Green Beret to Functional Medicine

Well, the number one job being a Green Beret is teaching. And so all I did was when I found out my health was in struggle and not doing well, I just applied what I knew as a green beret to health and wellness solving problems and got in touch with Mark Hyman at the Cleveland Clinic.

He became my provider. We started a program looking at other people and then it all grew from there. That's how I met Brian. So we've been attached to the hips.

It's been 10 years, literally a full decade that we'd been educating together. Hello and welcome back to the Evolution on Medicine podcast. I'm your host, James Maskell.

We are here at the Institute for Functional Medicine's annual international conference. Nowhere is that more true than with my guest for today. Dr. Brian Stepanenko has been a repeat guest on The Evolution of Medicine over the years talking about the cross-section of the military and functional medicine.

We're going to get into some of that. Jeff Dardia is here as well. And you guys have been the busiest guys here all weekend. I've seen you, guys, on the schedule a bunch of times.

Tell us what you've been up to. We did a co-lecture on functional medicine approach to pain in the warfighter. So we had a chance to expose the audience to what it means to be a military active duty service member and operate in that military operational environment.

Some of those threats to health and performance in an operational Jeff does a phenomenal job each time really giving the ground truth and the lived experience of what it means to jump out of planes and have hard landings and use explosive devices and this blast over pressure exposure, toxin exposure and some of the military psychological exposures and even childhood exposure over time.

But we did the co-lecture, we're doing a panel tomorrow and we do a round table discussion facilitating that around functional approach to high performing athletes today.

That was a really fun activity. Jeff, share a little bit about your journey to be speaking at medical conferences. So how do you go from being a Green Beret to an educator, right?

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got in touch with Mark Hyman at the Cleveland Clinic. He became my provider. We started a program looking at other people and then it all grew from there.

Yeah, I met Brian. So we've been attached to the hip since. It's been 10 years, literally a full decade that we've been educating together.

Military Performance and Conference Work

Once again, him painting the picture of the ground truth and lived experience and us both speaking the same language about, okay, here's how we got to these end states of physiology, you know, what root cause dysfunction looks like for the warfighter.

And then pairing that with solutions and pairing it with care pathways. So we have had that show on the road for a decade. What are the unique challenges to servicing that community with this care?

So, first off, the bad is our community doesn't self-identify. They don't ask for help, they don' show weakness, and they're not going to complain about anything.

So how do you cross that barrier? And that comes through understanding and education and how it's delivered, too. That's one of the most important things is who's delivering it, how its delivered and putting in their language and culture so they understand it.

So taking PhD to put it in the GED, not making fun of the military, but you've got to simplify things. And we have, as humans, we overcomplicate things sometimes.

But if you put into a format that you can digest and understand, you don't unlearn it, and you forget it. It's something once you learn how to implement it you'll do it for the rest of your life.

How many times have you told your personal story in 10 years? Oh, quite a bit of podcasts and articles. But yeah, I mean, not also the Hair Club president, but I'm also a client, right?

So I've lived it. And it's one of those things, and I am not the only one living that experience. I just learned how to tell that story and rewrite the narrative.

not being a victim to it. Some of the worst things that ever happened in my life put me in the best places I needed to be. So being able to take that experience, turn it into something I'm passionate about, my new gift, and my purpose.

To be able share that with everybody and still contribute and help people out in a community that I came from. From my vantage point, being able to watch people's response to his briefing and him sharing his story is that they see themselves in everything he's talking about and they say, yep, that's me.

Then they're done that. And this guy's walked a mile in my shoes, hearing it out of his mouth just validates. Yep. Okay. Got it. So what do we do next?

And they come away from the briefing that we've done together. They come away from the briefing ready for action, like, okay, what do I do about it? What's next?

And that's where it's been a really nice synergy and having relationships built to where we've got care pathways and access to resources and even training programs through the Walter Reed, where practitioners can go learn functional medicine paid for by the military.

We've gotten some action items that although people who are motivated after hearing him share his story, we got, you know, things to point into and places they can I know the last time we spoke, I think it was during the pandemic.

PPE was hot, right? And you were talking about PPL, personalized protective lifestyle, personalised protective nutrition. You've got it. Now I that there's this sort of like performance angle, for people.

