From Three Countries to One Conclusion: Medicine Has Forgotten the Basics Transcript

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TSH Alone Isnu2019t Enough

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You are going to miss so many people if your just waiting for it to hit over that five or under that 0.5. Yeah. No, and we get, you know, I had a patient yesterday and it was, thank goodness.

Cause I was trained on TSH to be honest. I mean, was not trained about, so for the listeners, when you check in thyroid, You can check T4, which relatively inactive.

You check, T3, Which is the more the active form, but we really want to know what's in the cell, But we're checking blood levels and then there's free T three and free, All that stuff.

But when I was in training, it was like TSH. If a T SH is high, they have low thyroid. And if T S H is low, They have high thyroid and then you can act.

Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighters on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome to the podcast. Hey guys, welcome back to the My MD Unscripted podcast.

I'm your host, Dr.

Podcast Intro and Guest Background

Clint Carter. And today I am honored to be joined by Dr Christina Paul. This will be a fun one. She's kind of been all over. You know, trained in the traditional system, um, but has added some more functional integrative things in over the years.

She's trained and practiced somewhere in. UK, Canada and the United States over these last few years and brings kind of a, maybe a little bit more of global.

perspective than some of us that have been mostly in the States this whole time. She has her own practice, Extend Medical, where Dr. Paul focuses on root cause medicine, advanced diagnostics, metabolic and hormone optimization, and basically proactive longevity strategies that are going to help you feel better now and later, which is.

Kind of, you know, a lot of what we do here. So Dr. Paul, thanks for joining us. I am going to, I'm going have you introduce yourself properly, but I'll start with a question to kind of get us going and just take the direction of this thing.

And, You know I see it all the time where so many successful, high functioning people get told they're fine by their, medical doctor, the system that we're in.

Yet they quietly feel exhausted, inflamed, foggy, and And they asked me, why am I aging faster than I should be? And so I think we'll get into a lot of that today, but that's a big part of where I'd like to see some of the conversation go.

But thanks again for joining us and tell us how we got here. Yeah. So thank you for that great introduction. I don't think there's anything more to add, But yeah, I'm Dr.

Paul. Did my medical school in England, so that's where that started and started my training in London and I'm actually originally from Canada. So came back there to do my internal medicine residency and fellowships and things like that work there for.

a couple of years before I moved to the States. And the thing with medicine is that, you know, being in every health system, I learned that sick care, right, because each of these medical systems are different.

So England, the United Kingdom is publicly funded and you can have the public and the private sector, but it's predominantly publicly run also. Then Canada is publicly-funded, essentially privately run.

And then there's the United States where it is private, private all along. But in all of these systems, wherever you go in the world, what you see is that sick care is done really well.

So traditional medicine, insurance-based care, however you want to look at it, it's done very well, you break a leg, that's where you need to be. You need show up to the ER, It's going to get fixed fast and it is going be done well You show in critical condition, covering even the ICU, things like that, we do it all really But where we fall short is, and the reason what led me into this space is A lot of the time what we encounter in these hospital settings are conditions, treatments, lives that could have been saved had we looked at it not just like a couple of months ago, right?

Like these are individuals whose bodies have providing signals or trying to tell them something often, you know, for as long as a decade. And that's really how I got here, doing what I'm doing at Extend Medical, is that I am consistently reminded, because I still do practice in the traditional space, that there's a lot of work to be done.

A lot these conditions can be reversible, these lives can saved. And even the conditions that traditionally were taught that are going to diagnosis that stick with you are actually reversible.

If you go deeper enough, so it's not just, I've got diabetes, how do I control my blood sugar? Is my A1C right? It's why do i have diabetes to begin with?

is there some inflammation that's going on?

Why Traditional Medicine Misses Root Causes

Am I harboring too much toxins? am I, you know, not eating the right things? Or am i not doing the things after I'm eating? Just so many questions to ask as to why you're there as opposed to how to I fix it.

So when did you decide or have the first thought that maybe the traditional training and the system that you were practicing in wasn't getting deep enough?

Yeah. So I think, I thankfully was brought up in a family that really pushed like whole foods, nutrition, like some element of it, right? Like, but my parents still.

They knew a lot. I can't tell a story where they didn't know enough and we ate McDonald's and had bottles of Coca Cola or anything in the house. But, you know, so we had a very whole foods diet, but it was still, there's, a lot to it, right?

So then very early on, I was interested in health nutrition and it interesting actually, it because I moving to the

United States from Canada when I first qualified as a consultant.

