I, was upstairs and they called me from downstairs and said.

There's a guy here wants to lose weight. And I came down, the guy was kind of heavy set and he goes, your shake made me gain 16 pounds. I was like, thinking, what did he mix with it?

Milk, ice cream, you know, Skippy, like what he put in there. So after a few minutes of talking, I'm like I finally picked it up off the shelf and put it in his hands and go, did this shake do it.

He goes oh no, it wasn't that one. Which one was it because I got it at Walmart, body fortress. I go, oh, okay, that now I know, you know 15 minutes later.

And what I said was, do you what that is? That's carnation instant milk in a protein container. So there's a big difference in the quality of proteins out there.

If you're buying a milk protein with milk sugars and lactose. and artificial flavors and colorings, it could have the absolute reverse effect on you. So we do at Nutritional Frontiers, we only use the cleanest source of the protein.

And we did in fact, Dr. Harris, on the Rocket Pop and the Clean Collagen Protein, We use something called hydro beef. And that is a patented research trademark form of beef protein.

Beef does have the highest protein efficiency ratio, um, and the amino acid profile second to none. And I really noticed on that one, cause sometimes people say, oh, the shakes, you know, I don't feel as full, but we utilize the clean collagen protein is that it does make you full.

How do you feel after you have that? I'm definitely full. Yeah, I was very surprised, but I am definitely an envious person too when I compare. So, you know, we go to Costco and look, there's very little to choose from and not very high quality.

And then you, can go up to a nutrition store. You know you can do those sprouts, But it's not as, You look at quality things. It has MCT oil to keep you full, it has that great, hydro beef protein in it.

which is 20 grams I think for the bomb pop and 21 for a cacao. So it's, I mean, great amount of protein. It's like you're getting, if you are a woman trying to get like 60 grams of proteins in a day, which I'm really trying get a lot of my women who are like on GLPs and things like that, you have to push your protein up.

At least do this in the morning. So your skin won't be sagging after you sway or and you won' t lose that muscle mass. At least do this and then you can get, you know, try to do a piece of fish or some chicken or try and get at least 60 to 80 grams of protein.

But that's the easy way to it even if you do two shakes a day. And so it makes it easy. Well, the other good thing is,

you know, I know when people are in GLP ones, there's sort of this thing like I don't want to eat, right?

They're feeling full. So just the idea of drinking something sometimes is easier. And then you got the bonus of it's got collagen in it. It's going to plump the skin too.

You know? So I think all of those things psychosomatically can kind of help as well. Yeah. Yeah, you brought up a great point. You know, a lot of our doctors, including Dr.

Lisa coach, who is one of, our featured speakers are a recent professional training event you attended. She says, look, the patients will do really well.

They need 40 grams of protein from a shake before lunchtime, because if they don't, that's typically when they're not eating enough food. And she goes, the difference is dramatic.

You know, they're going to lose a lot better ratio of fat to muscle, um, as opposed to too much muscle. Cause they lose that first 10 pounds. They're feeling good.

The next 10 they feeling great. And then the next ten is like, Oh, my arms are saggy. My face, but my legs. It's like. A friend of mine, sister-in-law, I saw her and I said, oh, you look like you, look great She says, yeah, but look at my arms.

And I was like, didn't you use the protein shakes? She's like no. I'm like you didn' use them? You knew to use em, But you didnt. She said, I wasn't losing weight so good I didn''t think I needed them.

What can I do now? And i'm thinking, oh man, it's so much harder now because you lost the muscle. Right. The other important component is doing the weight training with it.

But you had mentioned a really good point about the quality of nutrition. So you mentioned Costco, which I feel is like the McDonald's of supplements, right?

And then you mention the vitamin stores. Those are more like your Olive Garden, a little bit better, but still not the top quality. But Nutritional Frontier is going to be like that really nice high-end steakhouse with grass-fed beef.

And the other part you've mentioned is that your big ingredient reader. And the comprehensiveness of the formulation. So I'd like you to comment on that because the philosophy when we started the company was.

The right amount of, the right forms of ingredients and to make them more comprehensive. Cause I did nutritional consoles for five years before we created our formulas.

And what I found is that the protocols were too wide just to get a GI plea. I do that slide at the presentation at. It was a products. Right. And how do you feel your average person walking in, you say, here's the eight products you got to take, plus the probiotic and enzyme.

They go, which one is, do I really need? I says, all of them. The question I got about 90% of the time is why don't you put them together? We are working on that.

So can you comment on a little bit, because that's a key differentiator on nutritional frontiers versus even the top professional companies I work for.

Yeah. I mean, that's one of the things that I love about your company and that kept drawing me back to is definitely the quality of your ingredients, but also the fact that, I didn't have to give them three or four different things just to make sure that they had what they needed.

And so a lot of that was answered when you can put IgG and with GI complete. A lot that that answer. When, definitely when, you guys came out with a, lot, of, the adrenal like immunoguards and an immunomag.

All the glandulars, adding those together. That was kind of like my second. And so when I would have people come in and because they had such low immune systems, Air Max was amazing.

