Functional Medicine: Why the Whole Picture Matters Transcript

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Podcast Intro and Guest Introduction

Can I just say influencers as a whole? You have to remember they're getting paid for the next week, but they may not even understand what in the world they are saying to you.

And so please don't just take everything you see on social media as truth, right? We make it very clear. Are you willing to give up the things that made you sick in first place?

And if you're looking for a quick fix, we're not your practice. I love that every day is different. Every patient is unique. We get to figure out the why when conventional medicine chooses to just name it, blame it and tame it.

You're listening to the Lifestyle Medicine podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care.

Welcome to Lifestyle Medicine podcast. I'm your host, Dr. Ivan Rosilko, and we're hosted by Access Labs. If your doctor's not checking your labs, they're not a doctor.

And today we have Kerry and Anaya, I got that name right. It's a very unique name and I am very happy I've got it right today. But she's joining us from Nebraska.

She's the physician's assistant out there who just dove straight into functional medicine. she has got a great origin story so I can't wait to get into it with her.

Kerry, thank you so much for stopping by. Well, thank you for having me. I'm so excited to have this conversation today. Rock and roll. So first and foremost, how is Nebraska right now?

Well fall is beautiful in Nebraska, but ask me in January or February and I might have a different… It might change just a little bit, right? Yeah. Well I have to report, Money Beach, we're about 75 degrees sunny and everybody's in bikinis having fun.

Great. So it's not a bad place to be right now, too. So first and foremost, can you please let everybody know, because I always like knowing why people got into functional medicine or general medicine.

Because when I started about 12 years ago, this was kind of, I'm sorry, 15 years, ago. This was heresy. Functional medicine is like voodoo medicine, traditional medicine didn't like it.

I was curious, what was your pivot point and what got you into this industry? Well, I will say, because of where you live and where we live, i am still practicing voodoo if you ask the opinions of the medical community around me.

Kerry's Path Into Functional Medicine

So it's taking longer to infiltrate into the center of United States for sure. But I started out growing up with a grandmother who was way ahead of her time.

When I had a migraine, she would fresh-pressed me organic green juice. She would not let me drink anything with aspartame or eat anything MSG. I got non-toxic makeup in my Christmas stocking.

And you know, when you're 13, you like rolling your eyes at these things and you are like, grandma, come on. I mean, she never had a microwave, like super head over time, composted everything, garden, the whole works.

So I had all these ailments growing up and the things that they would say were normal, right? Like I have

migraines. Well, your dad had migraine, that's normal.

You had constipation. Oh, it's normally. Um, I didn't know how bad the constibation was, but No one ever really asked, right? And so my cycle was a mess when I was younger.

I ended up with Hashimoto's. Out of sports physical diagnosis, I had a large goiter and was very symptomatic at that time. And then long story short, my grandma was like, okay, you have got to go see my functional medicine doctor.

She was in Omaha at the time and so I went and she helped me work on things. and I always fascinated then from that point on about nutrition. I always pictured myself being a surgeon though.

I mean, forever I was going to do surgery and that was the game plan. And then actually my senior year of undergrad, life kind of threw a curveball and like I tell my patients, you know, the body whispers before it screams or think of it as like a Jenga tower, right?

Like there's little pieces of this Janga tower and eventually the tower crashes and now you have to pay attention. My tower totally crashed my senior year of undergrad.

And I know that there was some tipping points right prior to that too, when I look back at my own timeline that probably accelerated that crash. But I was diagnosed with thyroid cancer and everything changed.

That was kind of my turning point. They did the excision. It was actually already starting to spread. I had to do the systemic radioactive iodine. This was back before virtual things were a thing.

And so I was like begging professors to let me do my classes via Skype or Skype with a friend while they were in class so that I could still graduate because I still wanted to go to med school.

Long story short, I ended up in dermatology. first, which was kind of a perfect blend. I still got some surgery. Got some clinic time. And then we moved back to Nebraska.

We were living out of state for a while at the beach, actually in South Carolina. Then we move back when we found out we were expecting. It was not a great fit where I was at.