I had to practice and I have time because wasn't trying to fill it. And I would sit with my patients and in Canada as internal medicine, you get referred to see your patients or like the family doctors act as true gatekeepers.

And so I'd have this cardiologist and I was in a cardiology office. So the cardiologists would send me their patients with resistant hypertension, different weight, bad diabetes.

I send them back to them off medications. They expected me to add layers on top and away. Just because I had time, I would say, tell me about what you're eating.

Some diabetics didn't know that rice was a carbohydrate. They just thought, let me avoid the doughnut, but not the other refined carbs and things like that, or adding protein.

What I have was time. Then as I went through my own journey, so we were, you know, I, when I first started family planning, had a stint of infertility in myself and I'm like, But I'm so healthy, how could it be?

What do you mean my thyroid's off? I eat well, I work out so much, and you understand there's something as doing too much or their stress could be doing something to you that isn't showing you signs in the face, that shows obvious signs.

As I went through that, I realized there's a whole sector of medicine committed to all of this. And that's when I started formalizing my training. Did a, you know, did some Institute of functional medicine courses and then, really dealt into it.

But I feel like I've been practicing this type of. Well, so often patients come into our clinics, and by the time they get to you or I, at this point in the game, a lot of the times they've just, they'd been a little frustrated with.

Just the dis-congruence, the incongruance of, you know, labs look normal, docs, You know the doctor says, I don't know. You're getting a little older, y'know?

Y' know? I dont know why you feel so poorly. you should feel fine. And so there's that incogruent of how we feel and what the labs say. What does inflammation even mean and how would I measure that?

And, you know, so they, when they come to us, a lot of times are a. A lot my patients anyway, are pretty frustrated and looking for, and also looking a modicum of control.

Everywhere they go, they're offered more medication when really what they want to know is like, why is all this happening? What can I do different? And you know, not every patient is looking to find out what can they do differently, right?

But they are happy to do so when you point it out a lot of times, if it keeps them off the meds. We had a patient in here yesterday, tons of stress, but he's like it doesn't really stress me out.

Yeah, I think it does. Probably the boat that I was on was that, that's not stressing me out. My body was saying, because my thyroid markers, my TSH went from being optimal at the beginning of the year to off the chart at end of year, but I feel fine and it was like peak COVID and taking care of all of it.

So your body will tell you and this is what I tell my patients a lot now is learning to listen to those body signals because that's not what we're taught.

I don't mean in medicine, I mean just as a population, right? We're told that you wait till there's a problem and then you seek help for the problem. Whereas what were trying to now arm our patients with is No, you, listen to what that signal is.

If it's not normal for you and it is you that matters, not my neighbor also has it, but she feels fine. Right. It's normal. For you. Then that's what you have to go after.

And you're right. Like with the, with you saying that, they've been to the doctors and they tested their numbers. Everything looks fine, right? You know, this, as well as I do, it said not enough biomarkers get checked.

So for. a person to get told their thyroid is fine with only just like an upstream TSH marker being checked is insufficient. You know, because if you've got all the symptoms like, you know constipation, heart rate changes, blood pressure changes period changes and like you're, have these symptom complex of hypothyroidism, which unfortunately I often see, then You're not checking enough if you're just checking TSH and that just being normal.

Again, you already know this, but what they talk about normal range with there being a tenfold difference, right? You are going to miss so many people if your just waiting for it to hit over that five or under that 0.5. Yeah.

Thyroid Testing Beyond TSH

No, and we get, you know, I had a patient yesterday and it was, thank goodness. Cause I was trained on TSH to be honest. I mean, was not trained about, so for the listeners, when you check in thyroid, You can check T4, which relatively inactive.

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And so, you know, yesterday I had someone who's on thyroid replacement and their T three, their free T3 in the bloodstream is pretty steady, looking pretty good.

Their symptoms are well controlled. They're not perfectly compliant. I think that was part of it, but their TSH, the last. You know, four or five lab draws over the last year, year and a half were too high, too low, to high to low on the TSH.

And I'm like, gosh, man, like thank goodness I am working with something other than just the TSH. We'd be all over. The place on that guy's dose. Right.

So, you know. He's got some antibodies and he's, there's more to it than that. But the point being is that it's been. I think for me as the physician, as a practitioner, the more the functional medicine, more biomarkers came into play, it just made practicing medicine so much more satisfying because it made more sense.