I was like, this has everything that you need for your allergy symptoms. If you're sick, that's everything, if you have vitamin D, I will put all of my immune supplements together and you just need these two, That's it.

Need to go out and get elderberry and vitamin C and Z. You just have everything that you need here. And so that's what I love about your products. It was so comprehensive.

The other thing is that, you guys are very forward thinking, like you're kind of cutting edge. Like there is no one else doing NAD. I've had, we have a, I have my nurse and we had a.

staff meeting, and she came in so peppy. We were like, well, what is going on? And she, she's like take, you know, antidepressants or what's happening?

She said I just started, I started NAD and it's, when she was just bopping everywhere. And we were just like. Wow. But they're really good. Really good product.

Then you're going to be like, that's a little much. You need some calm day to balance out. She was great. I mean, I could tell that her, the one thing that I can tell, is that she had a lot of, uh, kind of commented, like previously, say, you have some brain fog.

you know, and you may want to look into some things in, Her thinking is much clearer. Like she's definitely more focused now that she has been on the NAD.

And the ProBio 3, my husband and I tried that. Hands down, the best probiotic. I was actually on microbiome side, I have to tell you. It was like I don't need another probiotics and Sean had ordered it.

So I said, why did you order another Probiotic? We dont need it! And we went to Dr. Lin's meeting and we were like, oh, I need that probiotic. So we have switched and it's definitely made a difference, but like I had to, now I'm putting, you know, my mind.

Oh, sorry. Have you told Sean great decision or no? I was like, okay, I'm sorry, dude, you got it. You got that one. Why is that probiotic been sort of a game changer for you?

I did Magaspore for such a long time and I knew it was helping, but I didn't necessarily feel a difference. On the pro-bio three, of course, when I saw that post-biotic and amount of sugar cane fatty acids, it's like giving your bacteria a good protein powder.

Advanced Formulas and Clinical Results

It's like, you know, like straight, Like you're feeding them straight nutrition. And the, uh, I can tell the difference of the short-change fatty acid production because even my, just I could feel my metabolic health got better.

Of course, not to be personal, your gut health, got you waking up every morning, Sean would He would constantly struggle with constant gut issues. He's no problems now.

And then now, you know, I could tell, even though I didn't have a problem, it's much healthier. My gut is healthier, and I'm not going to get into details and gross anybody else.

Everything's coming out the way it supposed to. We'll just leave it at that, right? Well, that's a great point. Short chain fatty acid production is the fuel source for that mucosal.

And the galt and malt in the gut, right? That's all your muscle tissue and the intestinal tract that gets eroded over time. Providing that and fiber is really important to feed that.

And like you said, it's like the fertilizer that that's that, you know, or the protein that those bugs really need. Yeah. And I understand, you know, Dr.

Lin has pulled some really cool studies that it's showing that, it actually can help naturally get your body to naturally produce GLP-1s. Exactly. Which is the peptides, right?

And boost it. If you need a little, weight loss, that's a wonderful way to do it and he's Not that I thought he had to lose weight at all, because Dr.

Len is so lanky, you know? You don't really notice weight on him very easily. But he was like, yeah, I lost like 12 pounds just doing that. Well, 30 years ago, he wasn't linky.

He was tall and big. And he's a former semi-pro football player, played in the USFL. I'm having a go back. At one point, whatever he is, 6'3", plus, and he over 250 pounds.

So he a big guy from all the working out and all of the sports over those years. And he's slowly gotten better and better. As you get older, they didn't ever say the little, never say, the big old man.

It's a little old, man, right? A little lady. Because, you know, big people don't live as long. So he noticed that. He's made a conscientious effort since he was 60 to slowly bring that down over time.

And, he says, The last 20 pounds, He didn' even try to lose. And I think that's a, you know, a point you made that that, um, post-biotic, it actually creates, uh, increases aquamencia, which helps with the GLP production.

So another example of a more comprehensive formula, but you hit on NAD and you, know that really has grown on me because, You know there's lot of N. A. D.

precursors over the years. We came out with a real N A. D. And before I launched, I said, wait a minute, there is a lot N a D's out there on Amazon. I said, so I want to make sure I get a great quality one.

And number two, what is the hardcore research show about NAD and how do you make it more bioavailable? And going through the research, it wasn't only curcumin.

It was actually curcuWin, the one that we actually use. So combining those two together, you get the synergy of the ingredients. two patented research trademark forms of those, and then you get the extra benefit of the anti-inflammatory effects.

And Christine, there was some great research on last Friday that Joe and Dr. Len presented on that, right? It was incredible. Yeah, they showed that if you, um, get to Kirk, you win to a thousand milligrams.

That'd be like four NAD pluses or taken two plus some other items. Cardiovascular risk factors went down by 50%. This is published studies on those actual ingredients, not a generic form.

So it's been really exciting to have Dr. Glenn as our medical director being him go back about 30 years. I was his rep at one point. Yeah, the fact that we've grown over the years- The fact they like each other still is amazing.