So I knew I needed to do something, but I wasn't content just going into another specialty. At that point I saw an ad for functional medicine training, told my husband I needed the continuing ed anyway.

I said I should probably just go for it. And I remember being like two days into lectures and I walked up to him and was like, I'm going to quit my job and open a practice.

He was all right. Oh I love that. Very cool. Here we are, nearly seven years later. That's fantastic. What was your favorite part about functional medicines that kind of just like laser beams you into it?

I think the why and just I'm always been so curious and always wanting to continue to learn, right? Like, okay, great, I had Hashimoto's, but why? Okay, had migraines, about why, what was going on around the time of the diagnosis?

You know, why did I end up with thyroid cancer? And so that curiosity has led me to this. And it's so fascinating because Nargis was told recently that medical knowledge is doubling like every 70 days, which is insane, it just so hard to keep up, we're learning it you know warp speed all of this data.

And so I love that every day is different. I Love that. Every patient is unique and I loved that we get to figure out the why when conventional medicine chooses to just name it blame it and tame it.

No, that's a great one. I'm going to steal that one, blame it and tame it. No. But yeah, you could be more right.

Core Principles and Patient-Centered Care

The biggest part about what functional medicine, regenerative medicine or whatever flavor you want to label this industry now is the fact that it is advancing so fast, but I think the core principles are the most simplistic.

sleep, you know, nutrition, hydration, stress reduction, all those kinds of things. I think a lot of positions kind of glass over and be like, oh, yeah, just eat better or just, have a better diet.

Whereas I thing those are the best forms of medicine. So in your practice in Nebraska, which is much different than Miami when it comes to what people do, is that a big part of your practise?

And if so, how do you kind broach that subject with your patients? It's so much about just getting back to the basics, right? Like, how was our body designed?

What does our bodies need? And at the end of the day, we need clean air, to drink water, nature, connection, healthy foods. We have to prioritize sleep and we have at least to give stress a name and acknowledge it, instead of like, get the award for pushing ourselves too hard.

So I absolutely talk that talk with my patients and have the conversation. And, you know, we can't ignore the other things. We can ignore trauma, and we cannot ignore, in our personal relationships at home, if we're living in a really toxic environment, And we cant ignore toxic environments from the standpoint of toxins, right?

Like, what are we putting on our skin? What are breathing? what Are we using for cleaning products? And so it's a journey, like anyone who's walking a functional medicine or an integrated medicine journey knows that it is not going to be overnight.

And you're not going to go and overhaul your house tomorrow either with all non-toxic things. And so you have to start peeling those layers of an onion and really addressing things that are the most important at the beginning, right?

Like, let's get something that's going really move the needle is usually how I try to prioritize with patients. And then continue to layer in those basics throughout time, right?

And start with the gut. I always start it with a gut, so the guts the foundation of everything and obviously it's a main part of your detox pathways. And so we have to make sure that detox path ways are open, things are moving.

Those are huge priorities as starting points. That's one of the biggest things too. So I've been doing this now since 2010. I'm getting old down here in Miami.

But I came out of The Gates understanding that I think the aspect of understanding the patients for every miniscule thing, I always tend to joke like I want to know more about them, God.

Because that's the way I can treat them like God, you know what I mean? Like you sit there and say I wanna know every nitty gritty aspect Which I break down into two basic aspects.

You know, you have your intake form, which is what, what are you eating? Who are really sleeping with? What are doing this, that and the other? Which is kind of the most important when it comes to the overall big change.

And then you got the diagnostics which kind fall in line which are mostly a product of what you are do in your lifestyle. So in my practice, you know, we have gigantic lab tests.

We're testing everything. It's an approach because we are finding such extraordinarily weird things to this day and age. I've diagnosed Lyme disease 12 times in the last two months here.

You know what I mean? Like I'm finding mercury toxicity, aluminum toxicity. So we're finding not only reactivity, but

infectious mononucleosis reactivating people in their 50s and 60s.

And so I am curious when it comes to your practice. Because again, I was very curious because Miami and Nebraska are like, yin and yang, you know what I mean?

