Functional Medicine: Science or Snake Oil? (ft. Dr. David Gorski) Transcript

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Introduction to Functional Medicine

Functional medicine is a hot topic these days. Instagram, Facebook, and TikTok feeds are filled with recommendations from experts who proclaim they know the answers to all the questions you have been asking your doctor and yet seemingly never get answered from your doctors.

So what is functional medicine? Is it a new subspecialty in medicine or is it just window dressing for the same type of con artists that people have dealing with for decades?

And how does it relate to our current search in general, Dr. Casey Means? In this episode, I'll be talking with Dr David Gorski, breast oncologist and managing editor of the science-based medicine blog to discuss these questions and many more.

I'm Dr Mark Papadakis, nobody particularly special, just another fricking ER doctor, and this is the Jaffercasts. If you are a self-described naturopathic holistic wellness healer type of person, then this video is probably going to piss you off.

David, hello, welcome to the show, thanks for joining me. Hello, how are you? Thanks for inviting me! So Dr. David Gorski, you are breast oncologic surgery.

You have a PhD in cellular physiology from Case Western Reserve, as well as obviously you're MD from University of Michigan, graduated general surgery residency and a fellowship in surgical oncology.

A surgical on oncological research fellowship from the University Chicago, Illinois. And you're practicing in Detroit, is that correct? Yeah, Wayne State University.

Awesome. So basically infinitely more qualified than I am right now. I love it. So, uh, we talked about a little bit back and forth earlier. I saw your, you, wrote an article.

You've written many articles, but one of the articles you talked recently, October was about our incoming surgeon general, Casey Means. And that's kind of started the whole discussion, um, with regards to functional medicine.

Yes. So I guess my first question becomes why functional meds, and this is a big topic you've heard about in the past. How did you kind get involved into writing about this?

Dr. Gorskiu2019s Background and Science-Based Medicine

Oh, well, I'm not the first. You know, for instance, you know I am the managing editor of the Science Based Medicine blog. And I, am not first person on that blog to have written about functional medicine.

I believe Wally Sampson, who is unfortunately no longer with us was, and this was like way back around 2008. In any event, functional is interesting because it can very easily fool, a patient and a fair number of doctors into thinking that it's actually, you know, scientific and evidence-based.

Well, functional medicine sounds pretty scientific. Like at a glance, I'm being serious that… Well sure, no, the name was chosen, intentionally I am sure.

And it is something that has only been around since the 80s or 90s. Relatively recent as far, you know, it's not like homeopathy or something like that.

That's been around, 200 and some odd years. Right. Well, as I said, that was my next question, which is, we hear,

naturopaths, homeoapathy and now functional medicine.

But to me, personally, functional medicine is a relatively new thing that I'm starting to hear about with the past five years. But it's been around for so long, why haven't…

It's around at least since the 90s. It was pioneered, if you want to use that word, by a guy named Dr. Jeffrey Bland, but the real face of functional now, or at the least the most famous one, is Dr.

Mark Hyman. So that's going to need to ring a bell for me because I'm not familiar with him. He was recruited about like in 2014, I believe, to form a functional medicine center at the Cleveland Clinic.

I don't think he's associated with it anymore, but I haven't really looked into it in a few years. But, you know, he was recruiting to, form, a Functional Medicine Center and he is really one of the big names in functional Medicine.

Interestingly, the Cleveland Clinic had an interest in, did they pursue him or did he apply to the clinic? I honestly don't know. I suspect they pursued him because Cleveland clinic is one of those themes of science-based medicine, especially early on, has been trying to shine a light on the infiltration of what we would consider pseudoscience and quackery into academic medicine.

You know, there's even a term for it. Even though I'm sometimes credited with it, I did not coin the term quacademic medicine I like it It's a term I use frequently, and it's basically where respectable academic medical centers start embracing all sorts of nonsense under the banner of, quote unquote, integrative medicine.

Origins of Functional Medicine and Mark Hyman

It used to be called complementary and alternative medicine, as you may recall, but then, you know, several, many, at least a decade ago, they started really shifting towards wanting to call it integrate of medicine or integrates of health, or as I like to say, integrating nonsense and crackery into medicine Well, you know, there's always a term that I like to say that if it was, alternative medicine was actual medicine at work, it would just be called medicine.

Right. And there is, I forget who originally said that. I remembered Richard Dawkins said it once said, but I think it's also been said by a number of other people and I really don't know who was the first.

