Functional Lab Testing for Digestive Wellness and Whole Body Health Transcript

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Introduction and Guest Background

Everyone. Great to be back with you. We've got a very exciting talk today. And guest, we have Reed Davis with us and he's involved in looking at functional nutrition, functional lab ranges.

This is something actually I'm a very big fan of because in medicine you start doing labs with people and the ranges are basically such that if you have a pulse, you'd show up in the reference range that they'd have.

So oftentimes it's not helpful in terms of getting people to good health or optimal health. So I Reed great to be with you. Well, thanks so much, doctor Mark.

Pleasure to be here. I have been a big fan of yours for many years and like a couple of decades at least. So thanks very much for having me here. Yeah, great.

And we're from the same area, the San Diego area. So we have another thing in common Southern California. You know, this whole concept of what you're doing, helping people, especially with chronic conditions and stuff.

Give us your background, how you got into it and really tell us what we're talking about here. Yeah. Thank you. So quickly enough in the 90s. I was actually an environmental law and conservation saving the whole planet.

Air. Birds, water. Trees. Bees. And then in 1999, I really started getting more concerned about people than vernal pools. You know, I mean, they're important.

But what about us? Including me? So, Mark, I started I was in great health. I thought it was in my mid to late 40s. Back then. I'm over 70 years old now.

And so I just got concerned that something was going to happen to me. And I'd done very well in that, in that field, but I just switched jobs. I started working at a wellness center in Polly, California, in 1999, ostensibly to run the business, but I was invited immediately.

I think everyone that we know would jump on this opportunity. Back in that day, the owner said, hey, I'm going to get my diplomat in nutrition, and if you want, you can come and take the classes with me.

You'll get your certified nutritional therapist certificate, and you can work on the patients at our clinic in between your classes. No, that would just fill in my lap.

And I, you know, I love studying. I like to learn anything, you know, discovery channel type guy. And so, man, did I have fun. And for the next ten years, I worked in that clinic having fun, helping people.

I fell in love with the clinical side of the business. You know, face to face with poor Mrs. Smith and Mr. Jones, who, you know, came in for one thing, maybe like chiropractic or acupuncture, we had wellness, different things.

And turns out that they were miserable from those things and a host of other things. And it's that host of other things that started to bother me. And I'll just finish by saying, as naive as it sounds now, I was out riding my motorcycle one day, sick of hearing, just sick of hearing ringing in my ears was that every person coming in our office had been to six or 8 or 10 different practitioners.

Obviously they hadn't seen you, Mark, but they'd been to all these practitioners and weren't better yet, and I. Well, what's that? Is that it's some kind of a rip off or what?

You know, I'd really never been to the doctor, so I didn't know what they're going through. And so anyway, I just said, I'm going to be the last person they need to see again.

Naive. And I'll say that as much as I had to learn. I was determined, but I had nothing to unlearn. You know, I hadn't been indoctrinated in any particular system other than a book I read when I was 19, and I still have it.

It was called Healing Ourselves, and it was kind of a Japanese Eastern philosophy book, but I thought the power should be in the hands of those people, not in some system that wasn't working for them.

And so I that's why I spent the next ten years.

From Environmental Law to Functional Nutrition

And you mentioned the lab work. That's sort of my claim to fame. I'll just really finish by saying that, thank goodness for the physicians there allowed me to use any labs.

I just started running labs on people of my own, you know, to study research. I had great mentorship, but after ten years, you know, I had noticed a few things.

I made some of my own observations, obviously, about what worked, who got better and who didn't. And so I all along was kind of developing a system. And and finally, in 2008, I started teaching a system that I had developed in a clinic, and I've been doing that ever since 2008.

So that system. Oh, yeah. Well, sounds like you stop learning about nutrition. And then you saw the effectiveness of the nutrition. All these patients you're working with. Right.

And then you refine things by incorporating a lab testing to look further into the by systems. And probably maybe you think having that kind of legal background, you just were very much methodical and analyzing things.