I'm sure that over a decade is trying to like find out where the spots are to get some action, Right? Yeah, we've really had the adoption of that terminology right there to wear in the military context, personal protective equipment, literally helmets, eye pro, ear pro.

As important as that is personal protected nutrition and personal, protective lifestyle. So it became a mental checkbox and the origin story around PPN, PPL, the concept was way bigger than the content.

So now we talk about and literally communicate, hey, for this exposure, For this experience, The way it impacts your physiology, here's PN and Ppl. Here's the controllables, Here are ways you can protect yourself against these exposures or accelerate the recovery from it after it's happened.

Yeah, that adoption has been phenomenal. But the other beautiful thing about our flavor of functional medicine is that it is on the performance spectrum rather than just the healthcare spectrum.

Teaching, Storytelling, and Care Pathways

So we can achieve human performance optimization, warfighter performance, optimization and sometimes even war fighter performance enhancement for brief periods with the ability to think with this functional medical lens and understand you know, diet, lifestyle, supplements, what can we do to augment capabilities either from a root cause standpoint or for brief periods of time.

I mean, I hate to ask this question, but is there any sort of silver lining to the fact that we might be at war or go to war for moving things along towards accelerating the health of the warfighter?

So I just want to take a minute to talk about the incredible mission partners that have made this possible. So first and foremost, a lot of thank. So Fullscript has been an amazing partner for 10 years.

We only pick partners that can help us achieve our vision and help you achieve your practice vision. And FullScript have been incredible partners for a decade, but their new offering journeys, this is why we called it the Evolution of Medicine Journeys, is allowing practitioners to combine the relationships that they have with the newest technology to sell direct-to-consumer lab testing and use it as a funnel to bring into your practice and it's a game changer for the whole industry.

So go to goevomed.com slash journeys and you can get started on building the journeys for your practise an optimal way into you practise. We're going to have some conversations about it.

This is a Game Changer. Next, Genova. Genoa have been fans of the Evolution of Medicine for a long time. We're big fans them and they now have a lot more specialty testing.

They have lot of more tools and it's a key part of understanding the body ecologically. So go to goeomed.com slash genova to find out more. Come on over here and I want to show you about the other mission partners.

You know, if you've been following us for a while, you know that these are organizations that we trust, that add a lot of value. Freedom Practice Coaching, I have been supported by them since the beginning.

And there's so many of the issues that practitioners face in building a successful practice, scaling a success practice come down to having the right support with people who have being there and done that.

Go to goevomed.com slash FPC. Big boost marketing, Uli and his team are the best in the business when it comes to really understanding how to market your functional medicine practice.

Go to goevomed.com slash big boost and see how they can help you. And then what you're going to be hearing a lot about is the formation of clinical networks.

Ultimately, True Neura is our first effort at that, which is to build an integrated clinical network combining independent practices from across the country into a network that can reverse cognitive decline.

And if you go to goevomed.com slash Trinura, you can get a demo. You can see what it means to be part of an integrative clinical networks. That's mentorship, that's software, and that makes it easier for you to get incredible outcomes in a disease state where there are no other options.

So thanks to our mission partners. Let's get back to the content. Lethality. So you say accelerating the health from a military standpoint. And Jeff, you can speak to it more than I am, but lethallity, durability, longevity.

How can we make the warfighter more lethal, more effective, and do that job in that environment for longer? And then keep that institutional wisdom around because, Jeff if you want to tell them about the intersection of those two

graphs.

Yeah, as you get older, You got more wisdom, More knowledge, right? As you older your body and your health decline.

Personal Protective Nutrition and Lifestyle

So trying to slow that curve down where we can keep people with the brain and the body going further and harder in that environment. And so right now, you know, with retention rates and able bodies to join the military, the recruiting pool is dwindling.

So we need to keep who we have longer and keep them healthier. Longivity and optimization. And there's actually a unique difference between pro athlete and athlete versus a military athlete.

And a war fighter is that the military athletes are typically older into their third, fourth, fifth decades. They still have the same performance requirements compared to other athlete individuals.

But there's also the performance of these activities. There's no pause button, there is no timeout. And it's typically done in a stress state with sleep deprived, under load.