Yeah, it's been, you know, along social media a lot out there. And I feel like functional medicine has really gained ground in the age of social. I mean, like you have between wellness influencers and all these other people out.

It's so easy to gain a foothold and basically to spread misinformation, half information, have truths, things like that at a pace not seen, in, the early days of the practice.

Definitely, and especially since the pandemic, which basically enabled the rise of people like, you know, Casey Means, R. F. K. Jr., I've been writing about RFK Jr.

It's more than 20 years now, hard as it is to believe because He first, I don't know how long he had been anti-vaxx before that, but he first became known as being anti vaccine in 2005 when he published that infamous article in Salon.com and Rolling Stone called Deadly Immunity.

I, don' know if you ever read that? I know of it. But I couldn't bring myself to actually read it though. It's, it's basically a conspiracy theory. Basically the idea is in 2000. So the whole idea, is that the mercury, there was mercury in vaccines in the form of imarisol, which was a preservative used in vaccine until about 2001, 2002. And the ideal was that was the cause for, you know, the quote unquote autism epidemic.

The idea behind deadly immunity was that in 2000, the CDC had a meeting about a study by Vera Stratton and his colleagues, which was a large epidemiologic study that looked at whether thimerosal containing vaccines were associated with an increased risk of autism, and it found that they were not.

However, the raw data seemed to show that there were, then if you start adjusting for confounders the effect went away. Well, a very typical anti-vaccine move is they misrepresent adjusting to confunders as an attempt to make associations go away, which is why you start seeing, and they still do it today.

RFK, you know, talks, or, talking about, the same sort of thing. Correct. And I was going to say, I made a post recently on threads and it basically says, Hey, we're seeing flu cases now, get your flu shot.

Oh boy, howdy. Did my replies go with the anti-vax people? But one thing was interesting because this one individual sent me a study and it looked at viral interference, and which, for those who don't know, viral…

Was that the one with COVID or was that… With flu, with the flu shot. Well, it was like flu and COVID, I think. Because that was an early conspiracy theory, very early in the pandemic that I wrote about like in 2020, even before the World Health Organization declared it a pandemic.

Well, the site that came out actually came up with the last year. So there's an updated one, a new one is a, new, but the study itself said there was no such thing.

Basically there is like, well, The results don't show this, you know, actually, cause they looked at the defense department study looked that a military recruits the presence of either viral interference or vaccine efficacy.

And it found out that. vaccine efficacy was actually really good for the flu, and there was no signs of viral interference. And viral interferance in this context is basically saying, does the vaccine interfere with the body's own ability to fight off a virus or other viruses?

And they're looking at that. It's usually a different virus. Correct. Yes. Yeah. In this situation, they found out that, no, it doesn't, you know, is all bunk.

But the individual, cause I read the study and I said, you realize this paper actually supports my argument, right? That the flu vaccine is effective.

Social Media, Anti-Vax Misinformation, and RFK Jr.

And he came back and said well, but if you look at the data, yes, that's what they conclude. But if we look the subgroup analysis, You'll see that viral interference occurs.

I'm like the, sub group analysis? What are we doing here? Come on, dude. You know, it's just like these little, little things that they do to sow doubt.

If somebody outside is reading this, this comment. It could be like a big beefy epidemiologic study, well-controlled, you know, designed, executed. They will find one little anomalous line in one chart, like in table.

Yep. And here we go. So I let it go, I wasn't going to, stooped down to their level. But, but these are, you know, tactics that the anti-vax, the functional medicine, The Welles Influencers, they all present on social media and boy does it sound convincing.

I spoke to the last episode, Heather Simpson, she was a former anti vax influencer turned now pro vaxx. but you, know she became antivaxx not because she had a vendetta, But because, She had questions that weren't adequately answered that became conveniently answered by the likes of the anti-vax community and RFK.

And here's somebody who, to her mind, is like, oh, this guy's a lawyer, he's an environmentalist, you know, not a crazy guy. Well, turns out he is crazy.

Oh no, no. He is so far down the rabbit hole of conspiracy theories. I've been writing about him for 20 years. When I started hearing some, when Trump won or when he turned or gave up his candidacy, his independent candidancy to bend the knee and kiss the ring in promise for a high ranking position in health and the federal government.

I was like, oh my God, you know, and then I start hearing some of our colleagues like say, Oh, well, Maha, he's talking about diet and exercise. He's not really anti-vaccine.