Is that somewhat accurate? That's pretty accurate. Definitely the conversion of legal research and writing. I was very good at that. And so there's transferable skills skills instead of saving the planet and everything.

You just wanted to work on people. But I'll just say this, the nutrition class that I took, that whole methodology and program really wasn't working that well.

It was more about selling supplements. I thought, well, I don't want to be a supplement salesman. And people would get the supplements, do some surveys.

It wasn't running labs, really. It was it was symptom surveys and that. Oh, here, you need this, this, this and this. People would spend 400 bucks on a bunch of stuff, and they would take it for a month or two.

And if it worked, they'd say, oh, I'm fixed. They thought they were all better now. And if it didn't work, they said, this stuff is crap and I'm not taking it anymore.

So anyway, it lasts about two months, sometimes three months. And then people were dropping out and they would circle back with kind of the same problems they had last time we saw them again, we had some really good doctors there who were doing good work, and yet they were just leaving so much of the person's, the rest of their whole being on the.

And that was where I focus was on that sort of what's really wrong on how do you fix it. And selling supplements doesn't get it. So so you're right about the transferable skills and the the ability to take big words and make them into little words.

You know, I had the patient, I was the head educator and case manager. I had to teach the people. And not only was it a lot of lab work was really helpful.

I mean, oh my goodness, we could spend the whole show talking about that. But the other thing was that I would say to Mrs. Smith, who, you're coming in the office twice a week, you're getting treatment.

That's fantastic. But what are you doing at home? That's what matters most. It's what you. So that's where all my protocols came in that we now have very systematized and developed.

It's the. It's what you do at home that matters. So it was running labs and what you do at home. And that's really what FTN Functional Diagnostic Nutrition is what I coined I called it I had to name it something.

And so that's what it is. It's labs and all natural lifestyle really what they call epigenetic programs. Yeah. So walk us through I mean so for the typical person what do you guys I mean I'm sure there's all sorts of different things they're wanting help with.

But how do you kind of take someone. They're going to get your guys's help. How do you kind of walk them through like what normally is going on with them or they don't know, and doing blood work and tell us how this all works.

In short, I systematized five different labs, which sounds like a lot. But the difference, Mark, was that I couldn't diagnose to treat anything specifically and didn't want to.

That system was failing. At least our part of the public. People coming our office were looking for willing to do alternative approaches, and that's where I came in, was I didn't care about their diagnosis, you know, thyroiditis or, you know, whatever it is.

Even hypothyroidism, they had chronic fatigue big back then, you know. Well is was fibromyalgia and all these sort of clusters of symptoms. And it seemed to me that their practitioners, most of them just standard physicians of the day, and this is a long time ago, things have evolved a bit, but they were just saying, well, it sounds like this testing for that, and God forbid they find it until the person here's your diagnosis and here's what you do for that thing, you know, take this for that basically.

So I couldn't take that approach, not licensed to do it and it wasn't working.

Building a Lab-Based Wellness System

So I learned to look at hormones, the immune system, digestion, detoxification, even energy production. Cellular. If you give those the right energy, they know what their job is.

You don't have to teach them what to do. And the nervous system balance was really big in our world. So that spells hidden h I'd DEN hormone Amanda and detoxification energy production and nervous system now sounds cute, but the truth is that's our system.

It's looking at this whole constellation of healing opportunities instead of just, well, it sounds like a parasite, or it sounds like I'd be s or something.

And then testing for that one thing, because the minute you lay down a diagnosis and the person. Oh, I found out what my problem is. No, it's a whole bunch of other stuff that you better not ignore.

And so I was the. Here's what we can't ignore. How could you ignore these imbalances that we would find in this constellation? Again, not diagnosis. I simply call them healing opportunities.

And people resonated with that. They loved it. And then the next question is, what do I do about it? And that's where the at home program comes in. But with the labs, it was fascinating.

And I had I worked a lot, sometimes seven days a week. I was out screening, lecturing and building our business, but actually getting the results. And that was the beauty of the whole thing was happy customers bit more about your concept, maybe like Functional Labs or at least Dignam, or using maybe more of that.