That's not the same for sport. So there are a lot that translates from sport to military context, but there're some unique differences. Interesting. Yeah.

Well, I know that you've been focused on the sort of warfighter community, but there's been this sort parallel thing happening in the VA with the adoption of whole health.

How have those worlds intersected for you over the last 10 years? And is it helpful to have everyone kind of getting a piece of that? Yeah, I mean, it's not a fight anymore to push this ball in the right direction.

Yeah. Now it is implementation. How do we do it at scale and repeatable with standard of care? Before we were fighting for over a decade to convince people we should be doing this.

our roles of what we do in our programs to be able to expand them out to teach other people how to do it and how that implement it. So that's something we're working on with the Institute for Military Functional Medicine to build to go out those programs, train and educate providers and then so they can turn around and provide better services to our community.

More efficiency, more effective. Building capacity and capability at the same time. What do you imagine that that organization will be out of do that can't happen today?

So they're actually doing it. In smaller locations, the VA polytrauma TVI programs are doing a phenomenal job of looking at things under the functional medicine lens, looking comprehensively, and looking holistically, knowing that all these systems are connected.

Yeah, you're specifically asking about the Institute for Meli- Yeah. The Institute of Medicine, where we plan on having that go live in the next six to 12 months.

We're super nascent early in its inception, but we've got the LLC stood up and we made the decisions in what direction and who's on the initial like founding team.

Were co-founders, But we got a core group of individuals that have been with us throughout the last 10 years. shaping the message, shaping, the content, and it'll be a hub for the educational mission.

And there's the Educational Mission and the Care Delivery and Care Solution Mission. So from the education standpoint, we're looking to set some standards and ensure some shared understanding around Hey, how does the

military operational environment and the activities in those environment?

And the jobs and roles of these individuals? How does that translate to how people can break over time and what that does from a root cause dysfunction issue?

What's the knowledge, skills and abilities that practitioners need to have in order to take functional medicine base? So functional education, their base of knowledge and then apply it to the war fighter.

So it's kind of like, do this as the entry point, you know, functional medicine, and you want to apply it to the warfighter, come see us.

Lethality, Longevity, and Whole Health

We're going to teach you culture, context. Uh, we've got blocks of instruction of what works, lessons learned, best practices, templates, workflows, how to build and navigate insurance.

Um, so practitioners that are in the military system, that in VA system that they're in this civilian sector, they can all be more effective at handling and treating and, um, giving high value care and a reproducible patient experience to the warfighter and the military family unit because being able to understand the context and exposures translates to entire family units and being to provide care for the entire unit depends on your shared understanding of what's going on, how that impacts physiology and how it impacts the Warfighters and family.

Do you have inside the medical community, are there the same range of specialties and specialists? And have you found that there's an appetite in that community?

Because I know in the world, there has been the least friction in normal people just being like, I want this. But there is a little bit more friction and doctors realizing this is right, because they're going against their training.

And then the institutions typically take the longest, right? So what about the sort of the military doctor? What is the appetite there? Yeah, the buy-in and the demand signal.

I'd say there's both ground level demand signals from literally special operations community that is aware that hey, functional medicine, especially this performance flavor of functional medicines really has a different value proposition and a high value in what we do and what were trying to do for longer.

But then from a military medical institution, yes, there's champions and hubs that have bought in and that are really leading the way. Specifically, the National Capital Region Pain Initiative based out of Walter Reed, where for the last eight years we've been teaching military practitioners functional medicine and they partnered with the Institute for Functional Medicine and brought in a small group of teaching cadre, myself, And there's two other core teaching staff for the IFM, Milind Huynh and Carol Parker.

We've all been part of that teaching team for last eight years. That's so cool. How have you found the, you know, I know some of the ideas that we've spoken about and Kara's been a big champion of doing things in groups and connecting.

I mean, that's part the culture there anyway. Does that work? Is that a delivery system? Yeah, so we implemented it on the active duty side with shared medical appointments, running people through assessments together, and then educating them together about, you know, what we find in patterns of dysfunction we identify.

And then being able to pool resources to those that needed it the most up front. It became one of the cost-effective, time- effective programs that was out there and was like, why weren't we doing this a long time ago?