And I'm like guys, people. I've been following him for like, you know, almost two decades. Yes. He, and of course when Samoa happens, with Misa Zapark and Samoan, he went there.

I mean, his denied links to that, but the evidence is very clear with this whole situation. No, no. In fairness, he didn't start the anti-vax panic. He just glommed onto it after it got going.

And he makes money from it. Like let's be honest, his foundation, you know, referral money, still to this day, although he conveniently decided to put the foundation in his son's name.

So he himself is not getting money. But his family name is absolutely getting. Well, yeah, I mean, and especially now, whatever's happened to like the government, there are still rules about, you know, conflicts of interest that they can't just Well, they, I guess they can, but you know, it's harder, It's not a good look to break them even among, you, know their followers.

Right. Now we talked about, we're going to talk about KC Means in a second, But I want to kind of just go over functional medicine. You know I, guess not really the origins per se, what does functional Medicine mean in the age of like, 20, 25 post COVID?

Like what is it? goal here? Is it just another name for, you know, naturopathy and homeopathy? There is a lot of nonsense in functional medicine, but functional medicines starts out with some certain key ideas.

For instance, it's kind of like Harriet Hall, again, who's no longer with us, used to say about natruropathies that the things that are good about Maturopathy are not unique to matuopathy and the things that are bad about, you know, the thing that is unique in maturapathy is not good.

Basically, same thing with functional medicine. So, for instance, one of their big things is patient-centered medicine, whatever that means. Okay, who's going to argue with that, right?

Who's gonna argue that the patient should be at the center of medicine? And then we should try to individualize patients. Now, here's where it starts to go off the rails.

One of the think that they talk about is biochemical in the individuality, you know, as like the basis of functional medicine. So like, the implication being that, that you have to come up with something individual for every single patient now.

The way I always respond to that is, yes, there's bio-chemical, biological variation between people, but we are more alike than we're different. Otherwise, evidence-based medicine wouldn't work.

You know, they make it sound like you have to, like, each person is so individual that, you know you, have come up with this bespoke treatment for them, and I look at it more as an excuse to do whatever the hell they want.

And if you think about it, it speaks to the American idea of American exceptionalism individuality that, well, yes, I'm special. I am unique. So why shouldn't I have my own personal treatment plan?

And then where it really goes off the rails is what I like to say is functional medicine kind of combines the worst of evidence-based medicine with the worse of alternative medicine.

They will order like reams and reames of tests. Like Mark Hyman offers this panel of test. It's like 140 tests, you know, and looking for abnormalities, which they will correct with supplements and whatever.

You know as well as I do, if you order enough tests just by the way things are defined, there's going to be some of them that are abnormal, like generally the normal range for most lab tests is like two standard deviations, I think,

you know, or something.

In any event, it's going to be roughly 5% abnormal tests even if, in any, so if you order over 100 tests, there's gonna be probably just by random chance alone, five or more that are abnormal.

What Functional Medicine Claims to Do

And the clinical, just clinical experience and logic, will tell us which ones we think are important, which one's are not, and which we just check again or whatever, but they will try to correct every single one.

And I get a lot of people who come into the ER specifically talking about ESR and CRP. I'm sorry? Talking about what? ESRP and C-R-P Okay, yes. Those are kind of non-specific tests.

Correct. Yes. And they said, well, you know, can you check my CRP level? Like, why? What about your CRPs are you concerned about? I said well if it's elevated, I could have this.

It's like, no. You know like it is a marker for inflammation. I'm worried I have inflammation, all of us have Inflammation to some degree, and because it negative doesn't mean you don't have something going on either.

Or like the ESR is even less specific. It's even more so, you know, so now you have a situation where, okay, You are coming into the ER concerned about a test that maybe somebody ordered in good faith because some practitioners said, let's just check a couple of things and that's elevated and you see this and there's no medical guidance now that you had because you just saw this on your, my chart or something like that is elevated.

You're like, Oh my God. And you go down the rabbit hole and now it's all of a sudden I'm worried I have like some weird mitochondrial dysfunction. That's a big one right now I notice.

And now, I am in the ER here to say, sorry. The other thing about functional medicine that's kind of funny is, so it is very concerned about balances.

Transmitter imbalances, redox im balances, that's a big one, you know, mitochondria, detoxification imbalanced, immune imbalance. Sounds like im balancing humours, back in the medieval era.