Typical doctor does tell us a bit more about that concept. Okay, so well, functional lives are sometimes not even approved for physicians to use. A lot of them are considered research use only.

Are you testing versus in vitro testing? The the kind of physician does and what they're trying to do. And it's never a bad thing to see a physician get checked out, make sure nothing really masers going on.

And if you hear your bloodwork looks normal but you feel lousy and don't give up, there's a reason why you feel lousy, right? So that was the kind of customer coming in.

And they might even have had a diagnosis or two and the treatment of it standard to sort of take this for that for those couples wasn't working. They still felt bad for of fact, they're still in a downward spiral of, I call it related downward spiraling conditions.

And the functional labs give you a little more detail, a few more clues than what you might get off your CBC panels, differentials, wherever you know, the metabolic panels, the standard things that positions run and say, well, there's nothing really wrong with you here, I would say, yeah.

Yet, you know, like it's going so these things are all moving targets and they're moving in a direction. And so there there might be within a standard range, but there's a functional range that's probably much narrower for each person.

But that's hard to look at the same blood work and say, well, your range should be down here. Your range should be up here. It's better and easier and not.

And it's affordable to look. Well, let's look at saliva. Let's look at urine. Let's look at stool. Let's look at even hair and things that wish I had some still.

But you get it right. So these other labs which were being developed at the time, very pioneering kind of work going on back in 1999, 2000 and the first decade of this century.

It was supposed in the science and what you could see. And I was an eager student and learned a lot and had the customers to work with, you know, the people who were desperately searching, who would frankly spend the money they'd invest.

And again, because it doesn't pay for some of it, it was all out of pocket. So I was a I had to be an entrepreneur at the same time a health entrepreneur, and not be bound by what's paid for by insurance, which has got to be frustrating for a lot of physicians.

You know, these algorithms they have to go through to get to what they really want to do, right? It's torturous. And for the client to and so the labs have the classic digestive problems gas, bloating, whatever and some fatigue.

Maybe give us an example of how you would, you know, well, give you a quick case where I love telling this and I have dozens of stories like this. But a lady came in and she was getting chiropractic and some massage and just try to feel better.

This a cliff said, sort of hurt her neck and back and kind of a thing. But one day she said to me as I was walking her back to a treatment room, I look like, hey, what's going?

You know, I get very close to a lot of the people, and I could tell she was feeling down. Hey, what's going on? Oh, Reid, it's this weight. I'm 40 pounds overweight, and I'm just so frustrating.

I mean, I always had a smile on my face. Ready to help and suggestions. I could help you, maybe. And. Oh, but no, she wasn't having it that day. She said this weight, it's so frustrating and I can't lose it because I'm on this medication for the hives and I've been on it for two years and I've gained this 40 pounds, and it's just so frustrating.

And I'm about to say, and she goes, and you know, Reid, I went to the position the other day and I gave me a checkup and said, just keep taking the medication.

And she said, what's so frustrating, this weight? I'm 40 pounds overweight, according to her. He said, lady, you can be fat or you can have the hives take your pick.

And so she's almost in tears at this point. And she said, well, doctor, that's so depressing. He's and according to her, he said, well, I'd be happy to write you a prescription for antidepressants.

Functional Labs and Hidden Imbalances

So when I finally got a word out, it was, hey, why didn't you ever try to find out why you get the hives and what her head snapped her own so hard, I thought, you're not going to need your chiropractic.

You just, you know, I mean, literally like what? Exorcist almost, you know? Yeah. And I said, yeah, you you maybe, maybe you could find out why you'd get the hive center home with a couple test kits.

And this is on this is over 20 years ago. Just told me you're doing the right thing. Read your help. You're on the right track. Because within a couple of weeks, she was offered medication, and I didn't know this.

She goes to read. I've been taking. I've been going to the gym, working out to a sweat, which I couldn't do before. And I and I haven't had a hot shower in two years because even on the medication, the showering and sweating was giving her the hives and it changed her life so dramatically.