So do your patients come in and do they have that mindset, or they just come and say, where's my magic bullet? Or are you testing? How does that work in a part of the country where nobody really understands this medicine?

We have a really pretty in-depth inquiry to start with. We make it very clear. Are you willing to give up the things that made you sick in the first place?

And if you're looking for a quick fix, we're not your practice, right? Like we are not just going to end out things, that are going get you better overnight, So we take that part really seriously, like, are you the right match for us and are we the match right for you?

And so I think that's step one. The other thing that is so interesting is we do have to get a little bit creative because we are in the cancer belt, right?

Our toxic exposures are so different from all of the runoff, agriculturally, and, you know, there's still these things called spray planes that spray from the air and then we're all, it's horrible, terrifying, so our patients definitely come in with their cup overflowing more.

Our patients are generally sicker. You know, I talked to other colleagues like yourself that are in other places of the country or the world even their patients Are not nearly as sick as ours.

And I mean you're talking about Lyme disease We've got patients with Lyne disease and mold illness and dental infection and trauma, right? like they check all the boxes of of big big things that they're really sick with and their detox pathways are totally congested with heavy metals and Environmental toxins and so it definitely has to be I me we can overwhelm them, but our job is to not overwhelme them Right.

And meet them where they're at and change what we can change. Generally what happens is once they start seeing improvements, they gain that hope. Right?

And then that a hope propels them forward to be like, oh, there's some truth to this. Like, this is legitimate. This will actually work and I can heal.

A lot of our patients come in pretty hopeless, which is sad.

Complex Cases, Infections, and Toxic Load

Yeah, again, I think traditional medicine has really helped push that hopeless narrative, you know, and you need a pill, a surgery, whereas the most simplistic treatments and again every summer peptides and this, that and the other now, which again I've been doing peptide since 2010, so it's lucky.

Yeah they're not new. Yeah, BPC isn't all of a sudden brand new. I mean, we were doing BBC back in 2010, you know what I'm mean? It's just a situation where now as you're the whole GLP-1 craze, which like, oh, GLPs are peptide, what else do we have?

But I think it's at least giving patients hope being like well, there is another alternative than being on statins or diabetic medication or antidepressants.

I'm very curious when it comes to your patient demographic, are you focusing on hormones out of the gate? Are you focused on just straight up gut? What's your initial, I guess, viewpoint or flection point to actually go in with your patients?

Like you, we have a very in-depth intake form then. Once they book an initial consult with us, the intake from is very indepth. And a lot of patients come in and they're like, oh my gosh, I had never thought about half of the things that you asked us.

It really got me thinking, which I think is so important that they can see their own journey and maybe what's changing. And then I start there, and we spend about an hour and a half together in a new patient console asking all the details.

What was your mother's health like when she was pregnant with you? What about your grandmother? Or what was it like as a child? And we worked the way up until now.

And I like to describe things as the house. So if we're trying to heal, it's like building a house, the foundation of our house is our gut microbiome.

The walls are our cell walls. the roof is chronic infections. Inside is the thermostat, that's our hormones. Then we've got the sewage running out. That's the lymphatic system.

And I see so many practices, and I'm sure you do too, that they go straight for hormones, right? Like, oh, it's hormones. She's 47 years old, its hormones and they mess with that thermostat or they say it your thyroid, we have to go pick your thyroid.

And so that their thermostat gets messed with, but meanwhile, the roofs burn and rain, The walls are caving in and the foundations crack. everywhere, and that thermostat doesn't stay where they're setting it.

So if you ignore the gut, if your ignore chronic infections, you if ignore their stressful environment, ignore lymphatic system and their detox pathways and ignore what they are eating, those hormones aren't going to do what you want them to.

It's definitely a layered approach. Now, maybe we do gut healing and hormones right away because it's a huge factor, right? Maybe we get them on some progesterone or some estrogen, all bioidentical, but we're still looking at the whole picture at No, very, Trudy.

Well, I love you. You mentioned chronic and other pathogens or infections. What are some of the base ones you find? Like down here, we're finding, obviously, EBV.