Precisely. That's what I've said. It sounds like humoral theory, it sounds or what a lot of people don't know is that traditional Chinese medicine is also very big on im balances.

You know hot versus cold and like that sort of thing. So our wet versus dry, you know, so it's like very much like attacking ancient concepts of imbalances and the humors are in hot, cold or dry wet, et cetera.

onto, you know, like hundreds of modern lab tests. Yep. And basically trying to say, well, here's a laboratory value that, talks and speaks to this kind of theory.

It's like, Well, not really. But, and I bring this up because I've had colleagues. who, like you, look at functional medicine and think, oh, well, this speaks to me to some capacity.

And I think we, you know, we in the medical profession sometimes get a little bit side, surprised that, what do you mean you're looking into this or looking to that?

Especially the educated ones, the other doctors and physicians we work with, it's like, But why, you know, why is it speaking to you? And you just said it earlier, which is, well, it's individual, its biochemical.

And I think more importantly, It answers questions that they're not getting right now from their doctor. and that's a slippery slope. No, I mean, this kind of gets into why would some of our colleagues be attracted to this stuff.

I wrote a post a long time ago about a talk that Dr. Oz gave. Yeah, I know who can believe now that he's like in

charge of CMS, you know, like all Medicaid, Medicare and Affordable Care Act programs.

Run through him. Oh, yeah. Go right through them in any event where he was talking about like what being a healer meant, in the old days or hundreds of years ago and it was like what you know like going back to like old shaman healers and there's something very attractive about that because the idea is you have like this more intense relationship with your patient.

You feel like you truly are like the healer and modern medicine kind of does not work very well with that sort of idea. What are the, some primary care docs, what do they have for their visits?

10 or 15 minutes on some, in some of them, they got to like just crank the patient's view through, you know, there's not a lot of time to talk about lifestyle and that sort of thing.

And it's frustrating for them because they know this is what's influencing and factoring into their patient health, but they're not. You know, and a lot of these doctors too are part of a larger organization or hospital system that basically is like, no, you got to turn these people out.

Come on, 10, 15 minutes only. And for Medicare and Medicaid patients who are older or medically complex, good luck. I mean, so yeah, what are you going to do?

I'm somewhat fortunate, at least in the breast cancer surgery, I do actually have a bit more time, but even so, You know, it's not unlimited. Right. Well, you know Hank Green, he basically talked about his cancer diagnosis years ago during COVID actually.

And he talked, about how he did go to not a wellness influencer, but a alternative, I guess, functional medicine at the time, person. He went to talk to his oncologist.

he went through all these things, But he also went, to this person and he said in his words, "I understand why people go these people." I mean, He had an hour visit.

You as an oncologist used to spend an hour, you know, talking with your patient in the office. Like, no, he can't, but he said that because the person I was with, I spent the hour with his, their time was not in demand.

You know he had the hours spent to me to do all these things versus my oncologists. Their time is in-demand, they are in demands. So they have less and less time to fit everybody's demands in there.

And of course, I was at the end of the visit where this, you know, wellness person, alternative therapy person where he got sold the books, he gets sold to therapies, all these little things.

But, You know he came out feeling valid. He felt like he'd got heard. And then, we got all the brochures for the, a la carte stuff he threw in the trash.

It's that kind of idea too here, the fact that we, as physicians, don't get that kinda time. I would imagine even less so in an emergency room. Yeah. Yeah, five minutes.

Hey, what are you here for? Okay, I'll come back. Meanwhile, this person is in cardiac arrest. I will see you later. You know, like forget it. And it's even worse when people are coming to the ER and we are their primary care physician.

These are people with underinsured, uninsures, charity care. They don't go to doctor regularly. So we're their doctor. It's like I'm not trained in managing diabetes or hypertension long term here, you know.

Right, if your sugar is 500, then I can get it down. Correct. Yeah. It's not going to stay down, but I'll get it down for now. And that, so that in a way brings me to Casey Means.

Right. You know, most people haven't heard about her until recently, she's Donald Trump's nominee for Surgeon General. She's almost an otolaryngologist.

Why Patients and Doctors Are Drawn to It

Correct! She quit her residency in the final year, which is like unbelievable. I'm not criticizing her for that so much. I think there's some mixed reports that it wasn't because it was hard because she basically was like disagreeing with the foundation.

She said that she disagreed with a foundation of what her training was, which was what we're not getting nutritional guidance and things like that in my residency.