We have more options to treat with because we're looking at it different ways. To validate patients' problems. Right. And you can just saying that, oh, but I'm not finding anything.

There's nothing wrong. Like you just bloated just because like there's real, there is real proof here. So then it gives them things that they can then take back to whoever said, Oh, you're fine.

And they'd be like, and they put me on this medicine, which you don't like. And I feel great. Am I biomarkers or better? I'm like I, yeah, I can't, you know, it's, or this supplement or whatever we're doing.

Right. So, but a lot of that leads in, gosh, man. I joke with my patients all the time. It's a, a of them don' even know that I do a podcast, I'm like, well, it just depends on which podcast you're listening to, you know, because they'll want this or that.

And so, I mean, what does longevity actually, longevity medicine, What does that actually mean? Like in, in your world and in this, and this clinical setting, Because there's so much, You know.

Biohacking, stuff out there. So how do you really focus on people? What, does Longevity Medicine even mean let's start there? Yeah, so for me, and the reason why I included as part of even, you know, like the title of my practice is because we're all aging and aging is inevitable, but the longevity piece is healthy aging.

So it's not about your lifespan. It's about. Because when, when I think about longevity and what I want for my patients thinking about, longevity is You think of where your optimal function is and then pushing that far out as possible.

So not thinking about aging as a slow, steady decline, but trying to get you to that optimal state and the ability to push that out for as long as possibly.

You continue living this optimal life for a long time. I love having patients come in and like, you know, even an extended lab panel looks pretty good.

They feel pretty, good, they're like. I'm not even sure why we're here today. And I was like it's great. So glad that you're not on fire anymore. We put out a few fires early.

You're doing great, You are taking a lot of really good steps at home to make this happen as well as what we talk about in here. You know, you're, that's great.

What about 58 and 68 and 78? I mean, That's what we start working on right now. Yeah. And that and you highlight on that, right? Like it's doing those steps.

So they are, but that exactly it. You want some of these things to become second nature for even us, Right? It's small little changes that make such big impacts over time.

And I forget, even when I have conversations with people who aren't in tune with much of this, that some of the things that I think is second nature, they don't even know it as part of their knowledge, right?

And that's exactly it. Because it's now. We don' t know what the environment is going to look like 10 years from now because It's so different today versus 10 years ago.

And I tell my patients this all the time when we have arguments about, you know, my mom's fine, she didn't have to do all this. Well, unfortunately, our air is more toxic, or water is toxic.

We're doing more, toxic things to our bodies. So this is why we need to work extra hard at aging well. Whereas our grandparents, even if they lived in the same exact area, didn' t have too.

Yeah. It's a, it's, a different, you know, and there's always like, You get these patients who feel pretty well. I got a guy yesterday. He's actually a physician in town.

he's working out six days a week. And one of his biomarkers did make sense. So we'll follow up on that. But I was like maybe we need more data. Let's get it.

Maybe get a CGM and a continuous glucose monitor and see what, see, what's spiking that you didn't know was spiking.

Defining Longevity Medicine

There's, there's the, you know, his, in one of his biggest deal was his practice manager had quit and he was, playing doctor and running the practice.

And he's like, I can't do that anymore. Working on solutions, but it was otherwise he thinks he sleeping well and all this. Anyway, the point being is that like as like okay, well we've got to make sure that if you're not on fire, we don't catch fire.

When you started going through some of these pillars and I was like. stress and sleep man like let's make sure that we're planning because the other stuff will start to break you know if it hasn't and so what are your sort of I don't know your big picture strategy for the listeners today on you, know what you want to make, sure you're covering with these with in general with patients that are looking to You know, they're not on fire right now, but they are looking to make the next two, three, four decades feel like they do right.

Yeah, we talk about pillars as well, so pillars of health. And really, a lot of them are, like I said, small, lifestyle changes that will compound over time, right?

Like, I've got little kids and we make sure they go to bed around similar times every day. Guess what? Adults need that too. That in itself will help your body put out a fire internally.

like trying to go to bed at a reasonable hour in line with your with the daylight clock at similar time every day so nine o'clock is going to be your time you try to keep it kind of within half an hour of that nine O'Clock daily because Just as much as we do for little kids, right?

You need your body to be aware. Okay. It's starting to wind down time. So then it's things like eat it, not eating right before you get a bed, putting devices away, reducing those harsh lights.

Yeah. Sleep is a big, huge one. And then that in turn, I used to talk about diet and movement as like my primary pillars, but definitely a couple of years shifted to sleep.