And yeah, I mean, that's something we've been trying to push for over a decade, but was able to put it through on active duty while I was doing Uniform and watch the success of that program.

It's called the Comprehensive Operator Readiness Assessment. I can imagine there's a competitive element in your community that maybe doesn't exist in the Reversing Chronic Illness community, right?

How do you harness that? Well, yeah. So, I mean, when you're doing a shared medical appointment, so imagine a bunch of alpha males in the room and yeah, who's got the lowest testosterone level, right?

Like, or, you know, like who has got, the highest HRV or you, know it's competitive in nature, but once you start educating people about this and they start talking to each other, they're like, oh yeah let's see your whoop results, let see what you are ordering.

Yeah. And then, everybody's out there trying to increase those numbers to try to be better, If you never show people where they start and where go, there's no feedback, then how do you action not having feedback?

But when you can provide immediate feedback to things that are identified, our community corrects it immediately.

Building the Institute for Military Functional Medicine

And that's the best part about working in that community is they're goal-oriented. So you don't have to convince them, you just show them. And that's where we don' even talk about labs, and we use the term labs.

We use performance biomarkers. Because this concept of being able to quantify systems biology in certain performance domains, now we're talking about numbers associated to how am I performing?

How's my systems' biology looking? Red, yellow, green. If I'm yellow or red, I need to fix that. you've given me numbers on my gut health, I need to fix that, all right?

In terms of metabolic and hormone profile, if I can fix, that I'm gonna fix. But giving them objective information, these performance biomarker panels and being able to evaluate their health and systems biology and performance domains, That's some language that's really resonating with the end user who's hyper competitive and wants to objectively understand what it is that they can now fix We're action-oriented.

So if you give us a target, we'll go to it, right? Yeah, and that's how we deliver medicine in that same format, find, fix, finish. So I'm sure there are a lot of other people and other organizations that are sort of part of a functional medicine operating system.

Let's say like wearables who want to get into the army. I could imagine that you might be a good clearinghouse for helping them understand how could this thing that might have value by itself, but might it be more valuable in the context of the comprehensive program?

Are you, are you able to, do you find yourself being referred to for those kinds of things? Yeah, so whoop and ordering help implement those on active duty.

We tested and evaluated them and then I still work with Whoop now in my program through Task Force Dagger. But our goal is to put a wearable on every single person going through our program and put them in a pool where we'll group them up in the cohort and they can all look at each other's results and say, oh yeah, who's got the green recovery or whose HRV is tanking, why is that?

But that's shared medical appointments in group setting and sharing education information is our programs based off that. The nice thing about the functional medicine lens on these wearables and biomarkers related to the data that they get.

is that you can help them understand why. Like, why is it not what it should be? I'm putting in the work, I am putting the effort, but maybe there's some hidden stressors or some root cause dysfunction issues, gut function or sleep disorder issues to where, hey, this is holding me back.

I don't get the results from the input that I put in. When there is the mismatch, that's where the magic happens. That's where we see the wearable data playing into the important conversations where they start asking what's wrong.

What's different? Why am I not getting the outcomes that I'm putting in the effort for? What are some patterns of dysfunction that you've seen that maybe are different from non-war fighters?

Are there things that commonly that come up like that with the reduced performance that they're not aware of but you could probably see from the moment you walk in?

Yeah, it started stained. Yeah, I started sleep. Yeah. So sleep issues, sleep performance issues in terms of sleep apnea and poorly controlled or undiagnosed sleep Apnea.

That's a big thing in our community, especially with with traumatic brain injury exposure blast and concussive related exposures. dysfunction, pituitary gland will literally function differently after a traumatic brain injury, both blast or concussive related.

So a lot of practitioners don't even look, but you're going to have brain fog, you going be depressed, and you are going have slow performance, cognitive performance is going suffer when hormones are out of range, when they are suboptimal.

balance, vision, hearing, some sensory processing issues that we see. And a lot of these, once again, are kind of related to some training related exposures, so not even related whether or not you deployed.

Really interesting stuff there. There's a big gut dysfunction issue that is probably one of the biggest gaps from a clinical ground level standpoint.