Yeah, to which I say, why are you in EMT then? Because it's a subspecialty and you should be in primary care or internal medicine. Yes, yes. Internal medicine, primary, care.

Other reports are kind of saying, you know, she- You know family medicine? No, and, so her reasons for leaving versus reality I think may be a little bit different, but either way she leaves residency and fine, there's other things you can do with your medical degree other than clinical practice.

But then she chose this path, which is like, what are we doing right now? Straight to functional medicine. Yes, I know. So, let me talk about that a little bit.

What has she been doing? How did she get into this? What's been the process here? Well, Whatever reason for leaving her residency. And it sounds like they gave her like a lot of, you know, opportunity to like think it over.

Like she went on a leave of absence for a while and that sort of thing, which, other residents weren't too thrilled about because it's more work for them.

I guess she was attracted to functional medicine because of those whole reasons about being the total doctor and all of that. But she also kind of talks about some sort of spiritual awakening, which often goes along with these things.

It's like a conversion story. And alternative medicine loves a conversion story every bit as much as like religious people love a conversation story as long as the conversion is to their faith.

Right. Exactly. You know, you talk about somebody who leaves Catholicism and goes to become, Hindu or something like that. It's a different story than somebody that converts from.

whatever religion to Catholicism, you know, it's… Well, if you would view it, in the opposite way, would be happy about that. Right. Exactly. Yeah. But you, and she's, does she write about this?

I'm trying to see here. I am looking stuff up myself. She wrote about it in her book and there was another thing that happened too. Her mother got a pancreatic cancer.

That's right. Yeah, so her mother gets pancreatic cancer. You seem to blame herself for not seeing the signs earlier. Because I guess she was, as is unfortunately the case a lot of the times with pancreatic cancer, by the time you get symptoms, your life is almost over.

It can be weeks or a few months tops. I mean, if it's inoperable. In those rare cases where it's caught early, you know, then you have surgery, have chemotherapy of other options available to you.

But they're usually only caught earlier if it is an incidental ulma, like you find it in an imaging study for something else. Because it so infrequently caught really.

Then you had Steve Jobs as an example of this. And correct me if I'm wrong, but Steve Job's cancer was treatable

when they caught it. His is kind of interesting.

I wrote about it when… when Isaacson's biography came out, because I was like really curious about what happened. And I'm not entirely convinced that it was necessarily treatable when it first diagnosed, but there's two, it's a gray area.

There may very well have been liver metastasis before that, But it, It's unclear. So I don't always like the story that oh, he would be alive now if he had, you know, I mean, maybe he wouldn't have then.

Maybe it maybe it would have mattered. It certainly wasn't good that he like wasted all those months on Alter, you know, but that's not I'm not saying at all that He did himself any favor, right?

Yeah, I think you may have had the same outcome even if he went straight to conventional medicine because it's Not clear to me that the cat wasn' already out of the bag Yeah, and I think it's important to know that pancreatic cancer is a very, you know, disease.

Well, he had a neuroendocrine tumor, so it was like the much less, aggressive form, but it tends to be more indolent. And I that's where the gray area comes from, because if it isn't a neuroendocrine form it is like, well, sorry, there's surgery, we'll try it out, But here we are.

But I mean, adenocarcinoma, the most common form is, You know, if it's inoperable, you're, basically, not going to survive. Right. And you know it is funny because we see a lot of the AI tech bros, the Silicon Valley brose, advocating for full body MRIs and full-body scans.

Yeah. For every like early pancreatic cancer you find, all sorts of other stuff that would probably never hurt the patient. ends up causing like expensive and potentially, you know, risky workups.

Yep. Expensive and invasive. I mean, no, that's what I said, biopsies and basically everything. It's just, people don't really understand until they're going through it.

They're like, wait, I have to do this? I do that? Like, yeah, well, this is something that we have look into more now that But, you know, so Casey means her mother gets diagnosed with pancreatic cancer and for her it becomes a bit of awakening that, well, I should have done more, the medicine work should be done.

I shouldn't have seen the signs. She thought that there should've been like biomarkers that could have picked it up earlier and like she felt guilty that she didn't pick it.

But she should know that. There's no reliable biomarcer for pancreas cancer right now. Yeah, that's one of those diseases and unfortunately we can't screen for effectively despite its deadliness.

It's like, she pretends like no one's ever thought of this, you know, or like so many of these doctors.