And then stress is just, you know, it stresses the current pandemic that we're in, right? It is in every one of my patients, I've had to do so much work from like a stress aspect, even on myself, because you're on the same boat, like we are wearing many hats, we running practices, and then all the other things.

And so we have to be mindful of that. It's getting our patients getting whatever will resonate with you as your mechanism to reduce that stress. It's the acute stresses.

So at multiple times of the day, whether it's something like box breathing, Whether it just deep breathing exercises, calf raises, you know, whatever resonates with you, but like finding that so that you that this is what I'm going to do.

And then just as you're going sleep around the same time, You wake up and do a similar practice at the time every day. For me, my thing is being outside for five to ten minutes.

just as I come downstairs so that, you know, your exposure to sunlight help regulate cortisol and like drinking my water while I'm out there. So like simple things that I feel can go a long way from a habitual standpoint are these are the kind of things I teach the patient so they can do.

And then obviously you get complex protocols depending on whatever else you're going on. Then it helps reduce the impact or the blow with some of those things as well.

Right. And you've got, you know, because, diet and exercise is what, medicine kind of calls it. We'll call it, feeding the system and the movement that we use and.

The way that, you know, man, my trainer, dead gum, and he's going out of town for the next 10, 12 days. So I had to work out two days in a row to try to make up for it because I kind of know me and I know I'm probably not going to go work without him while he is gone.

You know what, I am paying the price for, but it's one of those. It's like, just know that it is that important and that I, we're going do it. You know, if you don't, you'll, there's always the tyranny of the urgent around here.

There's another email I could send, another hour I can spend in front of my computer, but that hour over there this morning, it's been, my day's already better because of it.

And I'm not one of those workout guys who just loves working out, You know, having, to having someone that's going to give me a call if I don't show up is a big part of my showing up.

And the fact that some of. My patients, it's from the food aspect, the same thing. They know they're not going make healthy options or make their food.

So then they've got to have somebody else make them meals for them and things like that. This is all what we like to call investing in our health and not everybody can or understand the value of that.

But if you, the more you do now, and I wish I started 10 years ago or 20 years to go, you know, however earlier, right? Because the, more, do you now that the better that longevity is going to be.

Core Health Pillars: Sleep, Stress, Diet, and Movement

And the less work you have to do, because just some of these things are just habits that you don't think twice about. Yeah. Right. Well, and, you know, there's some of my patients, they're looking strong.

They understand the genetics in their family of origin. But I'm like, yeah. And there is a lot of just teachings that have come down through your family origin as well.

It's just the fact this is how we eat, this how exercise or don't. This is what your options are in life and what they aren't, so. epigenetics so the genetics is one thing but then we have the ability to control our epi genetics so how those genes get expressed and you because of your genes you might have to work harder at it right but you can change that narrative and changing lifestyle You know, little tweaks, which is all people can really handle at once are great.

But if ultimately you come from, we'll call it a family that, you know. the tradition of doing life one way, and it's really hard to make the big switch and do a big lifestyle change the other way.

Even just, even if you could like socially, now you're the weirdo, the outcast, whatever. Like there's just so many little pieces that go into that, which is why when you can get that You know, I find that small changes over time build momentum and pretty soon they're not changes.

They're just how everything always is. And then you can make the next small change. But I've been, so I have been surprised with how hard it is for some people to make changes just because they are going to get ridicule.

The house, the house is going want pizza every night. So how am I going do something different for me? You now, it's just funny how that can be for folks.

Yeah. I tell them. You know, I think that there's a lot, because as important as, you know what movements, sleep, stress, diet is, right? Social connections are also very important.

And I tell my patients, this all the time because I frequently get asked even about something like alcohol, and I used to say, okay, in moderation, but over time also again, learned that actually it's mostly just negative.

Here's my but as a caveat, if it's going to mean that you are removing social interactions because you're now not going out, then that's when I say, well, have that support to alongside lots of water, whatever it is you do because those social interactions and family even more important, right, are still so important.

And so the way you don't get ridiculed by, you know, the weekly pizza night is making sure that the other six days you have everything in control and then actually allowing yourself to enjoy that moment.

You then get them to switch even with the pizza because there's, and we're just using pizza and Family Nights as this example that you started with, but You can teach them to do pizza their way or the better way, like using the sauce that doesn't have added sugars or added preservatives and gums and fillers and then with the bases.