Shared Appointments and Wearables

to where these exposures will change how you're able to digest foods and move intestinal contents, sets the conditions for SIBO and Candida overgrowth issues, and practitioners on the ground that are seeing it are labeling it as irritable bowel syndrome and giving Ventil.

They're labeling as reflux and give PPIs, but that's just adding fuel to the fire. The understanding that we're trying to propagate is that you can find clinical patterns that are consistent with SIBO.

You can test and confirm and quantify and then address with nutritional strategies, supplemental strategies and pharmaceutical interventions. Hmm. Would you say that there's a pathway whereby which you have identified a common dysfunction that happens in training so much so that the training might actually change to avoid that dysfunction because what it's causing is the down or is that not going to happen?

We've already seen that place. The desired outcomes from stress inoculation that are necessary to work in certain environments. There are certain expectations that when certain types of people join our organization, they came from unique environments as a kid that precondition them to thrive in stress and chaos.

And after that programming of the nervous system, basically living off adrenaline and cortisol after so long, that in the absence of chaos, you need to find it or create it to feel normal.

Um, cause you're operating a level up here all the time. So imagine like, you know, a pro athlete that played a football game 24 seven for 20 years. Wow.

Right. You're constantly having to perform, improve yourself on a daily basis in this community. And so you are already setting high expectations, living up to them.

and then you have to earn your seat at the table every single day and you not doing it for trophies or bonuses. It's

your life depends on it. so there's consequences when you don't perform.

So it's a lot different than being a pro athlete in the fact that if you don't perform at a high level, someone could not come home and it happens frequently.

So there's high-level stress on you for a long period of time. To your question about, are we seeing things enough or would these dysfunctions related to the training environment lead to changes in the trading?

What we're seeing and the patterns of dysfunction related training can change how things are done, but not necessarily whether or not they're done. You need to train in order to be ready, in to deploy, to fight the wars and win.

An example that we're seeing right now play out is blast over pressure exposure. So heavy weapons systems and explosives that are used in training environments.

They're trying to find out what's the safe limit? What's a safe distance? You know, what are better ways of doing the same training to mitigate some of the downstream effects?

But the value that we add to the conversation is, okay, PPN and PPL. How can we protect people to where they're more resilient in those environments doing the job and accelerated the recovery on the back end after having had that exposure?

Yeah. I'll give you an example. Feel like munitions, right? Every time you shoot, a cloud of gas comes out the weapon system, both ends, with known human carcinogens.

Until we invent a new bullet that can fire without those propellants and those primers, we have to keep doing it, but what we can do is ventilate chute houses, spread the ranges open, use a different type of ammunition for training only, whereas operationally we still have to use what we use for blast overpressure.

They've developed new types of rocket systems or shoulder-fired anti-tank weapons that have less over pressure that pull the round away for you, then it ejects out further away from you or using water impulse to deaden the blast's over-pressured weight.

So there are changes that are being made, but at the end of the day, the military's got a job to do and they're gonna do it. What about a double dose of broccoli that night?

Yeah. Broccoli sprouts for everyone. We always start with food first. And the simple thing of like having a meal before you go to the gun range changes whether or not you absorb heavy metals when you're at that gunrange.

Common Dysfunction Patterns in Warfighters

So little things like that, But that's a frame shift. Once you learn that you can't unlearn that. Those are the insights we're trying to really arm people with.

I still imagine there's a performance angle in there too. You're keeping your hands still, being able to like maintain composure for the time to be accurate with your shot.

I'm sure there is a way to pitch it as a, as performance side. Yeah. Not only eat a meal, but eat this meal. Eat this or take this supplement in particular.

I guess I'd love to just finish off by asking, you know, You obviously come to a conference like this and you're the only guys that are like doing this stuff, right?

There's a few other people and I know that you've met a lot of people here who you had relationships along the way. What can the rest of functional medicine learn from what you guys are doing here?

People who are just dealing with chronic illness in the community. what do you think that You've distilled through being in maybe a slightly different pressure environment that could be a lesson for the progress of Functional Medicine everywhere else.

Let's say starting off, no one is immune to their environment. And the way we were designed is very similar. Just because you're in a different uniform or a difference career doesn't mean you are going to react differently to those things, right?

We get a little more training in the military than a civilian, but all the principles apply. Functional medicine is the why, not the what. If you can focus on why you aren't feeling well and solve that problem, then guess what?