How do you think the practitioner felt? For one thing, and you alluded to this. It it's such rewarding work. And another week or so later, she's losing weight and telling me how happy she is, you know?

So that's the kind of thing that functional labs that look at underlying causes and conditions and what I call contributors to metabolic chaos. I'd love to explain that these contributors metabolic chaos could be environmental.

It could be mental emotional. They could be of aches and pains like I have damaged my body from using it to so much. It's very well used. And so you got that and then you got the chemical stressors.

And that could even be something as simple as food that you're eating, that you just isn't working for you. And so I learned to run all these different labs and with actually without expecting a lot just this maybe I can help.

Another simple case, Mark is a lady who was seeing me and the doctors there. She said, do you work with kids and had raised four kids? I was a football coach for 15 years and yeah, I've worked with a lot of kids wives.

Well, they were trying to send my boy home from school. If I don't put him on drugs and I don't want to put him on drugs, I said, do you mean like a doctor works at the school?

No, it's just the principal and teachers. They're saying he's unruly, poking the other kids and all these things. And turns out this boy was only nine years old, Mark.

I mean, and just, you know, my heart sinks. I feel I love children, and so I said, I don't know if I can help, I don't know, but let's see, let's run some labs.

Let's see. And within three weeks of getting the findings and working with the the boy and the mom, I actually never even met the boy. Just working through the mom, working through the mom.

Hey, here's what we recommend. And so within three weeks of that, the principal of the school tracked me down and said, hey, this is principal So-and-so, Mr.

Davis, this is a different kid. He's paying attention. He's he's not poking the other kids. He's not out bursting in

class. What'd you put him on it? Because something he hurt.

Because he wanted something, you know, the bottle. And there's lots of things that bottles that that help. But it wasn't. I said when I put them on, if you want to put it that way, was a better diet, a better bit of time, you know, better schedule at home and things like that.

Mostly just removing things were assaulting his nervous system. A lot of these things in food and what have you are, are stimulators. And so we didn't do that much really.

And but he was looking for the magic pill. What I'm just trying to say is that running the labs has been the secret. I could tell you about kids that my football team and their asthma went away, and women, with their migraines gone, completely disappeared, and skin conditions.

Oh my goodness. Like that hives. But but much more than that. And the and the joint pain and the psoriasis and all the things. And it was all remember I had a lot to learn, but I had nothing to unlearn.

So it was just a blank slate of let's see, let's see, let's see. And I had had these wonderful mentors at the labs, the geeks, not the lab rats. These some were physicians, some were just scientists.

And and then, of course, the practitioners that I knew, but mostly my own observations of things. After ten years, you kind of recognize a few things, you know.

How about you? The fact that I love running labs, too, like you're talking about, because it gives us insight to the workings within the body. We may not be able to see person signs and symptoms totally.

That was Madison first and signs symptoms. Take your history, but it always is quite amazing the insights you can get from the labs because you're basically, you know, getting a picture of what's going on, the cells and the side, the organ systems talk about that so people can really, you know, understand this.

Okay. So the there's a lot going on in the body and it's called metabolism really. It's every function going every function in your body. I realized there on that I could test for the two main types of metabolism.

There's what's catabolic or catabolism. And then there's antibiotic. Anabolic sounds like cannibalism but it's not. So it's catabolic anabolic. And you can test cortisol and Tse.

These are kind of the parent anabolic catalog. So metabolism falls into those two areas. And you can see right away from a simple saliva test if somebody is more catabolic than anabolic.

Generally speaking you have to correlate the person with the paper. You never treat the paper. You don't just give them this. Oh, this. You're that. We're not trying to balance it with any kind of particular agent other than the person's behavior and lifestyle.

That's what can balance a person out better than anything. We know the epigenetic influences of diet, rest, exercise, stress reduction, supplementation.

And so anyway, this catabolic anabolic is one of the first things I look at. Along with that, of course you could look at circadian rhythm and the flow of things during the day.

And when that catabolic anabolic is out. And I'm going to get to your digestion question because I forgot that when you're catabolic anabolic stuff, the sex hormones go out because the parent hormones are the same, the pregnenolone and DJ and that whole pathway, the HP axis pathways and things like that.