We're find a lot of reactivations. But also CMV, CMD is a big one we find, and at least in Miami, are coming in with CMT titers over 8, which is extremely detrimental because CMB literally steals your immune system, all your cytotoxic T cells and everything.

Are you finding different things out there? Are finding more Lyme? You finding a more Candida or things like that? I would say we don't see as much CMV, but we see a large amount of EBV.

So tons of EPCR, lots of reactivation, and then the Lyme. And I don' know if it's just that I have become known for being able to handle the complex cases, you know, that my practice can handle those, we just have that much more of an influx, or if there's truly just an in-flux.

But we have a whole lot of Lymes. Pants, pandas, neurodivergent. Definitely, you know, high strapped tighters as well, of course, especially in those pants panda's cases.

And then so much mold. I mean, I tell you, and you all have a lot of mold in Miami, too, being on the coast. But I, mean it is becoming like a huge issue.

What are your go tos when you find something like mold or something? So it depends on the case, right? We got to make sure detox pathways are open. We gotta make they have bowels moving, we gotta to sure they're sweating, and then a clean diet and prioritizing sleep.

I mean, the amount of people that think they can go to bed at midnight and heal, you know, is crazy. It doesn't happen. Right? And then airway. And we evaluate airways too, because there's a lot of that just don't heal well.

They've had an air way issue and maybe they've gotten large turbinates or a really narrow airway because of jaw positioning or anatomy, and you know, you can't heal if you're hypoxic all the time, right?

So we nip a lot of air way too and evaluate that. And then it depends, we'll use different herbals, or we will do homeopathics, We've got a ton of different therapies here.

We're blessed with some really cool treatments. we've Hockett, were one of only a few cocoon baths in the country. Yeah, you know, just again harder for our patients here to detox and heal.

So we do have to reach for those big guns sometimes. No, for sure. So yeah, that's a great thing. People realize you can kill whatever it could be or at least numb it, but there's so many more things that go into it.

If you're blowing up things like Candida, you have to deal with all the stress that comes after it you know what I mean? Making sure you are able to get rid of it so I love that you mentioned things, like, sweating.

That's huge thing, somebody who has zero thyroid and they have infection, they're not going to be able sweat effectively, to kind of get not only the issues but the actual byproducts of the issue too.

I love that you're looking at the whole aspect of that. And when it comes to your gut, are you using things like BPC or things that kind of heal like leaky guts?

Are you looking to things? We haven't had to rely on that I mean, I have a few patients that are really sick with maybe Crohn's colitis, something like that, that we're leaning on more of the Bpcs.

But honestly, we use a lot of biocidin, which works really, really well, because there's a huge biofilm component, right? And I think that gets missed by so many even integrated practices is this effect of biofilms, you know, Biofilms are hiding so many pathogens, and then on the outside, they're sticky, so they are collecting things like microplastics and volatile organic compounds and other things that you're exposed to in the environment.

So the biofilm piece is just huge. Honestly, biocidin hasn't failed me as far as remodulating the microbiome. Then we'll use other modalities if needed, depending on how they heal.

We've got repair linings stuff, prebiotics, postbiotic, anti-inflammatories, those types of things. Oh, I love that. I loved that so again, yeah, your gut I tell everybody there's a reason they call it the second brain, you know, and nobody really understands the whole, the gold system.

How you when you think of your, uh, neurological system, we think in your brain. You think your cardiovascular system think you're chest. When you leave your immune system people kind of scratch their head.

Gut Health, Hormones, and Metabolism

So if you have a leaky gut, if he have Candida, all these different things that kind have messed with absorption or cause any type of issues like that, You're really, really missing out on a lot of nutrients, but also putting a ton of toxins into your system?

Yes. Well, and just the communication with the brain. The brain talks to the gut, but the guts talk to brain, you know, umpteen times more. And so when we're thinking about anxiety and depression and mood disorders, it's not a serotonin deficiency.

In a lot of cases, usually the seratonin itself is not getting activated and sent via the vagus nerve to your brain because there's just a fire in the No, very, true.

And where do hormones come in this one? Thyroid, IGF-1, testosterone, progesterone, estrogen, all those ones. I mean, are those like higher tier aspects for you or you just go with what you find?