Casey Means and the Surgeon General Debate

When there's been, there're like reams and ream of research and arguments pro and con about various screening modalities that have been tried and you, know that sort of thing.

And, you know, look, my heart goes out to her too, because I can see if my family member dies with cancer. So my father was diagnosed with kidney cancer and the only way he was caught was he diagnosed was with prostate cancer, so.

Yeah, well, which, as we like to say, I mean, more men die with prostrate cancer than of it. Right. But, they did like a screening CAT scan of him and all of a sudden they found the tumor going from his left kidney all the way up his vena cava to behind his liver.

It just followed up. How long has it been going for? Who the heck knows? Now, again, he had no symptoms, there was no blood in his urine or anything like that.

He managed to get a full nephrectomy. They removed the tumor. There is no liver invasion. And then, you know, this was 13 years ago, and knock on wood, that guy's alive today.

But you, know that's one of those things where that type of cancer killed my grandfather in a way. So, these are silent cancers that exist and they're difficult to treat and difficult detect unless there, you know, something happens earlier, You know?

So my heart in that situation goes out to her, but now I feel like she used as, as an excuse, But rather than use it as a excuse. Why don't we now say I'm going to be a better clinician for it.

I am going do a more thorough job. And I going use the evidence available to me and possibly make improvements to things like that. You, I want to advocate for something like this.

But she kind of went in the opposite direction. You know, like she kind of said, well, you know medicine is this and we need a different approach entirely.

So here's a hundred labs that we'll see if something's wrong with you, okay, sure. Again, it comes across like a conversion story and then she had this revelation.

We hear this a lot among doctors who kind of go down this path. It comes across as more, you know, faith-based than evidence- based. Right, right. And the faith, though, has a very large and rapid following, especially on social media nowadays.

Have you gotten, like, death threats and threats, and all that stuff, on Social Media over these things? It's kind of weird. Lately, not as much. Back in the day, I mean, we've been sued at Science Based Medicine for, you know, an article we wrote, one of our members wrote about a chronic Lyme disease doctor.

I've had… a number of legal threats. I've had one cancer quack who's harassed me at work by emailing my chairman and basically pretty much every faculty member in the department.

That's always nice for… But this was before the pandemic. Oddly enough, since the pandemics, I had anti-vaxxers threatened to demonstrate outside the cancer center.

Just to show this is nothing new. I first started writing my blog in December of 2004, and back then I was doing it under a pseudonym. And it was less than six months before I was doxxed and there was this cancer quack emailing my chairman and my cancer center director and My division chief, you know with threats and this was 2005. So this is 2005 This is like me early internet days that you were doxed out and found out early blogging days more like early Internet days would be more than I That's true.

It's funny how persistent a lot of this group can be. And, you know, I mean, look at Peter Hotez, he had people… You know he gets it way more than I do because his profile is so much…

I've never been on Fox News. I never have been like national news broadcasts being interviewed. You just know I'm not that high profile. Like I like to call myself like a micro or a nano celebrity.

Yeah. Now here's a bit of a devil's advocate question for you. Is functional medicine doing something right? Is there something that functional is doing that, you know, medicine, Western medicine should maybe take a lesson from?

You know it's one of those things again. I suppose it depends on whether you accept what they say is patient-centered care. You could say that any alternative medicine does right compared to medicine is spending more time with the patient You know, trying to listen to the patient.

in that sort of thing. I suppose you could argue that maybe spending more time on nutrition is valuable, but that would assume that you're using an evidence-based approach to nutrition, which, you know, they are not.

Like I said, one of my colleagues kind of went down the functional medicine rabbit hole, and to listen to their concerns, their, concerns are valid. Their idea that, listen, something has been going on, I don't feel like my concerns were validated.

And yet I say to them, well, what are they telling you to do? Well, they're telling me to eat healthy and to exercise, but that's what we're showing you as well.

Like nobody's telling, telling different. It's just that they are also selling you supplements and these extra things on the side with no proven benefit.

And you're spending how much money a month on this, you know, like, let's, take a step back here and say, What do I really need? What am I getting out of this?

If you just want validation, talk to somebody that you feel comfortable, that does validate your concerns. That's not a quack, right? point, you know, point one in the final point of the whole thing here, You know?

And I mean, the other thing that they do, they'll take some evidence-based medicine, but then they will, like you said, add the supplements, Add the naturopathy, and the acupuncture, all of that.