So you find people are in a catalog state, they're kind of getting old before their time. They're getting worn out. Their stressed in some way or other.

And then you notice their complaints might go around their periods or their early menopause, or their lack of libido or inability to build muscle or energy levels and things that are associated with catabolic, anabolic and sex hormone imbalances.

So the word imbalances is going to keep recurring and recurring recurring.

Digestive Testing and Metabolic Chaos

But another thing that happens if you see what happens is if you keep going like that and you only treat symptoms, you know, take a pill for this and a pill for the downward spiral is going to continue.

It really needs a different whole different set of inputs. And so like lifestyle. And so what happens next is your secretory or immune system. That's the main say immune ingredient in the gut which is most of your immune system.

Secretory IGA will also go down when you're catabolic over anabolic. Oh hey it's not just sex hormones. And those complaints you can have them all. It's also oh now you've got low key which influences the microbiota and the gut.

You start getting this biotic so you have more. You're good to bad. Flora goes out of whack. Well now you could have Harper gas and you just in bloating and that to your Lola beetle.

And you know periods are off and early. You know, just it just can really get hard on a person because then they get the mental fog as well, and all these other symptoms that you can't just label and say, here, take this.

I just don't believe I wasn't allowed to do that in the office. My job was to find the causes and conditions and man, did I find. You know, if you follow this domino of stress, whatever kind again, it's environmental, chemical, biochemical trauma, physical aches and pains and not to mention mental, emotional, psycho, spiritual, all these different ways of being stressed out.

Facts shoe in a anabolic out. Sex hormones are out, the immune system goes down and then your digestion. So because you don't have enough good bacteria to break down food properly, the food goes down into the small intestines where the good bacteria should be at least 80% of your total.

But we learned back in the day. Well, there's not enough there to break down the protein further into it's in mino acids so that they can get absorbed.

And then your body would take those make neurotransmitters. So your mood goes out. Now you really start feeling bad and it just gets worse from there.

With the display you could have parasite bacteria, fungus, even viruses. We don't want to talk too much about those, but the you know, the bigger, better bugs is I think the medical term.

So once you have a dysbiosis, the bigger, better bugs and really cause chaos, you get the biofilms, you get the hyper permeability, and then your liver starts catching him from all the stuff that's not supposed to get through into the moral system.

But now we had detoxification problems here. So you got hormonal immune digestion, detoxification issues. And if you just worked on those four areas, you know, you don't have to diagnose anything.

Let's look at the functions, see what's out of balance and start working on that. And that's a good start. Thanks. Now tell us a bit more about some of the digestive testing you do.

And how common do you see digestive issues with the clients? Would you say, well, it's so common that people consider gut issues to be the the devil. You know, that's the the root of all evil.

And I would refute that. I mean, even Hippocrates, the father of modern medicine or medicine, said all disease begins in the gut. And I don't think that's right.

I think it circles around to the gut so frequently. That's your question. It's such a frequent occurrence that it seems like that, and it can go down from there.

It can spiral down quite easily, but I think it begins with the stress and the catabolic anabolic. And I can show you on paper, this is just my 25 years now of being in there.

It's some form of stress. And we kind of categorized it a little bit. The different forms. The I call them contributors to metabolic chaos, and that's the beginning of the dose that again is going to hit that gut.

And sometimes for some people those are the symptoms they notice most. So they could handle a little imbalance here a little imbalance. There they go.

Oh that's life that stuff you gotta, you know, persevere. But when it gets to the gut and you've got aches and pains, you know, again, heartburn, gas, indigestion, bloating, diarrhea, constipation, alternating diabetes with customers, that's when you really start to get it.

Fix your lifestyle in a big way. So and there's lots of medication for that too. And I've seen that go down from there. So the testing first of all, I like good old fashioned Indian to tell me what that floral balance is.

That's a 60 year old test I think, or older. The doctors used to do in their offices in the kitchen will tell you you've got a display, which means you aren't digesting your food properly, which means you especially the protein.