I would say hormones, I mean, we absolutely then are addressing hormones after we've got the gut kind of balanced. And we find that once we heal the got, hormones balance out so much more, especially in someone who's still cycling.

You know, a post-menopausal female, it's a little bit different, but fixing the guy influences hormones so, and then at that point we do urine testing and we look to see sometimes blood work too, depending on what hormones we're looking at.

And then we use bioidenticals and it's different for every patient. So some people, some women need testosterone, and some have sufficient testosterone and they need DHEA and sometimes it is more just estrogen progesterone and then of course men have their own slew of things that they too.

It's so fun, that's what I mean, it so unique. Every patient is so different. Yeah. It's very true. And I think it's the biggest thing I see whenever I teach at the A4M's or whatever it could be is, you know, the, biggest draw I thing for physicians is understanding how to translate the actual lab test into a treatment protocol.

You know you can test until the sun comes down about every test in the world and have all these different issues you find in a patient. But if you really can't treat that, I would say to say like stay in your lane.

If you only know to do one thing, stay there. I'm finding a lot of physicians now, especially with all of these things like function health and all this other types of things you can get online and whatever it is, you know, people are coming in and finding these things.

But there's a lot of practitioners who don't really understand that it's not just a pill or a lifestyle change. It's the collaboration of everything. Yes.

Hormones are a dance, right? They're all interconnected. And if one's off, another one is going to be off. You really have to know your stuff. I mean, You can't just shove a pellet in someone and expect it to work, Right?

So there is this component, I tell patients a lo, t I'm not so worried about the level where your hormones are, but what's your body doing with them? How does it use those hormones?

How is it metabolizing them out? Are there issues there? Is that where it's getting stuck? Do you have a COMT mutation that phase two methylation isn't working and estrogen is bound up in the tissues, right?

So I think you'll have to fully understand the biochemistry of hormones to really be confident in prescribing them, in my opinion. What would you say the biggest pitfall for physicians who don't really understand, the body as a whole, who come in?

What's the big issue that they have when they start prescribing things that maybe shouldn't? I think they find that sometimes it works and they're like, oh, yeah, great.

My patient's doing awesome. But then they have these patients that come in and it doesn't work. What worked before isn't working now because that patient is so much more complex than just handing them a script.

And that's not much different than what they are doing in the conventional world. So even though maybe it's a bioidentical hormone, if you don't understand it and you're just giving it to them and expecting it work like it did for the 10 other patients you saw, you're totally missing the mark.

I mean, I make this analogy that if I gave us all $1,000, you know, we might spend it differently. If I might spent it all in one weekend, then you might make it last five months, and Sally over here might it make last exactly the three or four months that it's supposed to.

And so you have to understand metabolism pathways. Those hormones are going to metabolize differently in everyone based off genetics, based on mutations.

So I think that's the biggest pitfall is that there's not a one size fits all when it comes to hormones. When you say metabolism pathways, if you could give any advice to anybody out there who's like, well, that's kind of me that they're talking about, what would probably be the best thing to learn?

If you're going to sit there and say, yeah, I'm doing this stuff. I don't really pay attention to metabolism. What's something a physician should learn about metabolism that can help them be a better functional practitioner?

I think looking at the CYP pathways in the liver, right? So estrogen metabolizes in phase one down three different CIPs and this is unique to everybody and each one influences hormone health so differently.

One is a safe protective pathway, one we know is the potentially more carcinogenic pathway and then one is more the inflammatory pathway where they may struggle with fibroids and endometriosis and migraines and gut issues.

I think just understanding, going back to the basics, even with your medical training and looking at the biochemistry that you probably all learned and forgot, right?

Going back in the biochemistry and understanding how that estrogen metabolizes and how progesterone has a 5 beta and 5 alpha metabolite and what those influence and that Someone who's 5 alpha might sleep better, but they also may be more depressed and moody with progesterone versus calm, cool, and collected.

And so I think that complexity, although it seems really complex, is actually pretty simple when you get to the root of it. But understanding it is so important for your patients.