And so then maybe it's adding another layer of fun where you're all making it together as opposed to buying it to cover, you know, just like finding the silver lining in it all.

Yeah. I, you know, the relationships are, You know the, addition, I think that's a relatively recent addition to my practice is just understanding that social, social implications, because as we get, as people in general get older.

For the most part, it, you get little bit less social, a little more isolated. It's just harder to get out. I don't like to drive at night now or whatever, whatever the thing is.

And so really encouraging that has been a fairly recent move. Then I've always talked about spiritual health as a part of my practice, but You know, and that means a lot of different things for a lotta different people, but it definitely includes some of that social dynamic as well, right?

You're hanging out with a bunch of people that are spiritually aligned with you as, well. And that spiritual support often comes in and helps with the stress side of things.

So it's just been fun to know that, like, longevity medicine is a whole lot more than peptides and biohacking from billionaires and stuff like that. I mean, those are tools that we do utilize to augment it, but they are never tools.

That are supposed to be constant, you know, recurrent, right? You mentioned like, a lot of the pet sides, even you're supposed cycle on and off, like there's, But then it's the people who are getting direction from non-physicians or non practitioners where they might be led astray, which is why it is so important that we're getting our message out with, you know, be under the right direction.

Yeah, we, I'm a direct primary care clinic. So people pay me a membership every month and they have all of our time and all our energy. And we've started getting into all this longevity stuff and peptides.

We're like, gosh, it's like so much work and so. Extra and all the extra education and making all these protocols and make it all work. We're like, well, we could do a little peptide management program and just kind of like stack that on.

And then after a while it's like. I mean, it's just how we practice medicine now. This is, this is kind of who we are now and it just, I was like, yeah, we'll just have to figure it out later.

But you know, because people were like wait, i'm already paying you. I'm like yeah but this so much extra. And they're like that's pretty much what we talk about every time.

We're getting there. That is kinda becoming who are. The hard part of running a business is like well, how do I balance?

Social Connection, Spiritual Health, and Lifestyle Medicine

The fact that this is costing me time and, and you know, money in the long run in employee salaries and all this other stuff, but it's just really, it is who we are.

It's how we, I don't know how to practice medicine without it. If someone said, well, don´t want to pay that. I'd be like, we'll shoot because so much of what we're doing.

Although not everybody's on a peptide, but you get it. You know, all this other longevity stuff that we're really just like, how do you practice medicine without it?

I still prescribe medicines and, you know I'll do ER shifts from time to time and all of that. But it's, I don't know how to practice it without. And I think that's what I, think inherently those of us as physicians, right?

Like we, We go into this from the get-go as knowing that we're going to be lifelong learners, right? And so the fact

that I didn't learn about peptides in medical school or in my internal medicine training, Let alone what some of the tests that I'm doing now with like pregnant alone or even dosing estrogen.

Like these are not things that internal medicine taught me. These are because I am trying to do that. So I started in preventative medicine with just simple, well, I say simple but metabolic syndrome.

Right? Like your heart disease is diabetes and then learning well I can't optimize diabetes or thyroid function without Helping you optimize your hormones and then like, you know, so peeling away layer to layer and we're constantly learning to become experts because you're right like Our primary goal is to give the patient the whole picture and you write like don't even get me started on business like Terrible business people.

We weren't taught that at all. My patient goes, I don't want to pay that. And I'm just like, it's okay. I may do it for you anyway, because how else are you going to feel, feel the best?

Yeah, frustrating. It's hard. You know, yeah, well, i'm going silo that out and i'll only let people who pay extra feel like they're supposed to feels like no, its really hard and there will be a solution to it at some point, right?

Like it'll all, cause the future is still coming. So it's going to have to be because the rates at which these chronic diseases are rising, cancers are arising, things like that.

And there's already shifts, right? Even in big healthcare systems that are traditional medicine-based, I'm now seeing some doctors become concierge doctors and all of it.

The reason you have do that is because you can't provide this level of comprehensive service that we provide by relying on the insurance payout. It just doesn't work.

They want you to have, what, maximum seven minutes with a patient. There's no way I can learn about your upbringing and the trauma you're carrying to get to the bottom and give you a full solution.

So what, what excites you most about the future of medicine? Where do you feel like medicine and of course you're, you know, like, I guess pick a country, but you've done the United Kingdom slash Canada slash American tour.

Where are you? Feel like things are going and or should go. I would love to see a lot of this preventative work become mainstream and be recognized that it should be covered.