So you're probably not getting all the amino acids and neurotransmitters. You could be spending a lot of money on really good food, and I do. My wife and I, I can't believe our grocery bill.

You just never know. But you know what I'm saying? I don't know, I couldn't. If it isn't getting absorbed, what good is it? Might as well to Donald's.

Not really. Folks are just, you know, because that's full of talks that you don't want. But the idea is that you need to be really breaking down, absorbing your food.

So in the kitchen is an old fashioned test. And there's others you can you can look at that microbiome more closely if you want. There's the CBO test.

It doesn't that doesn't eat or I haven't found that helpful myself. But you know, there's other microbiome testing and you can look for the biofilms and and all kinds of things.

You can run a stool test for the Paris, the real overgrowth of each pylori or, you know, whatever it might be quite a lot of bugs, the bigger batter bugs.

And so but I would say my whole methodology and way of thinking is that you better be looking at a whole cluster of healing opportunities, a whole I really a constellation so that you know what a person really needs to do, and you can really teach them something about how you look.

You've lived yourself into this. You could probably live yourself out of it. That's where the discussion of that your genes is, the epigenetic influences.

I'll just summarize by saying I don't use the term root cause anymore. What? Oh, and functional medicine. That's heresy to say that it's good to look for it.

It's what I'll say. Mark, thank you for realizing that I'm just fun and sometimes. But the deal is you'll never you. It's hard to find one. Here's the easy thing. 300%.

It's rare to find just one. So if that's true and there are multiple causal factors, what else is going on? Hardly anyone considers they're fixing each other.

Those causal factors are now having an effect on each other. In some of my talks I show I have a picture of a pool of water is very smooth, and you throw a handful of rocks and they'll spread out and they'll create, say, say, eight, nine, ten different rings.

Well, those rings hate each other. Pretty soon the stones are gone. Now you just have those rings and it's just a big ripple effect. That's why I say metabolic chaos and root cause.

Because that's what it is. It's it's chaotic because the classic example you get is drop one rocker a pebble and then you see the spread. But as we both know, it's rare someone with health issues are just one thing or not usually multiple.

So multiple pebbles or rocks in water. So that actually is. I had never heard that analogy. I like that that is actually more reflective of what we actually do with it is and some of these things, and I'm a guy that teaches a course in lab work, so I love that work.

But many of these interactions of causal factors are very far up stream and they're not singly measurable. And here's another thing by University of California, San Diego guy in the last year wrote a paper on the original causal factor.

Epigenetics, Lifestyle, and Self-Healing

In some cases, picking one doesn't even have to be there anymore. The ripples and downward spirals that it created are ongoing metabolically, but the original cause is gone.

You'll never get. You can't find it because it isn't there anymore. So the whole idea of just a root cause, and again, very noble pursuit, used to be in my signature to.

And now it's not it's resolve. And how do you sort out metabolic chaos? That's the trick. And you can't do it with one lab. Yeah, I think I agree with you.

I agree that that's actually I like that that's good insight. You get there, I like that. That's how I praise for a man I've admired for quarter of a century.

Well, tell us more then. So like you said, you're helping people. Sounds like basically you're helping people by helping to remove obstacles to cure and helping the body balance self, which ultimately for healing to occur.

That's what we need to do. These magic bullets, whether it be drugs or supplements and so forth, you're really trying to look at that root cause of why the imbalances are there.

Correctly imbalances in the body will get healthier is that that's the general idea. One thing to for professionals watching, especially physicians trained in standard medicine, because I'm going to say some things that say, well, we know that already, but you really don't credit it well enough, like diet, for instance.

Everybody knows diet is a super important epigenetic force. And the standard medicine looks at, you know, vitamins and minerals is oh, yeah. Vitamin C prevents scurvy.

I like it, but it's so much deeper than vitamin C prevents scurvy, you know, and it's that all these nutrients, all the vitamins and minerals, essential fatty acids and phytonutrients and trace elements and any oxidants that they're all critically required, not just health there.