In some instances, even homeopathy. And, I say that as a DO, where I got trained in manipulation, And yeah, I don't know about some of that stuff, but I Don't crack necks for various reasons.

Costs, Testing, and the Limits of Functional Medicine

I mean, obviously, you know, for some forms of back pain, manipulation could be potentially beneficial. It's just that chiropractors go way beyond that.

Well, as an emergency physician, I've seen a couple of vertebral artery dissections from the neck. But, you know, a lot of them claim that, manipulation can cure everything, not just back pain.

And it's when it is arguable that whether it does a a for backpain or not. Yeah, there is obviously that kind of scale. There's a scale of even modern medicine, physicians.

We're not going to get into that right now. I think the concern that I have, and I think that we as an organized medicine has with Casey Means being the nominee is obviously one putting an individual pushing unproven, untested, really BS therapies into a position of such power is dangerous.

No, definitely. I mean, now on the one hand, I, mean the surgeon general doesn't actually have any real power except over the public health service, but The Surgeon General has traditionally been, you know, like quote unquote America's doctor.

Correct. Yeah. And how can you say that they're America doctor when they haven't even gone through residency and treated patients clinically? I'm sorry, but that's kind of my, my take on this.

You know, you have somebody, You should have someone in that role who has treated patients clinically with evidence-based medicine. And this isn't it.

Not as a trainee. Correct. I credit a lot to Jerome Adams, Trump's 2016 search in general, a DO, and you know he His approach was valid and he has spoken out even, you know, to this day about a lot of things going on in the US healthcare system.

And how do you speak out about things at a public health standpoint to the U. S. health care system if you really

haven't practiced clinically in U-S healthcare systems?

That's the other thing about functional medicine. They find ways to bill insurance for some things because, If you set like a chemistry panel, you can get insurance to pay for it, that sort of thing, and thyroid function tests and stuff like that.

But a lot of it is cash on the barrel head. Right. Like Hyman, for instance, offers like this whole like subscription plan where you get every six months, you got 150 or 140 lab tests and you can talk to one of his functional medicine docs and that sort of thing and the health coaching and all that.

It's all like a package. And that sounds pretty damn good, man. Oh, I get to know everything that's going on in my body. My biomarkers, it sounds so good and so scientific, but at the end of the day, It's worthless.

It is worthless information. Well, Dr. David Gorsky, thank you again for coming on, talking about Illuminators and Functional Medicine from the background of KC Means.

But you know, if you're somebody who is interested in exploring functional medicine as an alternative, be mindful. They sell you a bill of goods that's unproven, that can show you, a lot of nonsense and make you feel worried for nothing, all while draining your bank account.

I'll just say that one way I characterized functional medicine as I was looking at it, I called it reams of useless tests in one hand, a huge invoice in the other.

I'm riffing off that Mitchell and Webb sketch on homeopathic ER. So buyer beware. It shouldn't have to be that way. We should have better regulation and oversight, but that's the way it's going.

That's the topic for another episode, man. Regulation, everything else. Yeah, don't get me started. Well, Dr. Gorsi, thanks so much for coming on. Oh, Thanks for inviting me.

We'll have you on some other time. I'll talk some more depressing stuff. There are so many topics, unfortunately. All right. Take care. Thanks.

Closing Thoughts and Resources

And that wraps it up for us here at the Jaffercast with another episode. My thanks again to Dr. David Gorsi for coming on to talk to us about functional medicine and in general, be aware of grifters, scammers, and people who are looking out for not your health, but rather your wallet.

Now, I know that doctors are not perfect. Physicians in generally can be quick, rude, abrasive, that's just me on shift sometimes. But we really do try our best.

We as a collective are looking out for your own well-being and your health. If we give recommendations, they're not made lightly. It's backed by decades of peer-reviewed evidence.

There are people who call that into question. People who want to take your money, regardless of your outcomes. And that's not right. and there should be oversight on that, but unfortunately there isn't.

So buyer beware, and please, like anything else, please speak to your doctor when making decisions about your or the health of loved ones. If you want to see more science-based research or evidence and opinions from Dr.

David Ghorsty and others in his field, please go to sciencebasedmedicine.org. There you'll find numerous entries and topics regarding everyday science, everyday medicine, things that are coming up in the news cycle faster than I can produce an episode.

So thanks again, Dr David Gorsty, for coming in. Like always, take care of yourself and make good choices. I'll see

you next time. Yeah.