You get resolutions. I'd say the problems we're solving are not military problems only. Literally, trauma is trauma, stress is stress, physiology responds to insults in very similar patterns.

But we are seeing the extremes of exposures and we learn the most the fastest from extremophiles, basically people that operate and thrive in these extreme environments and despite the chaos.

So we're learning lessons and seeing patterns of dysfunction and picking up best practices from dealing with the military population that will help everybody.

There's the opportunity to translate that immediately and directly to first responders, firefighters, law enforcement who work under the same stress conditions, work with chronic sleep deprivation, have a lot of the exposure.

But even the mom of four who's trying to juggle a to-do list that she knows she's only going to get half those things done, maybe less. Even the individuals that are in controlled environments, other athletes, big wave rider or bull rider, race car driver, all of these individuals, that experience stress, chronic stress have these other factors at play.

Oh, we've seen that before. Yeah, what to do here. And we have learned that because we solved these problems first. So cool. Well, final question, tell us a little bit about our performance and how you see that playing a role in the the execution.

Because you said it's moving from like that everyone's bought in now. So now it just like, OK, how do we deliver it? And I know that you're taking a more active role and solving that.

Yeah, finally, the universe has led me to stand up my own practice. But the practice that I'm starting is concentrating talent. We've got some awesome team members, a physician's assistant, and a performance dietician that have all been operating in the special operation community and supporting them for, I think, combined.

And we've gotten over 30 years of experience doing what we do support in that community. And we're doing that as embodiment of the care solutions that we wanted to have earlier that, we want to do but couldn't do in the constrained environment of military.

And it's what Jeff and I have been envisioning since we started working together 10 years ago is like, okay, comprehensive operator assessment or comprehensive assessment, you know, full systems biology check.

What does that look like?

Training, Recovery, and Translating Lessons

We're gonna do that well. and then also accelerated recovery programs. When you're ill, injured, or you've had a recent surgery, how do we get you back to functioning well and restore integrity of tissue and function well?

And we're going to do that well. But we are doing it virtually so that we can be a wraparound and accessible to people all over the US and maybe even internationally.

Because once again, it's not just a military problem, and it is not the U. S. military problems. And those lessons learned are going to translate to addressing similar phenotypes and similar people everywhere else.

So that's a low performance. But then the educational mission that we've envisioned and that is finally coming to fruition is that Institute for Military Functional Medicine.

By next year, next day I see you'll see us, we'll probably be wearing some different shirts and we will be repping Institute of Military and Funitional Medicine Well, that's really exciting.

And I look forward to that. I mean, it's always a great journey to just see year by year. It's 10 years, I think, since we first connected and been seeing the journey that you've gone on.

Congratulations for how it has gone so far. The first stage is to convince everyone that we are right. Then the next stage, is actually implementing it at scale.

That's got its own challenges, but it sounds like you're on the way to executing that, so congratulations. Awesome, thanks again for your time. Yeah, of course.

Brian, Jeff, thank you so much. This has been the Evolution of Medicine podcast. We are live here from the Institute for Functional Medicine's annual international conference as you can see some of the most interesting forward progress in the movement is happening in Indonesia and this is where people come together to find out about this.

If you know people in The Army, Armed Forces, people who need to hear this podcast to learn about what's happening, send this to them. This could change their life.

I'd love for those guys to get in touch with people like Brian and Jeff so they can move the progress forward. Thanks so much for tuning in. We'll see you next time.

So we are here asking practitioners about their practitioner journeys and the reason why is because journeys is a new product from Fullscript. Journeys allows you to set up your own lab offerings as the top of the funnel, give the patients what they want, they wanna know about themselves and it's the easiest way to bring them into your practice.

We have all types of practices from across the country that are building their own unique lab panels for their unique practices selling them to their community and acting as a great funnel into their practice.

This is a massive innovation. I think this will accelerate the evolution of medicine. You could go to goevomed.com slash journeys to find out more, set up your own journeys in half an hour and transform the health of your community.

Go get them. So that was the podcast. What an epic session. Thank you so much for tuning in to the Evolution of Medicine podcast, we'll be back again next week.

And thanks so