You already talked about something like a CGM. That's like now an over-the-counter $30 to $50 device, but insurance won't pay for it unless you've got catastrophically low blood glucose levels or on insulin with low sugars.

It doesn't make sense. they'd cover you having your leg amputated because your sugars weren't controlled, you know what I mean? So what excites me is the number of people that are starting to care for their health.

And so even if you look into a grocery store now, right, like there's so many more cleaner ingredient products, organic products things like that. But unfortunately, alongside that, are then the food companies that then try to fake the products to look clean that are trying to and so you're here trying work hard you taught your patient to you know like look at the labels make sure it's clean and then.

All these false advertising words but yeah so what excite me in general is to ask your question is the shift that's happening is that more people are catching on more.

I'm hoping that it just becomes mainstream. And something like my hospital job or your emergency job, right, gets reduced because there's less people entering these catastrophic conditions that are avoidable.

Yeah, I knew it was coming. And you're like, uh-huh, let's do something about that. Let's change the culture of your entire family for the next generation.

It's the information age and there's a lot of misinformation, but we have the knowledge now to help people take those next steps that Health optimization is not vanity.

It's important, not just for you and your siblings and cousins may not get it right away, but ultimately you're changing a culture for the next generation as well who don't have to be.

diabetic or whatever's going on in your family. I think it's fun to see that. You know, I'm trying to look at the future and see what would it look like, because it is easy for insurance companies to go, yep, you had to amputate that leg.

We understand that, we'll pay you for that.

The Future of Preventive Care

" It's harder for them to say, hey, We don't have to amputee that like we're going to pay for you that You know, it's just the way the system is built, its built to put out fires and treat the fruit.

And it just how it is. It's not like there was a big conspiracy. Its just hard to prove that they absolutely have to pay for this preventative stuff. So it has to become that, you know the people have the demand it.

I'm like you, I am really excited about how many people are heading that way. Excited about many colleagues are joining us. Yes. in this line of thinking because for a while, like when I started, yeah, it wasn't looked at, you know, with enough respect, but there's so many colleagues now turning to lifestyle medicine, whatever version of it, integrated functional lifestyle, I'm excited at the number of physicians doing it.

So then it means that that word gets disseminated faster and that change goes further. And man, the patients feel so much better. You know, it just feels better to do those things that your body's begging you to.

Then it does to take a medicine to cover up the fact that you didn't do it. And you know all of that. I think that makes common sense, but it's just not in people don't.

get that and it feels like such a journey. So I'm really, I really. You know, grateful for, like you said, more folks jumping in. I am grateful what you do for your patients.

If there's a listener right now that's kind of like has been hesitant to jump into the pool because it just sounds like so much and. It's so far. And, you know what would you have them do right?

Now? What's, what's one thing that you could have someone that is listening right. Now do to make themselves healthier today? I think the answer would be to listen to your body.

So do identify what signals that your is trying to share with you. And then find a practitioner who's going to be your supporter of getting to the bottom of resolving those problems.

I love that. Putting out that, you know, that little fire that might be there. And cause those little fires become big fires, become devastating things.

I love that. Learning to listen to your body is a, that's especially for men. We're terrible at that, but. Yeah, absolutely. And that why women make up a lot of my practice is because, you know, they, do do a somewhat of a better job of listening to that but, women also more, the patients or the people who get pushed under the rug because they think they're overreacting, things like that right?

It's that it's because traditionally, you know, these, the signals are we're not, yeah. We're just not taught to listen to them. No, we are not. Yeah.

Push through, pull up your bootstraps, quick until it becomes like a big problem. And then, and then you go to the

doctor and you get your prescription.

What? And it then it is a solution for the symptom instead of where the signal is coming from.

Listen to Your Body and Get Support

Well, for folks that are listening to the body and want to talk to you, how do we get ahold of you? Yeah, please send me an email. It's support at extendmedical.com.

Our website is extend medical. com. our social media is in the starting game. it's Dr. Christina Paul or at Extend Medical, but we'd love to connect with you.

If you have questions, if you're just, you know, thinking about starting, jump on a call with us and we'll tell you how we're here to help. I love it.

I'll have all that in the show notes. We'll make it easy. It would just be a click away. And you know, Dr. Paul, thank you so much for coming on. This has been a blast.

Thank you for having me. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review and share it with someone passionate about transforming healthcare. Real change starts with real conversation.

So let's keep them going. Until next time, stay well, Stay curious and never stop pushing for better.