No. If you don't have them, you'll have something go on. So this idea of getting proper nutrition looms really, really large in our world. And of all the factors that we have control of and some we may not like the air we're breathing.

And I don't control that stuff. I try to live out in the country now. So these are really critical forces that, by the way, this is really good, along with the rest and the exercise and reducing stress and every way we can identify it and take us to help.

So that whole system I call it DRESS which is dress for health success. Another cute expression that popped up somewhere along the line diet. Rest. Exercise.

Strip supplementation. That's what I had to tell Mrs. Smith. It's what you do at home that counts. What do you mean? Well, and you look at those things, and you run labs that will help guide and shape.

We call it data driven epigenetics. And so those factors are really critical. Another thing physicians the idea of well yeah my received have been scurvy.

That's the disease model. The natural path and holistic model is all of those vitamins minerals. All the things that I mentioned are really important in the right level, starting with your macronutrient ratios, the right amount of protein, fat and carbs for each person, those being really high quality proteins, fashioned curves and right for that person, their genetics and things, their ancient and central body that's there and the memories in that that have requirements, they require it.

And if you follow it, you can find out what it is and we think we can and follow it. The results are happier cells, happier tissues, happier organs, happier systems, happier organism person.

And so just from diet, you get an awful lot and the rest of it rest, exercise, stress reduction, supplementation and cover as much as you want. But but yeah, the idea for physicians is that nutrition is a whole lot more than, you know, vitamin C prevents scurvy.

The other thing is that we recognize is on the lines of the person is what matters. It's not. I spent ten years as a clinical advisor for a laboratory in this 25 year period, part time, trying to be helpful and educate doctors on what they're really looking at.

And they'd be amazed when I would get on the phone to go over a test result. And I and they said, yeah, tell me what? I go, well, who is this person? Tell me about the patient.

Well, I don't have her file in front of me. That one used to really get me, you know what I mean? Like, well, it matters whose test result this is. Yeah. And you got correlated.

Yeah. What do they do for a living? And and you know, how many kids they have and just different things that really matter in our world. And you know, so these questions arise for us.

And it's all about epigenetics which is the influences on the genes. And then the remedy once whatever we discover in the lab work hormone immune to detoxification, we have data.

Oh, this needs to be fixed and you can fix it. But we don't treat anything specifically, the idea of nonspecific treatment is a valid consideration. We don't treat anything specifically that might be called practicing medicine with the license.

I wouldn't want to do that. So we in a sense self treat everything. Not specifically the epigenetics have an effect on every cell tissue organ system to our organism simply gets healthier, you know, improves function, gets more balanced, gets rid of toxins, and you start actually craving really good food and less of the crap.

And the idea of self-medication occurs less, you know? And that's the other big thing. People are self-medicating and doesn't work. But for very long, you know, and so we give control of one's health back to the person.

That's the ultimate goal, that stuff. So we've talked about functional testing, functional nutrition, balancing the body out the body can heal itself, which we've always known.

But medicine that's you've always known. Yeah. Yeah, that's good stuff. Well for people get more information. You've got a website they can go to FTN that's is short for diagnostic nutrition.

So FDN training.com/mark. Right. So after training on. So I read any last like summary statement you like to give for the viewers before we end here. If I was asked Mark to give my best tip I would actually say that it begins in the mind and point of view.

And yeah, I was a Boy Scout as a kid. My dad was a Boy Scout master. I had to wear a uniform like three times a week, you know, and but our job was always to help people.

So I went out. I showed the neighbors snow up in Canada, where I grew up, for free, and I didn't charge. I raked their leaves. The old people in the neighborhood of like that.

So I've been helpful. I've gotten up every day wondering where could I be useful, even if it was so that I didn't get scorned by my dad? But you know, I grew up every day wanting to be useful, do something productive, and have a good attitude about it.

So that's where I really start every day. Oh that's great. Well, that's very inspiring. And thank you so much for your time and giving us your experience information.

Yeah, my tickled to get in, but I really respect you and your work, and I hope the summit goes incredibly well for everybody.