Now, so say I'm a traditional physician and I really want to get into this functional medicine because I actually, even though it's profitable, I want help people.

Where should they start in your opinion? Should they look at, okay, if I have to pick a system out, let's start with the neurological system or the cardiovascular system with a detox system.

What do you think is the most important system to learn inside and out before you even jump into? Man, that's kind of tough. I think I would say detox pathways in the gut.

Like I'm going to hold true that you can't tell me that a patient, even if you understand hormones super well, but that female has a bowel movement every seven days, like you're going have problems.

So it's not going go well. Oh, okay. No, yeah. I like that. Again, I would probably say the same thing. The biggest, the I think I'd say next year, you're going to see a lot of is, there's the whole sonoelectics aspect of actually clearing out bad funky cells.

That's where you come with EBV, CMB, Lyme. All these things gunk up cells and could cause that issue. And nobody's really, people talk about facet and all this other kind of stuff, but there are a really cool treatments out there that I thing once you get that organic dump, everybody can take chelators and things that get heavy metals out of the system, which I great, nobody really is focusing on, well, you still have bad cells in your system to get out of it.

And I'm thinking, like, if you're going to see the A4M and all this stuff, that'll be the next NAD or the BPC of coming forward. Do you deal with senolytics at all?

We do. I've been looking a lot at the mitochondrial. There was just a big study that came out looking at, the mitochondrial function and the clearance of cells based off mitochondria, right?

And, I think mitochondry has to be, also I would argue is something you absolutely have to understand, is

mitochondrion. Because it is, you know, the powerhouse of every cell.

It relies on glucose and oxygen. And if you're not looking at mitochondrial health, I mean, your patient's going to struggle. So it's the road of so many things.

That would be my other tidbit is make sure you understand. No, it's great though, and I even said like, go back to basics. Nobody ever noticed, everybody's like NAD, N. A. D.

No one understands how NAB works. I mean, like when it comes to physicians or practitioners, wherever it is like why no ATP is good for energy?

Mitochondria, Senolytics, and Treatment Pitfalls

Well, how? You know what I'm mean? Like, then nobody talks about FAD or F-A-D-H-T and all that kind of stuff as well. There's so many different aspects that go into what a mitochondrial health is that just get overlooked.

And then you have the, also like I was talking about, We do a lot of analytics here with some cool peptides and some other things. If you're going to start doing analytics, you need to clean up the garbage that you are creating.

And I think mitochondria is the most important aspect. ATP is how you clean that stuff out. I've seen a lots of people, especially online. You see these influencers and the dockers who get their degree on Instagram coming out and say, like you have these people who are like, we might have cancer, who might had all these issues with liver or whatever.

They start blowing all of these cells up in their system and they get worse. Did you see a a of that in your practice too? Yeah, absolutely. When people try to do things on their own or they see the next latest fad or if they've been to another practitioner who doesn't fully understand things and then they come to me a mess.

I mean, I have patients that come and they're like, "I have horrible gut issues." I'm like did anyone still study you? And they are like no I've never done still studied but I got my hormones checked.

And I am like… Okay, great. You know, it's kind of frustrating, right? Because that's maybe what that practitioner knew was hormones or what the fad was at the time.

So yes, we absolutely see things like that. And, you know again, if your detox pathways are not open, You will not clear things, like senescent cells.

If you are going at not the root of what's driving those cells in the first place, whether it is chronic infections or environmental exposures or things You're going to be clear in cells forever.

I mean, you're just not going see that it's actually making a difference. And so you still have to, even if you are doing that, like you said, still get to the root of where all that's building up in the first place.

The why, as you put it. The whine. So I'm curious. I would like to ask everybody who's on this a couple of questions before we end it, is if you are given any advice to a patient out there who is like, OK, I am fed up with the pill pushing and all this other kind of stuff.

And I want to look at functional medicine, regenerative medicine or whatever you want call it? What's a good piece of advice that they should take with them when they're trying to select a health care practitioner to actually follow and actually pay attention to?

I think testimonials are good to look at, but I can think they can be fabricated. And so I maybe don't get caught up in the glitz and glam of the marketing, But actually pick their brain.