I mean, the fact that we have that resource, I used to go to his nutrition shop in this area. Oh my gosh. Did you really? No. Yeah. So, um, The fact I had that resources in my area was great.

Dr. Harris, if you have any advice for any healthcare providers out there that are, that were on a similar journey as you just feeling maybe dissatisfied with where they are and kind of in that same space, what would be your advice to them in terms of maybe making the transition from where they're at to considering adding functional medicine to their practice?

Well, I think the biggest thing is when I still get on forums with doctors who are in I guess conventional medicine, as

you want to say, because I don't necessarily think there's a difference.

I really think that functional future of how we're going to practice and we are making that transition. However, I think if you can just bring your blinders down a little bit and be open to nutrition and make some common sense links, because a lot of things are just common-sense.

I've think you've been so blinded to, oh, this doesn't have a study behind it or there is no study behind this or they're, you know, we're just kind of, You hear them almost like we are doing things haphazardly and we don't need supplements.

And you're really not thinking about what happened in the last 20 years with our soil system. You're not really thinking what's happened the past 40 years in our toxic loads.

I mean, just kind of think about just what you are seeing in practice now and why chronic disease is so prevalent. And really think how we practice to see what is our baseline need.

Our baseline needs is food, our base line need is nutrition, and our need to lower inflammation. And if you can start to put those, you know, draw those lines and connect the dots, You'll be like, oh, wait a minute.

This all makes sense. I'm just going back to my first two years of medical school and now it makes it. That's what I did. Just, I was like wait, a moment, that makes since I just am not being shoved drugs down my throat in order to treat an issue.

Like I now understand that if I really get to the fact that I don't need to lower your LDL to a ridiculous 70 or your cholesterol to 152 when you really need cholesterol and really all I need is to fix that metabolic issue or that insulin resistance or inflammation in order to turn things around and give a person a chance to actually heal.

Advice for Physicians and Closing Remarks

then you'll actually get the results or better results than you just put in somebody on a statin and not actually have them develop Alzheimer's in the near future.

So I think it is the main thing is just to say, really open up your eyes, take some time to sit, takes some to be open to what's out there and just shut it out because it doesn't have a NIH study behind it from a drug company.

Yeah, it's interesting, right? Because there's plenty of medications that have been improved that've actually killed people. If you look back, you know, medications have only been around for since the thirties, this new type of medication, but conventional medicine is really holistic and naturopathic.

You know our seven flowers has been about a thousand years from China. You know, and the planet's five billion years old. So a lot of these plants and this plant medicine and herbs have been around longer than we have.

And, uh, you know you look at really how people look, at it. Um, even the healthcare professionals, I says, they go, well, how do I do this? I go how?

Very easily. H-O-W. Honest, open-minded and willing. I said, look JAMA. Do you believe in Jama? You look at June 28, 2002, Harvard Medical School said everybody needs a vitamin and mineral daily because of the overconsumption, the herbicides and pesticides, and the mineral depletion of soil, that toxicity, regardless of age, sex, race, or health condition, everybody need a vitamins and minerals daily.

That was 2002 doc. It's almost 25 years ago. And a lot of doctors say, well, where'd you get that study? I says, it's in your journal. It's been around 24 years.

That's time for people to just be open and willing. I think what COVID did is realize big brother is not always going to be able to bail you out. And it was time that people start realizing what they're feeding us.

There could be food, there could information. You really got to be careful and protect yourself because our number one responsibility in life is self care.

And I think people forget that. You know, when you're overstressed and overworked and all those things, you know you gonna be a big consumer of all of that toxicity coming in if it's food, drinks, messaging, whatever it may be.

So I love where you are at in your career. Thanks so much for joining us. I can't believe this is time's up, Christine. I know. I feel like we could go long.

Part two and three coming soon, yeah. Well, Dr. Harris, I from your open and candid discussion with us today that there are going to be people that are looking to find your care and where would people find you if they wanted to work with you?

Well, you can go on our website. So our web site is www.harrisinternalmed.com. And I'm also on Instagram, it's Aaron Harris MD. That's two N's, two R's as Jamie said before.

Or you could just call the office, 770-954-5010. Awesome. Well, I am sure that someone needs to hear the message that we had today about how to make the journey from our traditional ways of thinking all the way through our functional and effective ways operating in the world.

So if you found value in today's episode, please like, comment, and share this episode with someone who needs hear it. And Jamie, back to you. Well, I believe it's a mirror, right?

It's not only the healthcare professionals, your colleagues, Dr. Harris, that need to hear this, but our colleagues patients and consumers, because we all need take that journey together, and just be honest with yourself, open and willing to look at new solutions because what you think is true today is only based on what, you know, today.

And I think the most exciting part of our career is that, you know, in this field, we're always learning. Right. And we look back at the journey. It's like, Oh my gosh, that's where we were 10 years ago, 20 years.

So the future is bright, my friends. I'm so excited to have you on the show today. and all the people you help. So thanks so much, Dr. Harris. Thanks, of course, to my partner here, Christine Genovese.

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