Do they really get to the root of things? Are they looking at the gut? Do the understand its connection with trauma

and stress? chronic infections and hormones and environment, or are they just kind of one lane, right, and just gonna try to fix your hormones?

So try the weed through. It is challenging though, but I think a conversation with the team is probably your best option. So if you can talk to the teams and kind pick their brain and ask what you asked me, how do you approach a complex patient?

What are we gonna do? How is this gonna look when I meet with so-and-so practitioner? Are they gonna help me heal? I can get a lot of answers that way.

No, I love that. So I'm gonna flip it around now. If you're a physician who's strictly, you know, your cardiologist, a pulmonologist and endocrinologist or whatever it could be, and you were like, yeah, i'm finally sick of this industry, just, pushing pills.

And you looking to come into our industry. What's something that you should kind of get your feet wet first? Is it education? is it shadowing somebody?

or is just reading? What would you say the best move is for a traditional minded healthcare practitioner to kind break into this Industry? I think shadowing is huge.

I mean, I, think you're going to realize it might look glamorous on the outside, but man, some of the days here in my clinic, it's hard. Like this work is not easy.

If you are doing it right, It's not. Now it is rewarding and patients do get better. And, you know, just had someone today say, thank you so much. You're doing God's work and I'm so grateful for you.

And that means so much to hear, right? Because it is hard. Patients are difficult. It's not just one protocol that works for everyone. There may be things that work well for each person, but it's never the same.

And so shadowing is super important. I think I would maybe say, even if it was a cardiologist or a neurologist, Maybe stay in your lane, like maybe do functional cardiology, right?

Like maybe you functional neurology.

Choosing the Right Practitioner and Final Advice

You know, you're the expert of cardiologist and neurologist, maybe not from a functional lens, but you can be, stick with what you already know and then expand upon that.

Because I think that alone would be powerful, to be able to use that knowledge in both ways. And so don't feel like you have to jump in and do all of the things that maybe, or you and I are doing.

Stay in a lane stick, with you know get really good at that, Okay, cool. Last question. What do you think the most dangerous fad out there right now is within the last five years when it comes to this industry?

Because I mean, this COVID really made this Industry what it is because we're like, all right, I'm done with this nonsense. Um, what do You think like out of all the different fads and all of the influence was this that the other what's the Most dangerous thing that's been promoted that shit with them?

Can I just say influencers as a whole? Can that be my answer? That's the best answer ever. That is the answer. Influencers are the worst bad. I mean, it just, you have to remember they're getting paid for the next week, but they may not even understand what in the world they are saying to you.

And so please don't just take everything you see on social media as truth, right? Um, that's, my take on it. Oh, I love that. Super, super, good answer!

So tell everybody where we are, where they can find you and your socials, everything. Alright, so we're located in Nebraska, obviously right in the middle, but our website, Nebraska Functional Medicine, you can just find us on Google pretty easily.

We're nefunctionalmedicine on Instagram and Nebraska functional medicine on Facebook. we have some videos on YouTube and I think we are on TikTok now too, which is kind of fun.

And then we have so many patients. I think we've had patients from 11 different states. So we definitely pull in from a large area because of the modalities that we offer.

Patients, even if you're not a patient of our practitioners, you can come in and use our modality. You can work with our team and set up kind of like a medical tourism type of setup.

So you come in, you're going to stay for a couple days. Hey, this is what I'm struggling with. What treatments do you suggest I do? What order should I be doing them in?

And what will be the most beneficial? So we have patients doing that pretty frequently just because not many places around us have the modalities that we do have.

And so a lot of people travel in to get treatments done. We do see patients virtually too. Oh, good. I love that. Well, Carrie, thank you so much for stopping by.

Again, it's been an absolute delight. This is the Lifestyle Medicine podcast. We're powered by Access Labs. If your doctor's not checking your labs, they're not a doctor.

And again, thanks so again for stop and buy. It's just been a delight, I loved it when we shoot from the hip. That's how far we shot from multiple hips.

Thank you again so for by guys. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

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It helps more practitioners like you find us. We'll see you next time.